State of Illinois
Department of Human Services - Division of Substance Use Prevention and Recovery

HOURLY REPORTING (ASSESSMENT, INTERVENTION, CASE MANAGEMENT, LEVEL 1 AND LEVEL 2, HIV, INTERPRETER)

PROVIDER: | | | | | UNIT: | | | | | PROGRAM: | | | YEAR: | | | |

SITE NO.: | | MONTH: | |

STAFF I.D.: | | | | | | | | | | SERVICE DATE:: | | / | | / | | | | |

PATIENT #1

FUNDING CODE: | | Unique Patient Identifier: | | | | | | | | | |

Revision Code: |

Birth Date: | | / | | / | | | | | Sex: |

Parent's Unique Client/ Patient Identifier: | | | | | | | | | |

Revision Code: |

PATIENT #2

FUNDING CODE: | | Unique Patient Identifier: | | | | | | | | | |

Birth Date: | | / | | / | | | | | Sex: |

Parent's Unique Client/ Patient Identifier: | | | | | | | | | |

Revision Code: |

Service Type: Activity Code: Group ID:

Dedicated Funding Category: **SELECT ONLY ONE**

- ☐ D = DCFS
- ☐ N = None

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- ☐ D = DCFS
- ☐ N = None

EFFECTIVE 07/01/2021 - 06/30/2022