State of Illinois
Department of Human Services - Department of Rehabilitation Services

HOME SERVICES PROGRAM (HSP) - PROVIDER REMITTANCE INSTRUCTIONS

All provider reimbursement checks (excluding Individual Provider payroll) should be sent to the HSP Central Office.

Separate checks are not needed for multiple reimbursements even if for different cases.

Complete and submit the attached form and, along with your check made out to “DRS/Home Services Program”, mail it to:

Attn: Budget Unit
DRS | Home Services Program
Illinois Department of Human Services
100 South Grand Ave. East, 1st Floor
Springfield, IL 62762

If the refund is to correct an ***under***payment, you will need to submit a corrected invoice & EVV records (for Homemaker Services) along with a check for the full amount of the underpayment.

If the refund is to correct an ***over***payment, you only need to submit a check for the amount overpaid, not a full refund.

For additional assistance, you can contact the Budget Unit via email at DHS.HSPAgency@Illinois.gov or by phone at 217-782-2722.

Vendor Name:					Check Number:	
CASE NAME	**CASE NO.**	**SERVICE FROM**	**SERVICE TO**	**INVOICE NO.**	**COMPTROLLER VOUCHER NO.**	**REASON FOR RETURN**

Employee Name _____ Date _____