12-HOUR EDUCATION COMPONENT (For Wet Reckless and Ages 18-20 Years)
QUARTERLY LICENSING AND PARTICIPANT ENROLLMENT REPORT

12 -HOUR EDUCATION COMPONENT

INSTRUCTIONS: This form is to be used for computing quarterly licensing fees due and reporting enrollment and participant data for the respective DUI program. See reverse for completing and mailing instructions.

PART 1 - PROVIDER INFORMATION

1. Program Name (as shown on DHCS license) DHCS License Number ☐☐– ☐☐☐– ☐☐– ☐☐☐

2. Street Address (☐ Check if new address):

3. City: County: Zip Code:

4. Contact Person: Telephone (☐ Check if new number)

PART 2 - LICENSE FEE COMPUTATION

5. Check quarter for which you are reporting. **Fiscal Year** _____

☐ 1st Quarter (July 1- Sept 30) ☐ 2nd Quarter (Oct 1 – Dec 31) ☐ 3rd Quarter (Jan 1 – Mar 31) ☐ 4th Quarter (Apr 1 – June 30)

6. Enter months being reported		7. Number of new participants enrolled **a. First Offender (V.C. 23103)**	**b. Ages 18-20 Years (V.C. 23140)**
Month 1		a.	b.
Month 2		a.	b.
Month 3		a.	b.
8. TOTAL number of new participants enrolled		a.	b.
9. TOTAL Licensing fee due (multiply line 8 by $10.00)		a. $	b. $
10. GRAND TOTAL AMOUNT DUE (add lines 9a. and 9b.)			

PART 3 - STATISTICAL INFORMATION

11. Quarterly total terminations for noncompliance	a.	b.
12. Quarterly number of reinstatements by court	a.	b.
13. Quarterly number of transfers **from** other programs	a.	b.
14. Quarterly number of transfers **to** other programs	a.	b.
15. Quarterly number of completion certificates issued	a.	b.
16. Quarterly number of active participants paying $5/month	a.	b.
17. Amount paid to County	a. $	b. $

PART 4 – CERTIFICATION

I certify that the information in this report is accurate. I understand that the information in this report is subject to audit by the Department of Health Care Services.

18. SIGNATURE OF PROGRAM DIRECTOR OR DESIGNEE DATE

12-HOUR EDUCATION COMPONENT

INSTRUCTIONS FOR COMPLETING QUARTERLY LICENSING FEE AND PARTICIPANT ENROLLMENT REPORT

PART 1 - PROVIDER INFORMATION

1. Enter Program name as shown on license and number that appears on license issued by DHCS.
2. Enter street address at which program is located.
3. Enter city, county and zip code.
4. Enter name of person to be contacted regarding information reported and their phone number.

PART 2 - LICENSE FEE COMPUTATION

5. Check the appropriate quarter and enter the fiscal year for which information is being reported. DO NOT check more than one quarter or enter report data for more than one quarter on each form.
6. Enter the name of the month which you are reporting (e.g., January, February, etc.).
7. a. Enter the total number of new participants enrolled during the month.
   a. Enter the total number of new underage participants (ages 18-21 years) enrolled during the month. DO NOT count or collect the DHCS license fee for participants transferred in from another program or reinstated by the court. DO count and pay a license fee for "courtesy transfers" (e.g. persons who have been sent to your program by another program as a courtesy to the court, but who were never enrolled or reported to the State as being enrolled by the sending program).
8. a. Add the amounts in column 7a. and enter the total number participants enrolled during the quarter
   b. Add the amounts in column 7b. and enter the total number of participants enrolled during the quarter.
9. a. Multiply total enrollments shown on line 8a. by $10.00 and enter the dollar amount. This is the amount due for First Offender participants.
   b. Multiply total enrollments shown on line 8b. by $10.00 and enter the dollar amount. This is the amount due for underage participants.
10. Add the total of lines 9a. and 9b. and enter the grand total amount. This is the total amount due.

PART 3 - STATISTICAL INFORMATION

11. Enter the quarterly total number of participants dismissed from the program for noncompliance.
12. Enter the quarterly total number of participants reinstated by the court.
13. Enter the quarterly total number of completed transfers from another DUI program.
14. Enter the quarterly total number of completed transfers to another DUI program.
15. Enter the quarterly total number of completion certificates ISSUED.
16. Enter the quarterly total number of active* participants paying no more than $5.00 per month. Participants who qualify to pay the $5.00 per month fee for 1, 2, or 3 months during the quarter count as 1 participant.
17. Enter the total dollar amount paid to the County for the quarter.

**** Active participants include participants who have been dismissed, transferred out, or completed during the quarter.***

PART 4 – CERTIFICATION

18. Report is to be signed and dated by the Program Director or designee.

Payment is due within 30 days after the close of the quarter. Mail this form with a check payable to the "Department of Health Care Services" for the amount due to:

Department of Health Care Services
Driving-Under-the-Influence Section
P.O. Box 997413, MS 2602
Sacramento, California 95899-7413

Questions regarding completion of this form may be directed to DHCS's DUI Program at (916) 322-2964.