FIRST OFFENDER PROGRAM
QUARTERLY LICENSING AND PARTICIPANT ENROLLMENT REPORT

FIRST OFFENDER PROGRAM

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 (q 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. 23152-23153)**	**b. Ages 18-20 Years (V.C. 23140-2nd Offense)**
Month 1.....		a.	b.
Month 2.....		a.	b.
Month 3.....		a.	b.
8. SUBTOTAL new participants enrolled.....		a. $	b. $
9. TOTAL Licensing fee due (multiply line 8 by $10.00).....		$	

PART 3 - STATISTICAL INFORMATION

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

16. SIGNATURE OF PROGRAM DIRECTOR OR DESIGNEE — DATE

FIRST OFFENDER PROGRAM

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. Enter the total number of new participants enrolled during the month. DO NOT count enhanced first offenders enrolled in a multiple offender program. DO NOT count or collect the ADP 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. Add the totals in column 7 and enter the subtotal here.
9. Multiply total enrollments shown on line 8 by $10.00 and enter the dollar amount here. Please pay this amount.

PART 3 - STATISTICAL INFORMATION

10. Enter the quarterly total number of participants dismissed from the program for noncompliance.
11. Enter the quarterly total number of participants reinstated by the court.
12. Enter the quarterly total number of completed transfers from another DUI program.
13. Enter the quarterly total number of completed transfers to another DUI program.
14. Enter the quarterly total number of completion certificates ISSUED during the month.
15. 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.

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

PART 4 – CERTIFICATION

16. 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
Accounting Section, Suite 71-2014
P.O. Box 997415, MS 1101
Sacramento, California 95899-7415

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