

**9-MONTH DUI PROGRAM  
QUARTERLY LICENSING AND PARTICIPANT ENROLLMENT REPORT**

<b>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.</b>		
<b>PART 1 - PROVIDER INFORMATION</b>		
1. Program Name:	DHCS License Number:	
2. Street Address:		
3. City:	County:	Zip Code:
4. Contact Person:		Telephone:
<b>PART 2 - LICENSE FEE COMPUTATION</b>		
5. Check quarter for which you are reporting. <b>Fiscal Year</b> _____		
<input type="checkbox"/> 1st Quarter (July 1- Sept 30) <input type="checkbox"/> 2nd Quarter (Oct 1 – Dec 31) <input type="checkbox"/> 3rd Quarter (Jan 1 – Mar 31) <input type="checkbox"/> 4th Quarter (Apr 1 – June 30)		
6. Enter months being reported	Month Name	7. Number of new participants enrolled
Month 1		
Month 2		
Month 3		
8. TOTAL number of new participants enrolled		
9. TOTAL Licensing fee due (multiply line 8 by \$17.00)		\$
<b>PART 3 - STATISTICAL INFORMATION</b>		
10. Total 9-MO participants		
11. Quarterly total terminations		
12. Quarterly number of reinstatements		
13. Quarterly number of transfers <b>from</b> other programs		
14. Quarterly number of transfers <b>to</b> other programs		
15. Quarterly number of completion certificates issued		
16. Quarterly number of active participants paying \$5/month		
17. Amount paid to County	\$	\$
<b>PART 4 – CERTIFICATION</b>		
<i>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.</i>		
18. SIGNATURE OF PROGRAM DIRECTOR OR DESIGNEE		DATE

## 9-MONTH DUI 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 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 amounts in column 7 and enter the total here.
9. Multiply total enrollments shown on line 8 by \$17.00 and enter the dollar amount here. This is the total amount due.

### PART 3 - STATISTICAL INFORMATION

10. Enter the total number of participants for 9-Month DUI Program this quarter.
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. A participant who qualifies to pay the \$5.00 per month fee for 1, 2, or 3 months during the quarter counts 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  
DUI Licensing Unit  
PO 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.