

## AGREEMENT TO PARTICIPATE IN THE OLD DOMINION ALCOHOL SAFETY ACTION PROGRAM

The program offered by Old Dominion ASAP is an opportunity to examine the conditions that led to your arrest in a setting that will allow you to make any necessary changes to avoid a similar situation in the future.

1. Program participation requires active involvement on my part, ASAP will provide the resources. I do hereby abide by the terms that follow.
2. My participation in such program will involve a commitment of my time and may not be at my convenience.
3. I understand that the ASAP fee is due at enrollment unless a fee agreement has been completed. Failure to abide by the fee agreement or payment in full by the fifth class will result in you being removed from class and repeating all sessions.
4. I understand I may be referred to one of several community agencies for education and/or treatment. I also understand I must pay the cost of any treatment program I am referred to beyond the standard alcohol education programs covered by the ASAP fee.
5. I understand that any absence from a scheduled office appointment or class must be allowed only in an Emergency situation, any emergency situation in an event or mishap that happens without warning; medical or family death. I must make personal contact with my case officer BEFORE the absence or before NOON the next working day or a mandatory office appointment may be arranged, for which I must appear.
6. I agree to actively participate in the program(s) to which I am referred and to be on time for ALL Classes and appointments. Further, I understand that I will not be admitted to class if there is evidence of alcohol or drug usage and agree to voluntarily submit to a breath and/or urine test if such use is suspected.
7. I agree not to drink any alcoholic drinks or use any drugs 24 hours prior to attending an ASAP class or ASAP appointment. I agree to remain abstinent from alcohol if so required by my program or treatment plan. I further agree to submit to an alcohol breath test during any ASAP class or appointment, and if found to have a BAC of .01 or more, I may be returned to Court. I also agree to submit to a drug test to determine the possible presence of any drugs, at my cost.
8. I am required to keep ASAP advised of my current mailing address and of any change affecting my ASAP participation. I agree to meet with my case officer as needed.
9. I verify that I have disclosed to my case office any Court charges pending against me and if I am on probation or parole. \_\_\_\_\_
10. I understand that I am on probation while participating in ASAP. Further, if I am arrested for any alcohol related offense(s) while participating, this case may be returned to Court for non-compliance.
11. I agree to obey all municipal, County, State and Federal laws while in ASAP and to report any arrest or citation, including traffic tickets, within three days to my case officer.
12. I understand that failure to keep the terms of this agreement will result in my case being returned to Court as non-compliant.
13. I understand that failure to pay the legislated/Court ordered fee will result in a judgment against me and that the fee will be withheld from any income tax refunds due to me.
14. Any case review will be subject to a \$30 fee, rescheduling of any class/session will be subject to a \$25 fee
15. Any fee you incurred while in VASAP and not paid in full will be placed in Virginia Debt set off.

I have been advised that I may have my case transferred to an ASAP program near my residence, however, for the purpose of convenience due to my employment or any other reason which I feel to be justified. I do hereby request that I be allowed to participate in the program offered by Old Dominion ASAP.

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Defendant's Signature

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Case Officer's Signature

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Date

## Commission on VASAP

### CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Probationer: SSN

I authorize OLD DOMINION ASAP to disclose information to / obtain information from:  
*Program making disclosure*

Court of Record/Referral, Commonwealth Attorney and Defense Attorney of Record/Referral; other criminal justice entities; local, state and federal law enforcement; VA DMV, Ignition Interlock Programs  
( ) Treatment provider: John Crandell, ( ) Community Service

( ) other \_\_\_\_\_  
*Person/organization to/or from disclosure is to be made*

the following information: Status and Recommendations \_\_\_\_\_

Purpose of the disclosure is Tracking, Monitoring and Supervision \_\_\_\_\_

I understand that my records are protected under Federal Confidentiality Regulations and cannot be disclosed without my written consent unless provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. probation, parole, etc.) and that in any event this consent expires automatically as described below. However, a revocation of the consent may be deemed a violation of probation by the court.

Date, Event, or Condition upon which this consent will expire:

Upon termination of my ASAP Probation

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

This consent includes information placed in my records after the above date.

A copy of this consent is as valid as the original.

Date: \_\_\_\_\_ Participant's Signature

Witness \_\_\_\_\_ Parent/Guardian, where required \_\_\_\_\_

Date Revoked: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Parent/Guardian, where required: \_\_\_\_\_

Witness: \_\_\_\_\_

**PROHIBITION ON RE-DISCLOSURE:** This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.

## Old Dominion Alcohol Safety Action Program

860 Smithfield Avenue, Winchester, VA 22601

540-665-5633 Fax 540-678-0730



### Drug Testing

As part of your supervision with the Old Dominion ASAP First Offender Drug Program, you will/may be required to provide a urine sample to test for illegal substances. You must be prepared to submit a urine sample at each appointment. To avoid submitting an abnormal adulterated or diluted specimen, you must adhere to the following guidelines.

1. Drink no more than 8 ounces of liquid every ½ hour to submitting a urine sample
2. Advise your Case Manager of any prescription or over the counter medications you may be taking. Be prepared to provide a valid prescription for prescribed medicines.
3. Wash your hands thoroughly with soap and water prior to providing the urine sample
4. **Be aware that all urine screens will be observed by your Case Manager or other program staff**
5. Failure to provide a valid urine sample at the time of request will result in your case being returned to court as non-complaint

It is a violation of Section 18.2-251.4 of the *Code of Virginia* to adulterate or substitute urine with the intent to defraud such test. Such an offense is a Class 1 Misdemeanor, punishable by up to 12 months in jail and a fine of up to \$2,500.00. Your case can be returned to court in violation if you submit an abnormal, adulterated or diluted urine sample. If the above mentioned steps are followed you will have no problem submitting a valid urine sample for testing.

**I understand that I am responsible for the cost of all drug tests. This includes any fee charged for confirmation testing. if I choose to contest the results of a test conducted by Old Dominion ASAP Staff.**

I acknowledge that I have read and understand the above information. I understand the consequences if I fail to submit valid urine sample for testing.

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Client

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Case Manager

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Date

11/01/12

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Date





## ENROLLMENT FORM

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Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Last) (First) (MI)

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Level of Education: \_\_\_\_\_

Are You Employed? (Circle one) YES NO

Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Name of Employer \_\_\_\_\_

Marital Status: \_\_\_\_\_ (Single, Married, Divorced, Separated)

Significant Other's Name: (if applicable): \_\_\_\_\_

Number of Marriages: \_\_\_\_\_

Number of Children: \_\_\_\_\_

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*If Applicable:*

Military Status: \_\_\_\_\_ Active \_\_\_\_\_ Honorable Discharge \_\_\_\_\_ Dishonorable Discharge \_\_\_\_\_ Other \_\_\_\_\_

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I certify this information is accurate to the best of my knowledge.

Probationer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# **Virginia Alcohol Safety Action Program**

## **Intake Questionnaire**

**Full Name:** \_\_\_\_\_  
(First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_  
(Suffix)

**Mailing Address:** \_\_\_\_\_  
(Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

**Primary Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Secondary Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**Last Four Numbers of Social Security:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Are you a Student?**  Yes  No      If yes, where? \_\_\_\_\_

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### **Medical History**

**Medical Conditions:** \_\_\_\_\_

**Prescribed Medications:** \_\_\_\_\_

**Have you ever been told by a medical professional not to use alcohol or drugs?**  Yes  No

**Do you have any medical conditions directly related to your use of alcohol or drugs?**  Yes  No

**If yes, list the conditions:** \_\_\_\_\_

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### **Legal History**      **Have you had any...**

**Previous Arrest or Convictions for: (Do not include your present referral)**

**DUI**  Yes  No **How many?** \_\_\_\_\_ **Public Intoxication**  Yes  No. **How many?** \_\_\_\_\_

**Underage Poss. of Alcohol**  Yes  No **How many?** \_\_\_\_\_

**Drug Offenses**  Yes  No. **How many?** \_\_\_\_\_

**Other Criminal Charges (including Reckless Driving)**  Yes  If yes, how many?

**List each offense:** \_\_\_\_\_

**Do you have any pending charges?**  Yes  No **If yes, how many?**

**List all pending charges:** \_\_\_\_\_

**Are you currently on probation with any other agency?**  Yes  No. **If yes, list the name of the Agency:** \_\_\_\_\_ **Probation Officer:** \_\_\_\_\_

### **About Your Current Referral**

**What was your original charge/offense?** \_\_\_\_\_

**Date of original charge/offense:** \_\_\_\_\_

**What was your final conviction?** \_\_\_\_\_ **Court of Conviction** \_\_\_\_\_

**Date of conviction:** \_\_\_\_\_

**What alcohol beverages and/or what drugs were you using on the day of your arrest?** \_\_\_\_\_

**How much did you drink/use that day?** \_\_\_\_\_ **What was the occasion?** \_\_\_\_\_

**Did you have an accident that day?**  Yes  No

**Were there any injuries?**  Yes  No

**What was your BAC at the time of arrest?** \_\_\_\_\_

**Did you feel impaired?**  Yes  No

**Alcohol and Drug History**

**How many days per week do you consume alcohol?** \_\_\_\_\_ **How much alcohol do you consume on those occasions?** \_\_\_\_\_

**When did you last consume any alcohol?** \_\_\_\_\_

**How much did you consume?** \_\_\_\_\_

**Which drugs have you used within the last six months:**

Cocaine  Marijuana  Heroin  Amphetamines  Other: \_\_\_\_\_

**Have you ever tried to quit?**

**Drinking?**  Yes  No **If yes, how long did you abstain?** \_\_\_\_\_

**Using Drugs?**  Yes  No **If yes, how long did you abstain?** \_\_\_\_\_

**Have you ever taken a prescription drug that was not prescribed to you?**  Yes  No **If yes, what medication did you take?** \_\_\_\_\_ **When?** \_\_\_\_\_

**Have any of your blood relatives have, or had, a problem with alcohol or drugs?**  Yes  No

**Have you had any...**

**Previous Alcohol/Drug Education?**  Yes  No **If yes, where?:** \_\_\_\_\_

**When?:** \_\_\_\_\_

**Previous Alcohol/Drug Treatment?**  Yes  No **If yes, where?:** \_\_\_\_\_

**When?:** \_\_\_\_\_

**Previous ASAP Participation?**  Yes  No **If yes, where?:** \_\_\_\_\_

**When?:** \_\_\_\_\_

**Previous AA or NA Attendance?**  Yes  No **If yes, was your attendance**  Voluntary  Court Ordered

**I certify this information is accurate to the best of my knowledge.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**ASAP Office Use Only**

**Indicate Service Type:** \_\_\_\_\_

\_\_\_\_\_

## Michigan Alcoholism Screening Test (MAST)

Name: \_\_\_\_\_

Directions: Please circle either YES or NO for each item as it applies to you.

1. Do you feel you are a normal drinker ? (By normal we mean you drink less than or as much as most other people)	YES	NO
2. Have you awakened the morning after some drinking the night before and found that you could not remember a part of the evening ?	YES	NO
3. Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?	YES	NO
4. Can you stop drinking without a struggle after one or two drinks?	YES	NO
5. Do you ever feel guilty about your drinking?	YES	NO
6. Do your friends or relatives think you are a normal drinker?	YES	NO
7. Do you ever try to limit your drinking to certain times of the day or to certain places?	YES	NO
8. Are you always able to stop drinking when you want to?	YES	NO
9. Have you ever attended a meeting of Alcoholics Anonymous (AA)?	YES	NO
10. Have you gotten into physical fights when drinking?	YES	NO
11. Has your drinking created problems between you and your wife, husband, a parent, or other relative?	YES	NO
12. Has your wife, husband (or other family members) ever gone to anyone for help about your drinking?	YES	NO
13. Have you ever lost friends because of drinking?	YES	NO
14. Have you ever gotten into trouble at work or school because of drinking?	YES	NO
15. Have you ever lost a job because of drinking?	YES	NO
16. Have you ever neglected your obligations, your family or your work, for two or more days in a row because you were drinking?	YES	NO
17. Do you drink before noon fairly often?	YES	NO
18. Have you ever been told you have liver trouble? Cirrhosis?	YES	NO
19. After heavy drinking , have you ever had Delirium Tremors (D.T.s) or severe shaking, or heard voices, or seen things that really were not there?	YES	NO
20. Have you ever gone to anyone for help about your drinking?	YES	NO
21. Have you ever been in a hospital because of drinking?	YES	NO
22. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was a part of the problem that resulted in hospitalization?	YES	NO
23. Have you ever been seen at a psychiatric or mental health clinic, or gone to any doctor, social worker, or clergyman for help with an emotional problem, where drinking was part of the problem?	YES	NO
24. Have you ever been arrested for drunk driving, driving while intoxicated, or driving under the influence of alcoholic beverages? (If YES, how many times? _____)	YES	NO
25. Have you ever been arrested, or taken into custody, even for a few hours, because of drunk behavior?	YES	NO

**OFFICE USE ONLY**

Date: \_\_\_\_\_

MAST SCORE: \_\_\_\_\_