

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 occurred 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.

Defendant's Signature

Case Officer's Signature

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: _____	_____
	<i>Participant's Signature</i>
_____	_____
<i>Witness</i>	<i>Parent/Guardian, where required</i>

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.

Client

Case Manager

Date

Date

11/01/12



ENROLLMENT FORM

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: _____

If Applicable:

Military Status: _____ Active _____ Honorable Discharge _____ Dishonorable Discharge _____ Other

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

Probationer Signature: _____

Date: _____

Virginia Alcohol Safety Action Program

Intake Questionnaire

Full Name: _____
(Suffix) (First) (Middle) (Last)

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?** _____

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: _____

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 ☐ No **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 you 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 sever 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 <i>part</i> 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: _____