

**TEXAS DWI INTERVENTION (REPEAT OFFENDER) PROGRAM
PERSONAL DATA FORM**

CAUSE #: _____

COUNTY OF
INCIDENT: _____

For Office Use Only

Amount Paid: _____

Receipt #: _____

M. Order # _____

Packet v List

DATA FORM
ACKNOWLEDGMENT/CONSENT
FORM
AUTHORIZATION TO RELEASE
CONFIDENTIAL INFORMATION
PROGRAM AGREEMENT
SASSI

NAME AND ADDRESS

_____ Last Name _____ First _____ Middle Initial

Drivers License Number _____ State _____

SS# _____ Age _____ Date of Birth _____

_____ Street Address _____ City _____ State _____ Zip

(_____) _____ Telephone Number _____ E-Mail Address

DEMOGRAPHIC

(Circle one in each category)

SEX	ETHNICITY	MARITAL STATUS		
Male	White	Black	Married	Divorced
Female	Hispanic	Asian	Separated	Single
	American Indian	Other	Widowed	

EDUCATION

Highest school grade completed: **(Circle one)**

None GED/HS diploma Associates Bachelors Masters Doctorate

Do you have any disability we need to be aware of to assist you in this course?

_____ **REFERRING ENTITY INFO: (Circle One) Probation Officer-Attorney-Judge-Court-Out of State Facility**

PRINT NAME OF REFERRAL: _____

PHONE # _____ FAX # _____

Arrest Information

Please circle one: Was your offense a **FELONY** or **MISDEMEANOR**?

What offense did you commit that required you to take the DWI Repeat Offender Class?

_____ What was the BAC? (breathalyzer) _____ Time of arrest _____



LifeSteps Council on Alcohol and Drugs - Committed to Prevention, Intervention and Education

DWI INTERVENTION PROGRAM AGREEMENT

As a participant in this program, you must follow these agreements and program requirements:

- **You CANNOT MISS THE FIRST CLASS. After two absences, you will be discharged from the class.**
- In case of **an emergency**, you must call the instructor **before** the class. You **MUST** make up the class **BEFORE** the next class session.
- You may express your opinions and feelings and are free to say whatever you feel as long as it does not disrupt the class.
- You **MUST** bring a significant other (spouse, if married) to Modules 9 and 10, (Family Nights). You may bring another family member or best friend. The idea is to bring someone that supports what you are doing to make changes in your life. In case there is neither family nor friends, you **MUST** attend to One session of the ALANON meetings.
- You will develop a written action plan before discharge and receipt of certificates.
- You **MUST** be on time. Two 15 minutes late sessions equals one missed class. **NO TEACHING WILL BEGIN UNTIL EVERYONE IS PRESENT.** (This is why it is important that you call if you will be absent). **NOTE:** If you miss a class and fail to call and make it up before the next class, you will be dropped.
- There will be breaks during class.
- There is no smoking during class. Smoking during breaks will be permitted outside.
- No visitors are allowed except during Family Nights.
- You **MUST abstain** from the use of mood-altering substances throughout this program. If you come to class after having used, and if your instructor knows it, the instructor will contact your probation officer. Also, you will be sent home from class that evening and count it as an absence.
- You **MUST** attend at least two A.A. meetings by Module 12 and document your experience. This is required for the course.

I _____ agree to comply with all of the

above requirements and to attend and complete all assignments and projects as they are assigned and to fully participate in all class discussions.

Signature

Date



LifeSteps Council on Alcohol and Drugs - Committed to Prevention, Intervention and Education

**CONSENT FOR THE RELEASE OF CONFIDENTIAL
INFORMATION**

I, _____ authorize
(name of participant)

LIFESTEPS COUNCIL ON ALCOHOL AND DRUGS
(name of the program)

to disclose to _____
(name of person or organization to which disclosure is to be made)

information regarding participation in the Repeat Offender Education Program.
(nature of the information)

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise 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.).

Executed this _____ day of _____, 20_____

(Signature of participant)

(Signature of parent, guardian, or authorized representative)



LifeSteps Council on Alcohol and Drugs - Committed to Prevention, Intervention and Education

Acknowledgement/Consent Form

I have received a copy of the *Summary of Participants Rights* as per Federal Register 42 CFR Part 2, which includes the complaint procedure of LifeSteps Council on Alcohol and Drugs, and information on how to contact The Texas Department of State Health Services Board of Inquiry.

I hereby accept participant services of LifeSteps Council on Alcohol and Drugs to take the Repeat Offender Education class.

Date

Participant Name (print)

Participant Signature

Parent/Conservator/Guardian Signature
(If applicable)

2021 N. Mays St, Ste. 500 Round Rock, TX
Phone 512-246-9880 Fax 512-246-9882

311 S. Main St., Georgetown, TX
Phone 512-869-2571 Fax 512-869-1667
Website www.lifestepsCouncil.org

Austin Line 512-930-5351

P.O. Box 1279, Georgetown, Texas 78627-1279



LifeSteps Council on Alcohol and Drugs - Committed to Prevention, Intervention and Education

SUMMARY OF PARTICIPANT/CLIENT'S RIGHTS

When accessing LifeSteps' services, participants/clients have the right to:

1. receive age appropriate services;
2. be treated with dignity and respect;
3. be assured protection from the possibility of abuse, neglect, or exploitation;
4. to file a complaint with LifeSteps or the Texas Department of State Health Services;
5. when receiving individualized services, participants/clients will have the right to accept or refuse services after being notified of program goals and objectives, rules and regulations, and participant/client's rights.
6. Confidentiality - Participants/clients of LifeSteps have a right to confidentiality. Generally, staff may not talk or write to a person about the fact that a participant/client is receiving services or disclose other information about the participant/client unless one or more of the following conditions are met: a) the participant/client gives written permission to release the information; b) a court orders that the information be released; c) medical emergency; d) participant/client's file is reviewed by qualified personnel for program evaluation or audit purposes by the Texas Department of State Health Services.

In addition, federal law does not protect information about a crime committed by a participant/client either at a program or against personnel of a program or about a threat to commit such a crime, suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. Violation of federal confidentiality law is a crime. Suspected violations may be reported to the appropriate authorities in accordance with federal regulations as provided for under 42 CFR Part 2, section 2.12(d)(1) and HIPPA regulations.

COMPLAINT PROCEDURES

It is the policy of LIFESTEPS to promote a safe environment to program participants/clients and to provide quality services. Conduct that interferes with operations, discredits LifeSteps or results in abuse, neglect or exploitation of participants/clients will not be tolerated.

Any person with a complaint or grievance concerning any actions of LIFESTEPS, its Executive Director or staff is asked to state the complaint briefly in writing clearly identified as "Complaint" or "Grievance." In case of a complaint against the Executive Director, the complaint should be addressed to LifeSteps' Board President. Grievances against staff should be mailed to the individual involved and the Executive Director at the following address:

LifeSteps Council on Alcohol and Drugs P.O. Box 1279 Georgetown, Texas 78627

The person with the complaint may also submit a grievance to Texas Department of State Health Services directly at any time:

Texas Department of State Health Services P.O. Box 80529 Austin, Texas 78708-0529 1-800-832-9623

Any person wishing to file a complaint may request help writing the grievance if they are unable to read or write. They may also request pens, paper, envelopes, postage and access to a telephone for the purpose of filing their grievance. LIFESTEPS shall report all allegations of abuse, neglect, and exploitation in writing to Texas Department of State Health Services within 24 hours and submit written documentation within two working days. LIFESTEPS shall acknowledge receipt of the complaint in writing within 24 hours (72 hours on weekends). The complaint shall be investigated immediately and as impartially and confidential a manner as possible, obtaining additional information as needed. LIFESTEPS shall inform the person making the complaint of findings and recommendations within seven (7) calendar days. Complaints that cannot be resolved will be forwarded to Texas Department of State Health Services. LIFESTEPS staff shall not retaliate against anyone who reports a violation or cooperates with an investigation or related activity.