

TEXAS DRUG OFFENDER EDUCATION PROGRAM PERSONAL DATA FORM

CAUSE / CASE #: _____

COUNTY OF INCIDENT: _____

<p style="margin: 0;"><u>For Office Use Only</u></p> <p style="margin: 5px 0;">Amount Paid: _____</p> <p style="margin: 5px 0;">Receipt #: _____</p> <p style="margin: 5px 0;">M. Order # _____</p>	<p style="margin: 0;">Packet <input type="checkbox"/> List</p> <p style="margin: 0;">DATA FORM</p> <p style="margin: 0;">ACKNOWLEDMENT/CONSENT FORM</p> <p style="margin: 0;">AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION</p> <p style="margin: 0;">PROGRAM AGREEMENT</p> <p style="margin: 0;">KNOWLEDGE PRE-TEST</p> <p style="margin: 0;">SASSI</p>
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NAME AND ADDRESS

Today's Date: _____

_____ Last Name _____ First _____ Middle Initial

Driver's License # _____ State _____ (or) SSN _____

Age _____ Date of Birth _____

_____ Street Address _____ City _____ State _____ Zip

(_____) _____ **PHONE** _____ **EMAIL**

SEX: M F

EDUCATION

Highest level of education: _____

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

REFERRING ENTITY INFO: (Circle One) Probation Officer Attorney Judge Court

NAME OF REFERRAL: _____

PHONE # _____ **FAX #** _____

Information concerning the arrest that brought you here:

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

Dates of current and previous arrest(s) and charges:

DATE OF ARREST (YEAR)	CHARGE



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 Drug Offender Education class.

Date

Participant Name (print)

Participant Signature

Parent/Conservator/Guardian Signature
(If applicable)



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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 Drug 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.)

Date: _____

(Signature of participant)

(Signature of parent, guardian, or authorized representative)



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Drug Offender Education Class Policy

1. Participants must **NOT** have had any alcoholic beverage or drug use prior to attending class.
2. Participants must attend all **five sessions** in the order in which they are presented. If you miss a session, you will be required to pay a **reschedule fee of \$75.00** and are required to start the next available class from the beginning. If a second class is missed, then participant must pay registration in full to attend the next available class.
3. A participant has not completed the program until he/she has attended all sessions and received a certificate of completion.
4. **Proofread** your certificate of completion; advise Instructor regarding any discrepancies at the time of receipt. A **\$20 fee** will be charged to issue another certificate.
5. You are required to participate fully in class discussion and complete all assignments and turn them in to the instructor.
6. **Be on time!** Doors will be locked at the class start time, you will not be admitted if you are late.
7. No smoking or dipping in class **or within 15 feet** of the building is permitted.
8. Should you need to reschedule – one week's notice is required to reschedule you without cost for the next available class. If one week's notice is **not** provided regardless of reason, you will have to pay a **\$75** fee to reschedule.
9. **You may be refunded if request is submitted in writing one week prior to class start date. Without one week's notice, any refund is forfeited and the class can only be rescheduled. Regardless of reason, there is a \$20 NON-REFUNDABLE FEE for refunds.**

Disqualification Policy

1. Failure to report completely sober for each class session.
2. Any behavior not conducive to the orderly operation of the course.
3. Failure to participate fully in class.

I have read and will abide by the class policy as set forth above

Signature of Participant

Date



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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. LIFESTEP 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.