



## Family Counseling & Rehabilitation Center of Ohio

# 72-Hour Driver Intervention Program (DIP)

## An Impaired Driver Program

The 72-hour Driver Intervention Program (DIP) is a self-contained residential program for OVI offenders administered through Family Counseling & Rehabilitation Center of Ohio certified by the Ohio Department of Mental Health & Addiction Services (OMHAS). Participation in the program is offered through the court system as an alternative to incarceration.

The 72-hour Driver Intervention Program gives you an opportunity to examine thinking and behavioral patterns that led to your arrest. It provides participants with the knowledge you need to make healthy future choices and with information on alcohol and drug abuse through lectures, videos, class work and group discussions.

Family Counseling & Rehabilitation Center of Ohio  
107 Lancaster St.,  
Marietta, OH 45750  
Phone: (740)249-8061  
Fax: (740)371-5499

\*\*All programs will take place at the **Comfort Suites** in Marietta, OH 45750 and will be offered monthly.

Comfort Suites  
202 Cherry Tree Ln  
Marietta, OH 45750

## REGISTERING FOR 72-HOUR DIP

You have the choice to register for the Driver Intervention Program in person or print off registration packet online. FCRCofOhio is located at 107 Lancaster St., Marietta, OH 45750. We are open for registration Monday-Friday 9:00 am to 5:00 pm. Our website is [www.FCRCofOhio.com](http://www.FCRCofOhio.com).

When you arrive at FCRCofOhio to register, please plan to spend 20-25 minutes completing the necessary paperwork. You will need to bring with you:

1. All your court documents (including Court order with case number, copy of your ticket, BAC documentation, and Photo ID)
2. Payment- total cost of the program is \$525.00. You can request your own room for an additional fee of \$300.00.
  - a. To be fully registered, payment must be included with registration form. Call (740) 249-8061 to check on program status. Payment must be received one week prior to confirm your registration spot.
  - b. You may pay with cash, cashier's check, or money order payable to Family Counseling & Rehabilitation Center of Ohio
  - c. NO personal Checks will be accepted.
3. Information on Cancellations and Refunds can be found later in this document within the DIP Rules and Regulations.
4. Valid form of state or federal photo identification

## Client Rights Policy

Each client participating in a driver intervention program has these rights:

- The right to be treated with consideration and respect for personal dignity, autonomy, and privacy.
- The right to reasonable protection from physical, sexual, or emotional abuse and inhumane treatment.
- The right to give informed consent or to refuse any service.
- The right to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others.
- The right to be informed and the right to refuse any unusual or hazardous procedures.
- The right to be advised and the right to refuse observation by others and by techniques such as one-way mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. The right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or other common areas, which does not include bathrooms or sleeping areas.
- The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations.
- The right to have access to one's own client record.
- The right to be informed of reason for termination of participation in services
- The right to be informed of the reason for denial of service
- The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws.
- The right to know the cost of services
- The right to be verbally informed of all client rights, and to receive a written copy upon request.
- The right to exercise one's own rights without reprisal, except that no rights extend so far as to supersede health and safety considerations.
- The right to file a grievance.
- The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested.
- The right to be informed of one's own condition
- The right to consult with an independent treatment specialist or legal counsel at one's own expense.

## 72 Hour Driver Intervention Program

### CONFIDENTIALITY STATEMENT

[5122-29-12]

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Print Client Name

By signing below, I acknowledge the following:

- I will pay \$525.00 for the DIP program
- I consent to receive DIP services.
- I have received a copy of the educational curriculum for the DIP program.
- I have received the DIP program rules and expectations.
- I have received the program's client rights and grievance policies and procedures.
- I have received a written summary of the Federal Laws and Regulations pertaining to the confidentiality of client records as required by 42 C.F.R Part 2.
- I have received a packet containing educational materials on HIV/AIDS, STD's, Hepatitis A, B, C and TB.

Federal Law and regulations do not protect any information about a crime committed by a client, either at the program or against any person who works for the program, or about any threat to commit such a crime. Federal law regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities ( See 42 USC 290 DD-3 and for Federal Laws and 42 CFR Part 2 for Federal Regulations). This information has been disclosed to you from records protected by Federal Confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by 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. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client. (These conditions apply to every page disclosed and a copy of this authorization will accompany any disclosure).

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Clients' Signature

Date

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Counselor's Signature

Date

## Authorization for Release of Information

**Expires:** 1 year from \_\_\_\_\_

(Date of authorized Client or Guardian's Signature on this form)

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Note: All matters relating to alcohol or drug abuse records are considered privileged and confidential and treated as such by the employees of the program. Information regarding such matters cannot be given out without the consent of the client.

\_\_\_\_\_  
(Name of Individual or of the Organization to which the information is to be made available)

(Complete Address): \_\_\_\_\_  
\_\_\_\_\_

**Purpose or need for disclosure:** Please check applicable item(s):

Continuity of Care     Resolution of legal matters     Personal

**Specific Information to be Disclosed:** Please have client initial applicable items(s)

<input type="checkbox"/> Assessment	<input type="checkbox"/> Behavioral data	<input type="checkbox"/> Diagnosis & Prognosis	<input type="checkbox"/> Recommendations
<input type="checkbox"/> Referrals	<input checked="" type="checkbox"/> Attendance	<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Progress
<input type="checkbox"/> Lab Results	<input type="checkbox"/> Psychiatric Evaluation	<input type="checkbox"/> Drug Screen Results	<input type="checkbox"/> Financial & Billing
<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Messages	<input type="checkbox"/> Case Manager Services	

**Other:** \_\_\_\_\_

**Amount of Information to be Disclosed:**

Information covering the most recent admission \_\_\_\_\_, Information covering all previous admissions \_\_\_\_\_.

Information Covering Other (specify) \_\_\_\_\_ **DIP PORGRAM** \_\_\_\_\_.

The following rules apply as it relates to the timeline and revocation of the release of information. This release of information naturally expires 1 year from the date of the authorized signature or this release of information expires 6 months post discharge from care if it is not revoked prior to discharge or does not expire naturally within the 1 year time frame from the authorized signature.

I understand that this consent is subject to revocation at any time except to the extent the program or person who is to make the disclosure has already acted in reliance on it. My refusal to sign this authorization will **NOT** affect my ability to obtain treatment, payment, or enrollment in a health plan.

As required by section 2.32(a), Prohibition on Disclosure: "This information has been disclosed to you from records protected by federal confidentiality rules. The federal rules prohibit you from making any further disclosure of this information unless further disclosure of this information is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client

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Signature of Client age 12 and up Date

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Signature of Parent or legal guardian of client Date

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Signature of Staff/Witness/ Referral Source Date

- Emergency Contact       Medical Provider       Referral Source       Other

<b>For Office Use Only</b>	
<b>Staff Person Releasing Information:</b> <i>FCRC Authorized Staff ONLY</i>	<b>Date:</b>

I recognize that any action and communication that has already occurred prior to the revoking of the Release of Information was acted upon with the understanding that the Release of Information was active at that time. Upon signing below, the Release of Information is no longer active and cannot be acted upon by FCRC staff members. Should you change your mind and consent for future communication between FCRC and the listed party, a new Release of Information will need to be signed at that time.

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Signature of Client/Parent/Guardian Date

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Signature of Staff/Witness/Referral Source Date

## Packing & Preparing for the Driver Intervention Program

### THINGS TO BRING:

- ✓ Medications prescribed and over-the-counter.
  - If you take medication prescribed by the doctor, make sure that you bring it in the labeled prescription bottle, indicating the medication name, how often you are to take it and the prescribing physician's name. **CANNOT** be expired. **BRING ONLY ENOUGH MEDICATION FOR THR WEEKEND.** You will be allowed access to your medication upon request or according to the prescription label instructions at any time during your stay. It will be returned to you at the completion of the program.
  - If you take over-the-counter medication, you will only be permitted to ingest the recommended dosage on the bottle/package-regardless of the amount you may typically take, unless you have a doctor's prescription for taking varying doses. It must be in the original packaging.
  - If you have a cold or the flu and are taking an over-the-counter decongestant, cough suppressant or expectorant, make sure that it does not contain alcohol. You will not be allowed to take any cough or cold medication containing alcohol (e.g., Vicks, Nyquil, Daytime, etc.) during the 72-hour period.
  - If you are likely to get headaches or other common aches and pains, you will need to bring pain medication. (Tylenol, ibuprofen, etc.) we recommend a new unopened bottle. Staff **CANNOT** dispense any medication to you other than what is yours.
  - For perishable medications previous arrangements must be made with the program director in order to have a refrigerated space designated specifically for prescriptions.
  - **ONLY BRING ENOUGH MEDICATION FOR THE WEEKEND.**
- ✓ You will need to bring clothing and person hygiene/grooming needs. (Enough for 3 Days. Consider wearing layers. Room temperatures fluctuate.
- ✓ You may wear casual, comfortable clothing. Hats and hoods are not permitted. Proper undergarments must be worn at all times during the weekend for both men and women. No short shorts, cut-offs, or halter tops. Shoulders and stomach must be covered. Shoes must be worn at all times.
- ✓ You may bring a cushion or pillow for your chair, there will be a lot of sitting and the chairs can become uncomfortable, if desired.
- ✓ **NAME, ADDRESS, PHONE, AND FAX NUMBERS OF COURTS OR AGENCY THAT WILL NEED TO RECEIVE INFORMATION UPON COMPLETION OF THIS PROGRAM.**
- ✓ Earplugs if you are a light sleeper.
- ✓ Cigarettes, if you smoke. (Chewing Tobacco is allowed but discouraged and will only be allowed during smoking breaks.)
- ✓ Snacks and drinks, in **the original unopened containers**. You may want to bring \$15.00- \$20.00 to buy extra snacks or soda from vending machines.
- ✓ Appropriate books, magazines, newspapers, or something to keep you occupied during non-program hours and free time.

### THINGS NOT TO BRING:

- Alcohol or any other illegal drugs or drug paraphernalia.

- ☒ Any prescription drugs not prescribed to you.
- ☒ Any drug/substance, including over-the-counter medicines, not in their original packaging or the proper prescription packaging with the original prescription label.
- ☒ Personal care items that contain **alcohol**: mouth wash, after shave, perfumes, colognes, body spray, hand sanitizer, etc.
- ☒ Any electronic devices-including cell phones, laptops, radios, alarm clock-radios, pagers, personal video players, MP3 players, video games, iPod or any type of readers. If you bring any of these items they will be locked up for the weekend and given back to you at the end of the program.
- ☒ No knives, guns, firearm, sprays, or weapons of any kind are allowed. If you bring them, they will be confiscated.
- ☒ Please DO NOT bring excessive valuables (e.g., expensive jewelry, excess amount of money, etc.). Your rooms may be locked during the day and opened by a staff member or security at night. Even though only you and your assigned roommate (s) will have access to your room, this does not guarantee that items of value will not disappear.
- ☒ Any articles of clothing (hats, t-shirts, etc.) which advertise/promotes alcoholic beverages, drugs or taverns, lounges, etc. are prohibited.
- ☒ Chewing tobacco is discouraged and can only be used at smoking breaks outside.
- ☒ No electronic cigarettes or vaporizers
- ☒ Large sums of money will not be needed and may not be brought to the program.

**Baggage and materials brought to the driver intervention program will be inspected to ascertain that they do not contain contraband. Any materials deemed inappropriate by the program staff will be locked up by the staff at the start of the program during check-in orientation and returned at the end of the program.**

## Arrival and Check-In

Check-in for the program begins promptly at 5:45 p.m. on Thursdays, **please arrive no later than 5:30 p.m. to complete the check-in process.** Individuals who arrive late will not be allowed to attend.

Anyone arriving after 6:00 pm will not be admitted regardless of the reason for being late. When you register for the program it is expected that you will make the necessary work or family arrangements in advance so that you arrive at the Comfort Suites in Marietta, OH no later than 5:45 pm.

**No evening meal is provided on Thursday**, so it is advisable to have your evening meal before arriving at the program.

When you arrive, bring all your luggage and belonging you brought for the program, and enter the Comfort Suites through the main entrance.

Upon arrival and your luggage checked by a FCRCofOhio staff member to ensure that you are not bringing any inappropriate items into the program, you will receive your room assignment at this time and any medications (prescription and over the counter) will be logged and kept in a locked cabinet throughout the program.



## Other Program Notes

- You will not be permitted use of the telephone during the DIP unless approved by a FCRCofOhio staff member. Social calls will not be permitted. In case of emergency (death or serious illness/injury of a family member or significant other), family members should call (740)249-8061 and the message will be forwarded so you may respond to the situation as needed.
- No smoking will be permitted in any part of the Comfort Suites building, this includes, but not limited to, the training rooms, living quarters, restrooms, showers or eating areas. Breaks will be provided so that you may have a cigarette in designated areas. This includes smokeless tobacco. All products must be disposed of appropriately. Smoking breaks are a courtesy provided to you by the FCRCofOhio staff. *Breaks are not guaranteed on any regular schedule and will be discontinued completely if anyone in the group abuses smoking privileges.*
- Please direct questions or concerns to the Program Coordinator at (740)249-8061.
- Email: [jsimmons@FCRCofOhio.com](mailto:jsimmons@FCRCofOhio.com) [shawntae@FCRCofOhio.com](mailto:shawntae@FCRCofOhio.com)

## Program Rules and Regulations

1. The 72-hour Driver Intervention Program is designed to provide you with educational information and professional assistance in assessing your alcohol and other drug use. FCRCofOhio personnel are not here to judge you, to punish you or to intimidate you. You will be treated with courtesy and respect by all FCRCofOhio staff. We, in-turn, expect that you will cooperate fully with FCRCofOhio staff and convey the same level of courtesy and respect that is extended to you.
2. Punctuality is particularly important. You are to arrive by 5:45 PM on Thursday evening at which time your temperature will be taken, and a health questionnaire will be completed. For your safety masks will be provided, social distancing is required, frequent hand washing will be encouraged, and hand sanitizer will be provided. Throughout the day all hard and soft surfaces will be thoroughly cleaned. You may leave on Sunday at 5:45 PM. If you arrive late (past 6:00PM) you will not be allowed to participate in the program and will be asked to reschedule at a later date and charged a rescheduling fee (\$100.00 which must be paid before you can attend).
3. To maximize your comfort level during the 72-hour program and to minimize the possibility of your experiencing withdrawal symptoms from alcohol or any other mood-altering drug, we recommend that you abstain from alcohol and any other mood-altering drug you may be using (unless, of course, it is prescribed by your physician) for a minimum of 3-5 days prior to the start of the 72-hour program. If you appear to be experiencing significant withdrawal symptoms from alcohol or any other drug (or other medical problem/emergency\_ during the 72-hour program, please inform the FCRCofOhio staff immediately. An FCRCofOhio staff member will take appropriate action, including summoning Marietta EMS to evaluate any perceived attention to attention to the Marietta Memorial Hospital's Emergency Room. You will be liable for payment for any such treatment received from The Marietta EMS or Marietta Memorial Hospital Emergency Room staff.

4. If, during the check-in process at the start of Thursday's DIP, you are suspected to be under the influence of alcohol (including having the odor of alcohol on your breath), FCRCofOhio staff will take the appropriate steps to resolve the problem, up to and including dismissal from the program, non-refundable.
5. **There will be no use of alcohol or any drugs while you are at the 72-Hour Program.** If you are suspected of alcohol/drug use, you will be asked to take a BAC/or drug test and then will be asked to leave immediately if you test positive for alcohol or drugs. If you drove to the program site and are under the influence a ride will be called to pick you up. The appropriate court and authorities will be notified, and you will not receive a refund.
6. No alcohol or other mood-altering, non-prescription drugs are permitted in your possession at any time during the 72-hour program. If it suspected during the program that you are in possession of or under the influence of alcohol or any other non-prescription, mood altering drug, FCRCofOhio staff will conduct an investigation. Such investigation may include a search your room/personal effects and request that you submit to a Breathalyzer test to confirm presence or absence of alcohol in your system. If such steps confirm that you have in your possession or have ingested alcohol or any other illegal, non-prescription drug, you will be immediately discharged from the program and your referring court will be notified that you did not complete the Driver Intervention Program.
7. Upon your arrival at the program site, your **luggage/purse/personal items will be searched. Any alcohol, drugs or other contraband (this includes but is not limited to any type of energy drinks (you MAY NOT drink the energy drinks from the vending machines at the hotels), five hour shots, caffeine pills, keys, DVD players, game systems, inappropriate reading materials, cell phones, etc.) will be confiscated.** We reserve the right to search your luggage and/or room at any time during the 72-hour program. All property will be given back at the end of the 72-hour program (except any alcohol or drugs, which will be destroyed). **Please note your luggage/purse/personal items will be searched before you complete the program on Sunday.**
8. Clients are prohibited from having prescription and over-the-counter medicine in their possession at the Driver Intervention Program, unless required by a physician for medical necessity. Authorized staff and/or providers shall have keys for medication cabinets, refrigerators, and lock boxes.
9. You will be assigned a roommate and a room number. Males with males and females with females. **You are NOT allowed in each other's rooms.** You are expected to keep your room clean and in order during the weekend. Housekeeping will provide linens and toiletries daily, to be placed outside of your room. Please place used linens outside of door to be collected.
10. **Wakeup call is at 7:00 AM.** at which time your temperature will be taken, and a health questionnaire will be completed daily. A counselor/security officer will make sure each room receives a wakeup call. You must answer the door. Note when you leave your room at 8:00AM you may not be allowed back in your room until bedtime (Based on staff discretion). Make sure you bring everything you need for the day (pop, food, pen, clothing, tampons, etc.).
11. Failure to comply with the 72-hour FCRCofOhio DIP rules and regulations, disruptive or physically aggressive or belligerent behavior displayed toward FCRCofOhio staff or another program participant will not be tolerated and shall be ground for discharge from the program. No refunds will be given.

12. If you require some type of special room accommodation because of physical handicap or disability, please notify FCRCofOhio in advance so proper arrangements may be made.
13. If you have driving privileges and drive a car to the program, make sure that you bring all of your luggage, etc. into the Hampton Suites with you on Thursday at check-in. Once in the Hampton Suites you will not be permitted to return to your car to retrieve forgotten items, unless accompanied by a program staff member. Keys will be locked securely away by staff upon arrival.
14. Family members or friends will not be permitted to bring items to you while attending the DIP program. If you require essential items like a towel, toiletries, or clothing that you have forgotten, please see a program staff member.
15. No visitors allowed, except as program dictates.
16. FCRCofOhio utilizes a night security person between the hours of 9:00 pm and 8:30 am throughout the program weekend. The security person is present primarily to ensure that safety of both DIP participants and staff in the event of an emergency (fire, disruptive program participants, and program participant illness or medical emergency, etc.). This designated individual will conduct a room check every evening and other times as needed to ensure all DIP program participants are in their assigned rooms. DIP security person is also present to ensure that program participants comply with the requirement you remain in your assigned rooms between the hours of 11:00pm and 7:00 am. Any violation of this rule will constitute grounds for discharge from the program.
17. It is expected that your attitude and behavior throughout the 72-hour program will be appropriate and consistent with the serious focus on the program's purpose. While we encourage participant interaction in classroom activity and in small group discussion sessions, the DIP program is not the appropriate setting in which to seek a date, find a mate, or to conduct normal business-related activity. If the program staff observes you are focusing your attention on another program participant or preoccupied with "people, places, or things" external to the program, your instructor will meet with you to make you aware of the unacceptable attitude or behavior and request that you redirect your attention to the program objectives. If the attitude/behavior identified as unacceptable persists, you may be discharged from the program for failure to comply with program expectations.
- 18. You are to arrive at all sessions on time and sign an attendance log. You are not to leave group unless given permission.**
19. You are expected to participate actively in each session.
20. The counselor(s) MUST know where you are at all times. Upon entering the 72-hour driver intervention program, you will be given designated areas you can be.
21. You may NOT use the pool, weight room, or computer.
22. No cellular phones, laptop computer, other computers, video games, movie videos, radios, CD, readers, electronic cigarettes or tape players, iPods, iPhones, MP3 Players, or pagers will be allowed at the program.
23. Under no circumstances will any form of gambling be permitted at any time during the 72-hour DIP. This includes card playing for money, poker chips or any other activity which may be construed by FCRCofOhio staff/security to represent gambling. Violations of this policy will result in immediate discharge from the program and forfeiture of your entire program fee.

24. Smoking is allowed only in designated areas Comfort Suites Marietta (behind hotel is designated area). Please use the ashtrays, as failure to do so will result in revocation of smoking privileges. ALL HOTELS ARE NON-SMOKING and your room is Non-smoking. If you are caught smoking in your room, or if there are any damages to hotel or hotel property you will be charged a fee of \$300.00 by the hotel that must be paid before you leave on Sunday or your Completion Report will be held. There will be designated smoke breaks.
25. Proper hygiene is expected of all DIP participants throughout the weekend (e.g., shower). Clothing with alcohol/drug advertisements, inappropriate/negative messages is not permitted.
26. **You will have NO cell phone access during the 72-hour driver intervention program.** If you need someone or something, please get with the counselor(s) or security guard. You may not receive phone calls during the program. (TRUE Emergency calls may be directed to the hotel, screened by FCRCofOhio and directed to you.)
27. You are not to approach the front desk or any hotel staff for any reason.
28. It is permissible to bring snacks, juices, and soft drinks in originally sealed packages. Snacks may be purchased in the hotel lobby/vending machines. Bring your own change for vending machines. **YOU ARE NOT PERMITTED TO ORDER OUT FOR FOOD DELIVERY.** \$15.00 -\$20.00 to buy extra snacks from vending machines is acceptable.
29. If there is a family emergency, the hotel will contact a counselor(s) or security guard and the message will be given to you. If you choose to leave the 72-hour driver intervention program early, you must contact your referring court on the next business day to get approval to attend the next available Driver Intervention Program. It will be determined if there will be any additional fees.
30. In case of fire, you should follow procedures of the hotel and evacuation routes. All this information is posted on the back of your door in your assigned room. This information also tells you the location of the fire alarms and extinguishers. We will point this out when you are taken to your room.
31. Please ask for clarification of any of these rules from an FCRCofOhio staff member if something is unclear. Ignorance of or misunderstanding of these rules does not remove the responsibility for the consequence of your behavior during the 72-hour program.
32. FCRCofOhio reserves the right to add, delete, or modify rules and expectations at any point in the weekend to ensure consistency, safety and security for participants and staff.

## Meals

All meals are provided (except for Thursday evening). You must be present in the dining area for all program meals, unless otherwise instructed by your Program Facilitator for reasons of personal illness, etc., FCRCofOhio attempts to provide balanced, nutritious meals.

\*If you require a special diet because of legitimate acute or chronic medical condition (not just because you are trying to eat healthier foods or attempting to lose weight), please make the FCRCofOhio Program Coordinator aware of this at time of registration.

- **Breakfast is at 8:00 AM (Please be ready by 8:00 AM, as staff will bring everyone at one time.)**
- **Lunch is at 12:00 PM**
- **Dinner will be anywhere from 5:00 -7:00 PM**

# INITIAL APPLICATION

## Family Counseling & Rehabilitation Center of Ohio

107 Lancaster St.  
Marietta, OH 45750

Phone: (740)249-8061  
Fax: (740)371-5499

### 72 Hour Driver Intervention Program Initial Application for Service

Name: _____	
<u>Address:</u> _____	<u>DOB:</u> _____
<u>Sex:</u> _____	
<u>Phone Number:</u> _____	
<u>Driver's License #:</u> (required by Ohio Department of Public Safety)	<u>SS#:</u> _____
<u>Can we leave a message?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>BAC Level:</u> _____	<u>Referring Court System:</u> _____
<u>DIP Program to attend:</u> _____	
<u>Paid:</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
When?	How?
<u>Special Needs (medical):</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Please Explain:</u>	
<u>Dietary Restrictions (allergies to food):</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>If yes, please explain:</u>	

Notes:

## INTAKE/SCREENING INTERVIEW

### Family Counseling & Rehabilitation Center of Ohio

**107 Lancaster St.**  
**Marietta, OH 45750**

**Phone: (740)249-8061**  
**Fax: (740)371-5499**

### Driving Intervention Program

#### Intake/Screening Interview

Name	SS#		
Address			
	Street	City	
	State	Zip	Country
Date	Phone	DOB	Age
Place of Birth		Driver's License #	
Referred by:		BAC Level:	
Race (Circle One):	W= White A= Asian/Oriental M= Alaskan Native	B= Black N= Native American O= Other	
Ethnicity (Circle One):	A= Puerto Rican B= Mexican E= Not of Hispanic Origin	C= Cuban D=Hispanic	

#### Education

What is the highest grade you completed in school, including college (Circle One)

<u>Code</u>	<u>Level</u>	<u>Code</u>	<u>Level</u>
00	= Less than Grade 1	16	= 4 yrs. College/Undergrad. Degree
01-11	= Grade 1-11	17	= Graduate Courses
12	= HS Diploma/GED	18	= Graduate Degree
13	= Trade/Technical School	19	=Post Graduate
14	=Some College	20	=Further Specialized Studies
15	=2 yrs. College/Associate		

Are you currently enrolled in school/college? Yes or NO. If Yes, please explain:

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**Presenting problem/precipitating factors leading to the need for screening (Why are you attending the DIP Program):**

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**Religion**

**Any specific religious affiliations?**

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**Work History**

Are you currently employed?  Yes  No

If not employed are you disabled?  Yes  No

If yes, please explain:

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Are you currently on **OHIO MEDICAID?**  Yes  No  
(Need Copy of card)

Name of your employer: \_\_\_\_\_

Number of years employed: \_\_\_\_\_

What is your usual occupation? \_\_\_\_\_

Have you ever lost a job due to drinking/using?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**Legal History**

Do you have any arrests, OVI's or other alcohol/drug related matters pending?

\_\_\_\_ Yes \_\_\_\_ No

If yes explain, \_\_\_\_\_

How many times have you been arrested for DUI/DWI/OVI or reduced charges in the past six (6) years? \_\_\_\_\_

How many times have you been arrested for a DUI/DWI/OVI or reduced charge in your lifetime? \_\_\_\_\_

Any previous alcohol/drug arrest record in your lifetime? \_\_\_\_ Yes \_\_\_\_ No

Type and date(s):

Any previous arrest record not alcohol/drug related in your lifetime? Yes No

Any previous alcohol/drug arrest record in your lifetime? \_\_\_\_ Yes \_\_\_\_ No

Type and date(s): \_\_\_\_\_

Any previous arrest record not alcohol/drug related in your lifetime? \_\_\_\_ Yes \_\_\_\_ No

Type and date(s): \_\_\_\_\_.

Have you been in jail in the past six (6) months? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been arrested for an offense not related to driving which was alcohol related, such as public intoxication, open container, assault, etc., in the past 12 months?

\_\_\_\_ Yes \_\_\_\_ No

While driving during the past five (5) years, have you ever been stopped by the police and ticketed for a driving-related offense but not arrested for OVI when you had been drinking or under the influence of drugs? \_\_\_\_ Yes \_\_\_\_ No

Are you currently on probation? \_\_\_\_ Yes or \_\_\_\_ No. If yes, with whom and why?

**Marital Status**

Present Marital Status  Single, Never Married  Married  Separated

Common-Law Marriage  Divorced  Widowed

Are you experiencing problems in your relationships?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have children?  Yes  No How many? \_\_\_\_\_.  
Ages? \_\_\_\_\_

**Military History**

Have you ever served in the military?  Yes  No

Branch of Military: \_\_\_\_\_ Military Classification: \_\_\_\_\_

Years of Service: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_



**Personal Interests**

What interests, hobbies, or recreations do you enjoy? \_\_\_\_\_

How do you spend most of your free time? \_\_\_\_\_  
\_\_\_\_\_

**Medical History**

When did you last have a complete physical? \_\_\_\_\_

Have you ever been advised by a Physician that alcohol/drug use was harming your health?

\_\_\_\_ Yes \_\_\_\_ No

Do you smoke cigarettes or use other forms of tobacco? \_\_\_\_ Yes \_\_\_\_ No

Have you experienced problems in your eating habits? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Have you ever been told that you have a weight problem? \_\_\_\_ Yes \_\_\_\_ No

Do you have problems sleeping? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Do you take any prescription drugs? \_\_\_\_ Yes \_\_\_\_ No

If yes, list the type and amount used: \_\_\_\_\_

Do you take over-the-counter drugs regularly? \_\_\_\_ Yes \_\_\_\_ No

If yes. List type and amount used: \_\_\_\_\_

Do you have any allergies? (Medications, food, or in general) \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_

Do you have any special dietary requirements? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Do you have any other special needs? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Do you have any medical problems? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_.

Pregnant status of female clients

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**Alcohol/Drug Use History** (indicate lifetime usage and/or experience patient admits with each of the following chemicals)

Alcohol	Yes	No	Pain Pills	Yes	No
Tranquilizers	Yes	No	Stimulants (meth)	Yes	No
Cocaine	Yes	No	Narcotics	Yes	No
Barbiturates	Yes	No	Marijuana,	Yes	No
			Hashish		
Sleeping Pills	Yes	No	Nicotine	Yes	No
Caffeine	Yes	No	Other (inhalants,	Yes	No
			etc.)		

For each of the drugs/chemicals used, indicate the frequency of usage, amount typically used on a given occasion, age of first usage, date of last usage and route of administration.

CHEMICAL	FREQUENCY OF USAGE (Start with first use and work to present, giving a detailed using history)	AMOUNT USED PER EPISODE	AGE OF FIRST USE	DATE OF LAST USE	ROUTE OF ADMINISTRATION (Oral/smoked/snorted/injected)

**Comments:**

How many years have you been drinking and/or using drugs?

\_\_\_\_\_

How would you describe your drinking/drug behavior?

\_\_\_\_No problem \_\_\_\_Slight problem \_\_\_\_Moderate Problem \_\_\_\_Severe Problem

How many times have you received alcohol or drug treatment from other than self-help groups during the past six (6) years?\_\_\_\_\_ In your lifetime (this includes assessments, past 72 hours DIP programs, education, and counseling)?

Please explain:

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## Cancelations and Refunds

Cancelations and Refunds – You may cancel your reservation for the Driver Intervention Program no later than 7 days prior to your program date. If you cancel your program date within seven days prior to your registered program, you forfeit the entire \$525.00 program fee. If you register for DIP, and pay the program fee, then you do not show up at the Hampton Suites Hotel in Marietta, Ohio for the actual 72-hour program, you forfeit the entire \$525.00. If you reschedule your program date within the 7 days prior to your registered program date, you will be charged a \$100.00 reschedule fee.

- ✓ Failure to comply with the 72-hour FCRCofOhio DIP rules and regulations, disruptive or physically aggressive or belligerent behavior displayed towarded FCRCofOhio staff or another program participant will not be tolerated and shall be ground for discharge from the program. No refunds will be given.

## Waiver of Liability: 72-Hour Driver Intervention Program

I acknowledge, anything I keep in my possession is my responsibility. FCRCofOhio is not responsible for lost or stolen property that you choose to keep in your possession. FCRCofOhio will only be responsible for items collected and signed for at registration, which will be kept in a locked room only accessible for the staff and Program Director (i.e., cell phones, tablets, etc.). The condition of the items and numbers will be noted and documented, as well as any other particularities about what is left in FCRCofOhio's care. I further acknowledge that FCRCofOhio is not responsible for my items that are not specifically locked and documented by FCRCofOhio. I hereby knowingly and intentionally waive and release, indemnify and hold harmless FCRCofOhio, its directors, officers, employees and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorney's fees) for damages to my property. \_\_\_\_\_

Any items in your possession throughout the 72-hour program must be in compliance with our permitted list. If something is found that is banned from the 72-hour program it will be confiscated, noted and, destroyed. Your probation officer, court, or the appropriate authorities will be notified of your non-compliance with the DIP program. It is the prerogative of the Program Director/Supervisor to decide the appropriate action to be taken. \_\_\_\_\_

That if I should consume alcohol or other substances on the property of Comfort Suites, Marietta, Ohio, I acknowledge that my participation in the Driver Intervention Program will be immediately terminated and appropriate authorities will be contacted by FCRCofOhio. \_\_\_\_\_

I further understand that if I leave the property of Comfort Suites my participation in the program will be terminated, with no exceptions, and I will not receive a refund of any type. It is my responsibility to contact the appropriate authorities and my not be able to reschedule for this Driver Intervention Program.

That I have read this waiver of liability in its entirety and agree with its terms. That I have executed the waiver voluntarily and without any inducement. I hereby for myself, my heirs, executors, administrators, or anyone else who might make a claim on my behalf, covenant not to sue, waive, release, and discharge FCRCofOhio, its owners, operators, employees, agents, etc., from any and all liability, property damage, or personal injury. This waiver extends to any and all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I further agree to hold harmless, defend, and indemnify FCRCofOhio, its owners, operators, employees, agents, and others for any and all causes of action, claims, or lawsuits that may result from my participation in this 72-hour Driver Intervention Program. \_\_\_\_\_

Signed his \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at FCRCofOhio.