



PERSONAL DATA INTAKE INFORMATION FORM

Please provide all the required documentation. Please do not leave any blank spaces. All the information is kept in strict confidence and may not be disclosed without your permission. When completed, email form back to us OR print and bring copy to enrollment appointment.

First Name: _____ **Last Name:** _____ **Middle:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Work Phone:** _____ **Ext** _____ **Mobile Phone:** _____
Email Address: _____ **Best Way to Contact You:** _____
How did you hear about our Program?: _____

IN CASE OF EMERGENCY CONTACT:
Phone: _____ **Contact Name:** _____ **Relationship:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Age: _____ **Date of Birth (MM/DD/YYYY):** _____ **Sex:** Male ___ Female ___ Transgender ___ Other ___
Marital Status: Single ___ Married ___ Divorced ___ Widowed ___ Separated ___ Other ___ Unknown ___
Ethnicity: _____ **Main Language:** _____ **Number of Dependents:** _____ **Education (Highest Level):** _____
CA Driver License # _____ **Out of State Driver License #** _____ **State:** _____

Employer: _____ **Occupation:** _____
Gross Monthly Income: \$ _____ **Work Phone:** _____

Which Court were you Referred From (if applicable): _____ **Case #** _____
Date of Arrest (MM/DD/YYYY): _____ **Blood Alcohol Content:** _____ %
Attorney Name: _____ **Atty Phone:** _____ **Atty Fax:** _____

Client Signature: _____ **Date:** ____/____/____

FOR OFFICE USE ONLY

Enrollment or Reinstatement Date: ____/____/____ **Intake Type:** _____
SB1176: ____ **AB-541 3 Mo:** ____ **AB-541 4 Mo:** ____ **AB-762 6 Mo:** ____ **AB-1353 9 Mo:** ____ **SB-38 18 Mo:** ____ **SB-38 12 Mo:** ____ **Other:** ____
Group Start Date: ____/____/____ **Ed Start Date:** ____/____/____ **Group Assignment:** _____
Total Fees: \$ _____ **Downpayment:** \$ _____ **Downpayment of:** \$ _____ **Per:** Week ___ Month ___ Other ___
Payment Method: Cash ___ Check# ___ Money Order# ___ Credit Card/Debit Card (last 4 digits): _____



INTAKE: Self Alcohol/Drug Assessment

Name: _____ Date: _____

Please answer all the following questions. All the information is kept in strict confidence and may not be disclosed without your permission. When completed, email form to your Jackson-Bibby location OR print and bring a copy to enrollment appointment.

1. At what age were you when you first took one or more drinks or used drugs? _____
2. How old were you when you first became intoxicated or high? _____
3. How many years have you been drinking or using? _____
4. How often do you drink or use? ___ Daily ___ Weekly ___ Monthly ___ Other: _____
5. What is the most positive or desirable effect of alcohol or drugs for you? _____
6. When was your last drink, or use? _____ How much? _____
7. What particular situations or feelings would likely make you drink or use? _____
8. Have you had periods of not remembering events, during, or after the time you were drinking? _____
9. Have you had any medical problems directly related to drinking or using? _____
10. How is your general health? _____
11. Do you feel that you have a drinking or drug problem impacting your life now? _____
12. In what ways has your drinking or using caused you problems? _____
13. Do you consider your drinking or using to be alcoholic/addictive? _____
14. What was your **Blood Alcohol Content** at the time of your arrest? _____ Do you feel you were in control? _____
15. Are you currently taking prescription medication? _____ If so, what? _____
16. Have you used street drugs in the past? (cocaine, methamphetamine, pot, etc.) _____ If so, what? _____
17. Are you currently using drugs? _____ If so, what? _____
18. Have you attended counseling (marriage, family, Individual, alcohol/drug treatment)? _____ If so, when? _____
19. Have you considered or been suggested to attend **AA/NA**? _____ If so, are you attending? _____
20. Is anyone in your family alcoholic or drug dependent? _____ If so, who? _____
21. Legal History? (Current) _____ (Past) _____
22. Current Age? _____
23. Are you employed? _____

AOD RESULTS DISCUSSED WITH CLIENT – TO BE SIGNED WITH COUNSELOR

Client's Name: _____ Signature: _____ Date: _____

Counselor's Signature: _____

SIMPLE ASSESSMENT TOOL FOR AOD ABUSE

Name: _____ Date: _____

DIRECTIONS: The questions that follow are about your use of alcohol and other drugs. Your answers will be kept confidential. Mark the response that best fits you. Answer the question in terms of your experiences **in the past 6 months**.

During the past 6 months...

1. Have you used alcohol or other drugs, such as wine, beer, hard liquor, pot, coke, heroin or other opiates, uppers, downers, hallucinogens, or inhalants **in the past 6 months**?

Yes No

2. Have you felt that you use too much alcohol or other drugs **in the past 6 months**?

Yes No

3. Have you tried to cut down or quit drinking or using alcohol or other drugs **in the past 6 months**?

Yes No

4. Have you gone to anyone for help because of your drinking or drug use, such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors, or a treatment program **in the past 6 months**?

Yes No

5. Have you had any health problems **in the past 6 months**?

- Had blackouts or other periods of memory loss?
- Injured your head after drinking or using drugs?
- Had convulsions, delirium tremens ("DTs")?
- Had hepatitis or other liver problems?
- Felt sick, shaky, or depressed when you stopped?
- Felt "coke bugs" or a crawling feeling under the skin after you stopped using drugs?
- Been injured after drinking or using?
- Used needles to shoot drugs?
- Experienced hallucinations?
 If so, before drug use ___ ? After drug use ___ ?
- None of the Above

6. Has drinking or other drug use caused problems between you and your family or friends **in the past 6 months**?

Yes No

7. Has your drinking or other drug use caused problems at school or work **in the past 6 months**?

Yes No

SIMPLE ASSESSMENT TOOL FOR AOD ABUSE, PAGE 2

8. Other than this present DUI, have you been arrested or had other legal problems, such as bouncing bad checks, driving while intoxicated, theft, or drug possession **in the past 6 months?**

Yes No

9. Have you lost your temper or gotten into arguments or fights while drinking or using other drugs **in the past 6 months?**

Yes No

10. Are you needing to drink or use drugs more and more to get the effect you want **in the past 6 months?**

Yes No

11. Do you spend a lot of time thinking about or trying to get alcohol or other drugs **in the past 6 months?**

Yes No

12. When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break the rules, break the law, sell things that are important to you, or have unprotected sex with someone **in the past 6 months?**

Yes No

13. Do you feel bad or guilty about your drinking or drug use **in the past 6 months?**

Yes No

The next questions are about your Lifetime experiences.

14. Have you ever had drinking or other drug problems in your lifetime?

Yes No

15. Have any of your family members ever had a drinking or drug problem in your lifetime?

Yes No

16. Do you feel that you have a drinking or drug problem now in your lifetime?

Yes No

Participant's Signature: _____ Date Discussed: _____

Name: _____ Date: _____

Think of the 12 hours before your DUI arrest. Read the following questions and place a check next to the appropriate answer. For some questions you may have to check more than one answer. When completed, email questionnaire to your office OR print and bring a copy to enrollment appointment.

1. What would you call the **12 hours** before your **DUI** arrest?

- A. An unusual day.
- B. A usual day.

2. During what hours did you start drinking/using?

- A. Morning: 8AM to noon
- B. Afternoon: noon to 4 PM
- C. Evening: 4 PM to 9 PM
- D. Late evening: 9 PM to 12
- E. Early morning: 12 midnight to 8 AM

3. Where did you drink/use?

- A. Bar
- B. Home
- C. Friend's home
- D. Office
- E. Automobile
- F. Other _____

4. With who did you drink/use?

- A. Husband or wife
- B. Other relatives
- C. Friends
- D. Strangers
- E. Alone

5. What did you drink/use?

- A. Beer
- B. Wine
- C. Whiskey, vodka or gin
- D. Cocktails
- E. Other _____

6. Approximately how much did you drink/use during this time?

- ~~AAA~~ 1-2 drinks
- 3-4 drinks
- 5-6 drinks
- D. 7-10 drinks
- E. 11 drinks or more
- F. Other _____

7. Why did the police stop you?

- Traffic violation
- Automobile defect
- C. Accident
- D. Other _____

8. When were you arrested?

A Morning: 8 to noon

A Afternoon: 12 noon to 4 PM

Evening: 4 PM to 8 PM

D. Late evening: 8 PM to 12

E. Early morning: 12 midnight to 8 AM

9. What was the occasion for drinking/using?

Celebration

After work

Tragedy

D. Business

E. None

10. Why did you drink/use?

Lonely

Angry

Escape

D. Upset

E. No reason

F. Elated; happy

11. How much are you to blame for the events that led to your arrest?

Not at all to blame

Slightly to blame

Somewhat to blame

D. Mostly to blame

E. Entirely to blame

12. Do you feel it was fair to be arrested?

Not at all fair

Slightly fair

Somewhat fair

D. Mostly to fair

E. Entirely fair

13. What do you believe are your chances of being arrested again on a **DUI** charge within the next year?

No chance

Possible

14. How difficult will it be for you to change your behavior that led to your arrest?

Very easy

Somewhat easy

Somewhat difficult

D. Difficult

E. Very difficult

15. How valuable do you feel this course will be for you?

Not at all valuable

Slightly valuable

C. Fairly valuable

D. Valuable

True/False Pre/Post-Test

Name: _____ Date: _____

Answer **True or False** to the following questions by placing a **check** in the appropriate box. When completed, email form back to us [OR print and](#) bring a copy to enrollment appointment.

1. Alcohol is a drug.
 True **False**
2. Alcohol is a stimulant.
 True **False**
3. People who must live or closely work with an alcoholic can become as sick or sicker than the alcoholic.
 True **False**
4. A person can die of alcoholic poisoning.
 True **False**
5. Liquor taken straight will affect you faster than liquor mixed with water.
 True **False**
6. You can sober up quickly by drinking black coffee and dowsing your head in cold water.
 True **False**
7. Anyone who drinks at all is likely to become an alcoholic.
 True **False**
8. There are certain symptoms to warn people that their drinking may be leading to alcoholism.
 True **False**
9. A person is an alcoholic when he or she continues to drink despite painful injurious results.
 True **False**
10. The % of alcohol in the blood depends on body weight, amount of alcohol, & drinking time.
 True **False**
11. No one really knows what causes alcoholism.
 True **False**
12. If we don't know what causes alcoholism, then we can't really do anything to help alcoholics.
 True **False**
13. Most alcoholics don't even know they are alcoholics.
 True **False**
14. Today there is a better understanding of what alcoholism is than there use to be.
 True **False**
15. Ten-year olds can be alcoholics.
 True **False**
16. Anyone who drinks less than a pint a day can't be an alcoholic.
 True **False**
17. You can't become an alcoholic if you stick to beer.
 True **False**
18. Drinking of alcohol can damage all major organs of the body.
 True **False**
19. Alcoholics have a perfect right to drink since they are only hurting themselves.
 True **False**
20. Most alcoholics drink in the morning.
 True **False**
21. Skid row alcoholics drink more than heavy social drinkers.
 True **False**
22. Alcohol helps people to cope with life's stressors.
 True **False**
23. Alcoholism, like cancer, is easier to recover from if it is diagnosed and treated in its early stages.
 True **False**
24. Even though there is no cure for alcoholism, it can be permanently arrested with continued abstinence.
 True **False**
25. 90% of the alcohol absorbed into the bloodstream is eliminated through oxidation in the liver.
 True **False**

Driving Under the Influence (DUI) Program Enrollment Participant Information/Informed Consent and Agreement

DUI program services in California must be completed through the Department of Health Care Services (DHCS) licensed DUI program. California's Health and Safety Code (HSC), Division 10.5, Part 2, Chapter 9, Section 11836 establishes the DHCS as having the sole authority to license DUI Programs to provide alcohol or drug recovery services to a person whose license to drive has been administratively suspended or revoked for, or who is convicted of, a violation of Section 23152 or 23153 of the Vehicle Code (VC), and admitted to a program pursuant to Section 13352, 23538, 23542, 23548, 23552, 23556, 23562, or 23568 of the Vehicle Code.

Pursuant to Title 9, California Code of Regulations (CCR), Chapter 3, Section 9848, a DUI program may enroll any person who presents documentation from the court or the DMV verifying his/her arrest or conviction for a DUI violation specified in HSC Section 11836 as referenced above. To ensure timely program enrollment, DHCS will allow several types of documents generated by the DMV or court. (See DHCS acceptable Enrollment Document Matrix)

Although DHCS licenses DUI program services, program requirements are ultimately dependent on offenses specified in California Vehicle Code, and interpreted by the California Department of Motor Vehicles (DMV)-Mandatory Action Unit (MAU), in conjunction with the court of conviction.

When enrolling in a DUI program following arrest for a DUI offense prior to a conviction, the DUI program will enroll you in the most appropriate program type based on the information contained in the enrollment documents you present along with any additional information you are able to provide at that time. DHCS encourages you to contact the DMV-MAU at (916) 657-6525 if you have questions/concerns specific to the type of DUI program you will ultimately be required to complete.

Please note, following your initial DUI program enrollment there may be instances in which DMV's MAU review of your DUI offense/driving history and/or court proceeding may necessitate a modification of the program type you are/were initially enrolled in. In all instances, you are financially responsible for all DUI program services received and/or incurred during your enrollment in a DUI program. (Additional program service fees are identified in the participant contract you will review and sign at the time of DUI program enrollment)

The following consent/agreement and required enrollment documents must be completed and placed in your participant file as required by CCR, Title 9 requirements. As with all documents produced during your DUI program enrollment and participation, you are encouraged to retain copies for your records.

Informed Consent and Agreement

Participant Information

Participant Name (Print) _____

Enrollment:

Pre Conviction Post Conviction

Address (City, State, Zip) _____

Phone Number _____

Driver License Number / X Number _____

Mandatory Action Unit Verification (TO BE COMPLETED BY OFFICE)

Program Type _____ BAC _____ Previous Convictions _____

Participant Called MAU Program Called MAU No Call to MAU

Violation Date _____

Comments _____

MAU Representative Name _____

Agreement

*I verify I have read and understand the information provided to me on the Informed Consent and Agreement document regarding my DUI program enrollment. I am aware in some instances the DMV-MAU or court may later amend my program service type and in all cases, I am financially responsible for all DUI program services received.

_____ A "Transfer In" fee in the amount of \$ 100.00 may incur if a modification of the
(Initial) program type you are/were initially enrolled in changes.

Participant Signature _____

Date _____

Program Staff Name (Print) _____

Date _____

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL RECORDS

I, _____, hereby authorize Jackson-Bibby Awareness Group to disclose information and records pertaining to my participation in the program to the following:

- * The Department of Motor Vehicles.
- * The Department of Healthcare Services.
- * The County Offices of Alcohol and Drug Abuse Services.
- * The appropriate branches of the Judicial System.
- * My personal attorney.
- * My personal physician.

The disclosure of information and/or records herein authorized is required for the purpose of establishing or determining my status, progress, and/or compliance with the terms and conditions of my participation in the program. Such disclosure shall be limited to information and/or records in regard to my progress and participation in the program.

I understand that this authorization can be revoked by the undersigned at any time except to the extent that action has been taken in reliance thereon. If not earlier revoked, it shall terminate ninety (90) days after my participation in the program has ended. I also understand that despite the codes (California Civil Codes 56.11 and 56.15, and Federal Regulation CFR Section 2.31), confidential information and/or records may be disclosed without my authorization pursuant to state and federal law in the following circumstances:

- * Pursuant to a proper subpoena or court order.
- * Reporting child abuse or elder abuse.
- * Reporting an individual who is a danger to him/herself or a third party.
- * Reporting the intent to commit a crime on program premises or against program staff.

A photocopy, facsimile or duplicate copy of this authorization shall be as valid as the original.

Signature of participant	Date
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I, _____, also hereby authorize Jackson-Bibby Awareness Group, to disclose information to my designated representative:

Name _____ Relationship _____ Phone _____

Such information shall be limited to information relating to payment, scheduling and in the case of emergencies, for the purpose of facilitating treatment. This authorization is guided by the same California Codes and Federal Regulations stated above will terminate at the same time.

Signature of Participant	Date
Signature of Witness	Date



Virtual Services Agreement

Dear Client,

Virtual Services will enable you to continue your DUI classes with a certified counselor via the Zoom virtual meeting platform. To participate in Virtual Services, you must:

- Sign the Client Letter and return it to Jackson-Bibby Awareness Group Inc. to the email based on your location:
 - Redlands: redlands.admin@jacksonbibby.com
 - Victorville: victorville.admin@jacksonbibby.com
 - Barstow: barstow.admin@jacksonbibby.com
- Register in advance for the session via an email link that will be sent to you in advance of the scheduled session.
- To receive credit for the session, you must:
 - Register with your full name as provided to us at Enrollment. Credit will not be given if any aliases or other screen names are input into Zoom.
 - Make sure you have paid for your virtual session in advance. Payment of credit card or debit card is only accepted at this time and payments can be made over the phone in advance.
 - Be In the virtual meeting at the provided start time. It is recommended that arrive at least 5 minutes early so that you can make sure the program is downloaded and all speakers and microphones are working.
 - Attend the session in a private room, free of distractions.
 - Stay for the entire session and participate when called upon.
 - Not be under the influence of alcohol or other drugs during the session. This is up to the counselor's and administrators' discretion.

Certain technology is required to participate in this program. ***You must have either a computer, tablet, or phone with a working microphone, speakers, and a camera (for video meetings).*** You must also be able to download the free Zoom software onto a computer or download the Zoom application on a tablet or phone.

To take advantage of this unique opportunity and keep your DUI treatment program on track, read the privacy policy on the next page and sign where indicated. Return the signed page via email the email option listed above. If you have any questions, please email or contact your program location's manager.

I have read and agree to Jackson-Bibby Awareness Group, Inc's Virtual Services Agreement & Policy.

Name – Printed

Date

Current Email Address

Name – Signature

Date



Privacy Policy for Virtual Services

Jackson-Bibby Awareness Group, Inc. will provide Virtual Services utilizing the Zoom Virtual Meeting Platform. To participate in Zoom meetings, you must read and agree to Zoom's [Privacy Policy](#).

Jackson-Bibby Awareness Group, Inc will continue to maintain confidentiality as stated in our Confidentiality Policy. Client's will also be held to the Confidentiality Agreement signed upon enrollment.

To participate in Virtual Services, sign the release below and email the signed page to the following:

- Redlands: redlands.admin@jacksonbibby.com
- Victorville: victorville.admin@jacksonbibby.com
- Barstow: barstow.admin@jacksonbibby.com

Virtual Services Release

I (print your name) _____, agree to participate in temporary Virtual Services at Jackson-Bibby Awareness Group, Inc. I understand that specific technology is required to participate, and I certify that I have access to the required technology. Additionally, I have read and understand the Zoom privacy policy. To receive credit for the session, I understand that I must adhere to the policies outlined in the Virtual Services Agreement.

I have read and agree to Jackson-Bibby Awareness Group, Inc and Zoom's Privacy Policy.

Name – Printed

Date

Name – Signature

Date



Client Email/Texting Informed Consent Form

1) Risk of using email/texting

- a) The transmission of client information by email and/or texting has a number of risks that clients should consider prior to the use of email and/or texting. These include, but are not limited to, the following risks:
- b) Email and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- c) Email and text senders can easily misaddress an email or text and send the information to an undesired recipient.
- d) Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
- e) Employers and on-line services have a right to inspect emails sent through their company systems.
- f) Emails and texts can be intercepted, altered, forwarded or used without authorization or detection.
- g) Email and texts can be used as evidence in court.
- h) Emails and texts may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party.

2) Conditions for the use of email and texts

The provider cannot guarantee but will use reasonable means to maintain security and confidentiality of email and text information sent and received. The provider is not liable for improper disclosure of confidential information that is not caused by provider intentional misconduct. Clients must acknowledge and consent to the following conditions:

- a) Email and texting is not appropriate for urgent or emergency situations. Provider cannot guarantee that any particular email and/or text will be read and responded to within any particular period of time.
- b) Email and texts should be concise. The client should call and/or schedule an appointment to discuss complex and/or sensitive situations.
- c) All email can be printed and filed into the client's record. Texts may be printed and filed as well.
- d) Provider will not forward client's identifiable emails and/or texts without the client's written consent, except as authorized by law.
- e) Clients should not use email or texts for communication of sensitive medical information.
- f) Provider is not liable for breaches of confidentiality caused by the client or any third party.
- g) It is the client's responsibility to follow up and/or schedule an appointment if warranted.

Client Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email and/or texts between Jackson-Bibby Awareness Group, Inc (provider) and me, and consent to the conditions and instructions outlined, as well as any other instructions that the provider may impose to communicate with me by email or text.

Client name: _____

Client signature: _____ Date: _____

Email Address: _____

Please it to Jackson-Bibby Awareness Group Inc. to the email based on your location:

Redlands: redlands.admin@jacksonbibby.com
Victorville: victorville.admin@jacksonbibby.com
Barstow: barstow.admin@jacksonbibby.com