

VIRGINIA ALCOHOL SAFETY ACTION PROGRAM
AGREEMENT TO PARTICIPATE

Please read each statement and initial on the line following each statement.

As an ASAP participant, you are subject to the following program rules. These rules apply if you are enrolled as a court referral or if you are enrolled satisfying a DMV requirement.

_____ I understand that I am required to meet with my ASAP case manager as deemed necessary.

_____ I understand that I am responsible for keeping my case manager aware of any change of address and change of telephone numbers.

_____ I understand that I am responsible for making my case manager aware of any new criminal or traffic violations.

_____ I understand that I am responsible for making my case manager aware of any other changes that might affect my ASAP participation.

_____ I understand that I must pay the ASAP fee in full or set up a payment plan, which I will adhere to. This applies only to court ordered participation. *(Full payment is due at enrollment for DMV cases)*

_____ I understand that I am responsible for paying a \$25 rescheduling fee for missed ASAP appointments or class.

_____ I understand that I am responsible to pay the costs of any treatment services that I may receive directly to the treatment provider.

_____ I understand that I am required to engage and actively participate in ASAP education classes.

_____ I understand that I am required to attend all ASAP education classes and treatment sessions free of alcohol or illicit drugs.

_____ I understand that I am required to successfully follow the treatment plan as prescribed by the treatment provider or my case will be in a noncompliance status.

_____ I understand that I am required to attend all education treatment sessions and comply with attendance policies.

_____ I understand that I am required to submit to a breath test when requested by an ASAP representative.

_____ I understand that if I am under a court order to remain abstinent that I am not permitted to drink alcohol at any time or use any illicit drugs and that I will be required to submit to drug and alcohol testing.

_____ I understand that testing positive for alcohol, illicit drug usage, or having an ignition interlock violation will result in my case being reclassified and may result in my case being returned to court, if under the court's jurisdiction.

_____ I understand that I am required to adhere to this participation agreement and that failure to comply will result in my case being returned to court for noncompliance. I further understand that if I am enrolled to satisfy a DMV requirement that my noncompliance can result in my case being closed as unsuccessful.

_____ I understand that the Code of Virginia requires that I enter and successfully complete an Alcohol Safety Action Program (ASAP) in order to have my license re-instated. I understand that if I fail to complete the ASAP at this time, that I may re-enroll at a later time and will be required to pay the required enrollment fee(s) and any unpaid ASAP balances.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND THE TERMS AND CONDITIONS OF MY PARTICIPATION IN ASAP.

Client Name (*print*)

Client Name (*signature*)

Date

Case Manager Signature

Date

Virginia Alcohol Safety Action Program

Intake Questionnaire

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

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Primary Phone Number: _____ - _____ - _____ Secondary Phone Number: _____ - _____ - _____

Driver's License Number: _____

Email: _____ Date of Birth: _____

Emergency Contact: _____ Phone Number: _____

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: _____

Date of Conviction _____ Court of Conviction _____

What was the final charge/offense 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 (Please Check, if so):

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: _____

Alcohol Safety Action Program

Email Authorization Disclaimer

You have requested that we communicate with you by email. Due to the risk that electronic messages can be misdirected, hacked, or intercepted by unintended parties, the Alcohol Safety Action Program does not guarantee the confidentiality of messages sent over the internet. Email sent over the internet is especially vulnerable to privacy breaches or unintended disclosure. In addition, messages sent or received from work email accounts also may be monitored or viewed by your employer.

I hereby authorize the ASAP to communicate with me by email. I acknowledge that I have read the Alcohol Safety Action Program Authorization Disclaimer provided above.

Signature: _____

Printed Name: _____

Date: _____

Date of Birth: _____

Email Address: _____

Telephone Number: _____



Old Dominion Alcohol Safety Action Program
860 Smithfield Ave.
Winchester, VA 22601
P (540) 665-5633
F (540) 678-0730

Drug Testing Release

As part of your supervision with the Old Dominion ASAP, 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 a 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 a valid urine sample for testing.

Client

Case Manager

Date

Date

VASAP CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION - GENERAL

Probationer: _____ **Date of Birth:** _____

I hereby grant the Virginia Alcohol Safety Action Program (VASAP) consent to exchange information with:

- the court of record/referral
- the Commonwealth Attorney's office
- attorney(s) of record
- local, state and federal law enforcement agencies
- other criminal justice entities
- the Virginia Department of Motor Vehicles
- applicable VASAP ignition interlock service providers
- other (specify) _____

for the purpose of facilitating, supervising, verifying, and reporting my participation in, and compliance with ASAP requirements.

I understand that if I am being referred to the Alcohol Safety Action Program **by a court**, information concerning my participation will be reported to the court, and my consent for that purpose will terminate upon successful completion of my ASAP probation. In the event of noncompliance, this Consent for Release of Confidential Information will not expire until the referring court formally terminates the Alcohol Safety Action Program's oversight of the case.

I understand that if I am enrolling in the Alcohol Safety Action Program to complete a **DMV requirement**, this Consent for the Release of Confidential Information shall expire automatically upon termination of my ASAP participation.

I understand that my records are protected under Federal Confidentiality Regulations (42CFR Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I further understand that all treatment information is protected under HIPAA and cannot be released by the ASAP without my consent; however, should I elect to transfer to another ASAP, all records to include treatment records will be sent to the supervising ASAP in order to effectively administer my case. A copy of this Consent for Release of Confidential Information form shall be considered to be valid as the original.

Executed this _____ **day of** _____, **20**_____

Participant's Signature: _____

Parent/Guardian Signature (required if under the age of 18): _____

To revoke consent for release of information, complete this section.

Date Revoked: _____

Participant's Signature: _____

Parent/Guardian Signature (if required): _____

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.

[Updated 8/23/19]



Old Dominion Alcohol Safety Action Program
360 Smithfield Ave.
Winchester, VA 22601
P (540) 665-5633
F (540) 678-0730

Old Dominion ASAP **Payment Instructions**

- Type in: NRADC.COM and the website will be pulled up for the Northwestern Regional Adult Detention Center.
- At the top of this page, you will click: **About us.**
- Then you will choose: **Old Dominion Court Services/Alcohol Safety Action Program**
- Scroll down to **Payment Details** and click.
- You will then see in the paragraph in middle of screen: **to make an online payment** and select click here.
- You will need a case number when you reach the payment page which is: **V01-001.**

The following link can be used as well:

<https://www.nradc.com/about-us/old-dominion-court-services/alcohol-safety-action-program-asap-/news-general-information>