



**ROCK COUNTY HUMAN SERVICES
INTOXICATED DRIVER PROGRAM**

PO Box 1649 – Suite 210

Janesville, WI 53547

Phone: (608) 743-2402

Fax: (608) 743-2406

Instructions for Intoxicated Driver Program (IDP) Registration Form:

1. Print out and complete this IDP Program Registration form and material. If you do not have a printer, please call our office at 608-743-2402 to have it mailed to you.
2. The IDP assessment fee is \$300.00.
3. Payment types accepted: check, money order, credit/debit card, or exact cash. Please make the **check or money order** for \$300.00 payable to **Rock County Human Services** and only pay cash when paying in person. There is a 3.5% fee added to all credit/debit card payments and this payment can be made through the following website: <https://www.govpaynow.com/gps/user/cyg/plc/a004ix> or by scanning the QR code below.

4. Mail **check or money order** **and** the completed registration forms to:

Intoxicated Driver Program
PO Box 1649 – Suite 210
Janesville, WI 53547



OR

Drop off at our office located at:

1717 Center Ave
Janesville, WI 53546

5. Call our office **five days after mailing** the form and payment to schedule your appointment.

If you reach our voicemail, please leave a message with your name (please spell), phone number, and a good time to call you back. Thank you!

A \$110.00 late cancellation/no show fee will be applied if you do not provide a 24-hour notice on a cancellation, do not show up for an appointment, or if you are 10 or more minutes late for an appointment.

Note: If you do not have the court and arrest information asked for on the registration form, please at least include your driver's license or Wisconsin state I.D. number.

The Intoxicated Driver Program phone number is (608) 743-2402

STAFF USE ONLYDATE OF REQUEST _____ CLIENT NUMBER _____ DATE OF
ADMISSION _____**INFORMATION ABOUT YOU**

NAME (Last, First, MI) _____ MAIDEN _____

DATE OF BIRTH _____ SEX _____ RACE _____ SOCIAL SECURITY NUMBER _____

☐ PLEASE CHECK IF YOU ARE CURRENTLY UNDER 18 YEARS OF AGE (You will need a parent or guardian at your assessment if you are under 18)MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED**CONTACT INFORMATION**

ADDRESS (Street) _____

CITY, STATE, ZIP _____

PHONE NUMBER () _____

ROCK COUNTY RESIDENT ☐ YES ☐ NO EMAIL ADDRESS: _____**ARE YOU ON SUPERVISION WITH THE DEPARTMENT OF CORRECTIONS?**PROBATION/PAROLE ☐ YES ☐ NO AGENT NAME _____**IN CASE OF AN EMERGENCY, WHO WOULD YOU LIKE US TO CONTACT?**

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

TREATMENT HISTORY – PLEASE LIST WHEN YOU RECEIVED SUD TREATMENT AND THE NAME AND ADDRESS OF THE FACILITY/AGENCY (Provide this information to the best of your ability)CURRENTLY IN TREATMENT ☐ YES ☐ NO IF YES, WHERE _____

PREVIOUS TREATMENT HISTORY _____

COURT/ARREST INFORMATION – PLEASE PROVIDE INFORMATION TO YOUR BEST ABILITY REGARDING YOUR MOST RECENT OWI (If you are unsure of any of the information below, please leave the section blank and only fill in your Driver's License/State ID #)DRIVER'S LICENSE AND/OR
STATE ID # _____

DATE OF ARREST _____ DATE OF CONVICTION _____ BAC LEVEL _____

COURT OF CONVICTION _____

CITATION NUMBER _____ COURT CASE NUMBER _____ NUMBER OF LIFETIME OWIs _____

STAFF USE ONLY

APPOINTMENT WITH _____ DATE _____ TIME _____

APPOINTMENT WITH _____ DATE _____ TIME _____

APPOINTMENT WITH _____ DATE _____ TIME _____

Date Paid: _____ \$ _____ Staff Initial: _____

Receipt # _____ Cash _____ Money Order _____ Check # _____

Credit Card Payment _____ Reference # _____

Client Informed of 'No Show' Fee _____ Appointment location _____

Client informed of Ins/\$110 _____

Ins Coverage: _____ Yes _____ No

REASON FOR ASSESSMENT (DESCRIBE the reason for requesting services):

PLEASE COMPLETE THIS SECTION

EDUCATION: ☐ 01-11=Highest Grade Completed _____

☐ 12=High School Diploma or GED

☐ 14=Some Post High School Education

☐ 16=Bachelor’s Degree

☐ 18=Advanced Degree

NUMBER OF SUPPORT GROUP MEETINGS ATTENDED IN THE PAST 30 DAYS: _____

NUMBER OF ARRESTS IN THE PAST 30 DAYS: _____

LIVING ARRANGEMENT: ☐ 01=Street, shelter, no fixed address, homeless

☐ 02=Private residence or household

☐ 03=Supported or semi-supervised residence

☐ 04=Specialized facility with onsite supervision

☐ 05=Onsite supervision

☐ 06=Jail or correctional facility

☐ 07=Children under age 18 living with parents

EMPLOYMENT: ☐ 1=Employed full time 35+ Hrs/Wk

☐ 2=Employed Part Time <35 Hrs/Wk

☐ 3=Unemployed looking for work in past 30 days

☐ 4=Unemployed not looking for work in past 30 days

☐ 5=Not in labor force-homemaker

☐ 6=Not in labor force-student

☐ 7=Not in labor force-retired

☐ 8=Not in labor force-disabled

☐ 9=Not in labor force-inmate of jail, prison, or other institution

CURRENTLY PREGNANT: ☐ YES ☐ NO

OUTPATIENT TREATMENT CONSENT

I hereby authorize and consent to an alcohol/drug assessment at a Rock County outpatient facility.

CLIENT SIGNATURE _____

DATE _____

ROCK COUNTY HUMAN SERVICES DEPARTMENT
INTOXICATED DRIVER PROGRAM REQUIREMENTS
 1717 Center Ave, Janesville, WI 53546- - - Phone: 608-743-2402, Fax: 608-743-2406

Please read this information over. The assessor will go over this information with you during your appointment, but it is your responsibility to understand the requirements of this program.

- Your appointment will include: your signature on HIPAA forms, Driver Safety Plan, and a Release of Information to the referred provider.
- It will also involve an oral interview with an Alcohol and Drug Assessor at which time recommendations will be made for an appropriate Driver Safety Plan. If a treatment referral is made by IDP and that treatment facility does not recommend treatment, an education referral may be made (please contact our facility if this occurs).
- You will be expected to be abstinent from illicit drugs and alcohol the day of your assessment.
- Prior to your appointment, if you have health insurance it is your responsibility to know where your insurance carrier will provide coverage for SUD (Substance Use Disorder) outpatient treatment/counseling. If you are referred to SUD treatment and the facility you choose for your Driver Safety Plan at your assessment appointment is not covered by your insurance and you need to change the provider on your Driver Safety Plan, a ***\$110 fee will be charged*** to amend your plan. If you voluntarily choose to go to a different treatment provider than you originally chose for your Driver Safety Plan, the \$110 fee will apply as well.

If you do not have coverage through health insurance for SUD treatment, it is your responsibility to know your options and which SUD treatment facility (in case you are referred) you would choose to be referred to. Again, a \$110 fee will be charged to amend your plan.

- Within 72 hours (3 business days) of signing your Driver Safety Plan, you must contact your education/treatment provider to register/schedule an appointment. Failure to do so may result in a non-compliance report to the Department of Transportation.
- Your failure to sign a Driver Safety Plan or to follow the above procedure will result in a non-compliance report to the Department of Transportation and loss of driving privileges. The signed Driver Safety Plan is valid for one year from the assessment date on the plan.
- It is your responsibility to see that the documentation showing completion of your Driver Safety Plan requirements is turned into our office by the expiration of that plan. These may include: 1) Successful treatment discharge (treatment fees must be paid in full) OR 2) Completion of either the Group Dynamics or Multiple Offender program.
- If you believe that the results of the assessment are incorrect or the recommendations included in your Driver Safety Plan are inappropriate, you have the right to appeal within 5 working days of your assessment finding & Driver Safety Plan. If you have concerns about your assessment or recommendations, ask your assessor about this procedure.
- If a new OWI arrest occurs within your Driver Safety Plan, the Department of Transportation will place you in non-compliance. If this occurs, please contact our office for further review/information.
- Address/Phone Number – It is your responsibility to notify the Intoxicated Driver Program office of any change in your personal mailing address or phone number.

I have read and understand the above information.

Client Signature: _____

Date: _____

Provider List

After your assessment with our program, you will be referred to complete **either** an educational class (Blackhawk Tech) **OR** a counseling program. **The program you are to complete will be determined by the assessor. Before your assessment appointment**, please contact your insurance provider to check where you could go for out-patient counseling under your coverage. If you do not have health insurance, please contact the locations below marked by ** to determine a treatment provider of your choosing. If you would prefer or are covered at a location outside of Rock County, please contact our office to determine if that provider is approved. You must have an assessment and Driver Safety Plan through our program for treatment or classes to be accepted by the Wisconsin Department of Transportation (DMV). Please sign and date to acknowledge you have received a copy of this form.

Client Signature

Date

BELOIT HEALTH SYSTEM-COUNSELING CARE CENTER	Outpatient Treatment/Counseling	1969 W. Hart Rd Beloit, WI 53511	364-5686
CROSSROADS**	Outpatient Treatment/Counseling -Accepts minors	17 S River St. Suite 254 Janesville, WI 53548	755-5260
LUTHERAN SOCIAL SERVICES**	Outpatient Treatment/Counseling -Interpreters available -Accepts minors	612 N Randall Ave Janesville, WI 53545 1850 Cranston Rd Beloit, WI 53511	752-7660
MERCY OPTIONS	Outpatient Treatment/Counseling -Interpreters available -Accepts minors	903 Mineral Point Ave Janesville, WI 53548 2825 Prairie Ave Beloit, WI 53511	756-5555
BELOIT COMPREHENSIVE TREATMENT CENTER**	Outpatient Treatment/Counseling -Opiate Addictions (Methadone)	2240 Prairie Ave #10 Beloit, WI 53511	856-6737
BELOIT AREA COMMUNITY HEALTH CENTER**	Outpatient Treatment/Counseling	74 Eclipse Center Beloit, WI 53511	313-3372
AMS**	Outpatient Treatment/Counseling	1312 Barberry Dr. Suite 110 Janesville, WI 53545	758-1944
HEALTHNET**	Outpatient Treatment/Counseling -Spanish therapists	113 S Franklin St. Janesville, WI 53548	756-4638
CLEANSULATE**	Outpatient Treatment/Counseling -Opiate/Alcohol MAT (Vivitrol & Suboxone)	101 E Milwaukee St. Suite 315 Janesville, WI 53545	305-0201
For information only	Cost of Educational Classes if you are referred to one	Locations offered	Phone Number
BLACKHAWK TECHNICAL COLLEGE	<u>Registration Hours:</u> M-Th 7:30 to 6 F 7:30 to 4:30 Group Dynamics-\$293.75 Multiple Offender-\$421	6004 S County Rd G Janesville, WI 53546 210 4 th Avenue Monroe, WI 53566	757-7630

**These providers will work out a cash payment plan with you if you don't have health insurance.

Please note that the information above may change. Please call the provider for the most up to date information.

ROCK COUNTY HUMAN SERVICES DEPARTMENT
Outpatient Services

Service Provision While Intoxicated or Withdrawing Policy Acknowledgment

Rock County Outpatient Services strives to provide quality care and services for all clients while treating everyone we serve with dignity and respect. We also have an obligation to protect the safety of our clients and the community whenever possible. This document is to inform you of our policy regarding providing services to clients who are intoxicated, in a state of withdrawal or with the potential for withdrawal, and/or driving while intoxicated.

It is the policy of Rock County Outpatient Services that if you present to services while in a state of intoxication or withdrawal, staff will assess your ability to participate in services, and for any safety or medical concerns.

If it is determined that you are unable to participate in services that day, staff will safety plan with you and reschedule your services for another day. If you drove yourself in for services, the safety plan will include identifying alternate transportation.

If you choose to leave, with the plan to drive yourself, prior to the completion of the safety plan staff will call 911 to report the concern of an intoxicated driver. In this situation, staff will only provide information regarding observed or discussed signs of intoxication and enough demographic information to allow law enforcement to contact you to assure the safety of you and the public. No other confidential information will be shared.

We understand that recovery is a process, that change takes time, and that you're seeking services to help meet your recovery goals. Any actions taken are only done with the goal of keeping you and our community safe. If you are struggling with use, please ensure you have safe transportation to and from your services; staff can assist you with arranging safe transportation ahead of time if requested.

By signing below, you are indicating that you have read and understand the above policy. You agree to arrange safe transportation to and from your appointments if needed or requested. You are also acknowledging that staff can share the information listed above with law enforcement should you leave the building without securing safe transportation. You are acknowledging that you have had the opportunity to discuss this policy with staff and have had any questions you may have answered to your satisfaction.

Client Signature

Date

Witness Signature

Date