**DUI EDUCATION CENTERS**

PERSONAL HISTORY

Answers to these questions will be held strictly confidential

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Last First Middle**

**DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male\_\_\_\_ Female\_\_\_\_ SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **City State Zip Code Phone Number**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name/Address/Phone Number of Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Attorney\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have a valid driver's license? Yes ( ) No ( ) State Issued\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**License Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you find out about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many times have you been arrested for DUI? \_\_\_\_ Approximate Date(s) \_\_\_\_\_\_\_\_\_\_\_**

**Are you charged with DUI ( ) Reckless Endangerment/Driving ( ) Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Were you arrested in Rutherford County? \_\_\_\_If not, which county? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Judge's Name (If unknown, leave blank) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Probation Officer (If unknown, leave blank) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DUI EDUCATION CENTERS**

**STATEMENT OF FINANCIAL RESPONSIBILITY**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that attendance of THE DUI**

**EDUCATION CENTERS Drug and Alcohol Awareness Class is voluntary. I also**

**understand that if I am unable to attend the class, should I fail to notify the center *at least***

**24 hours in advance the attendance fee (First Level- $250.00 or Second Level-$550.00)**

**will be forfeited, and to attend a future class, another class fee will be required.**

**I further understand that class begins at 8:30 AM sharp, and that if I arrive after that time**

**without notifying the Center in advance, I will not be admitted to the class, and additional**

**fees may be charged.**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DUI EDUCATION CENTERS**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Yes No**

 **1. Do you feel you are a normal drinker? (By normal we mean you drink less than or**

**as much as most other people.) \_\_\_ \_\_\_**

 **2. Have you ever awakened the morning after some drinking the night before and found**

**that you could not remember a part of the evening? \_\_\_ \_\_\_**

 **3. Does your wife, husband, parent, or other near relative ever worry or complain about**

**your drinking? \_\_\_ \_\_\_**

 **4. Can you stop drinking without a struggle after one or two drinks? \_\_\_ \_\_\_**

 **5. Do you ever feel guilty about your drinking? \_\_\_ \_\_\_**

 **6. Do friends or relatives think you're a normal drinker? \_\_\_ \_\_\_**

 **7. Are you able to stop drinking when you want to? \_\_\_ \_\_\_**

 **8. Have you ever attended a meeting of Alcoholics Anonymous? \_\_\_ \_\_\_**

 **9. Have you ever gotten into physical fights when drinking? \_\_\_ \_\_\_**

 **10. Has drinking ever created problems between you and your wife, husband, parent, or**

 **other near relative? \_\_\_ \_\_\_**

 **11. Has your wife, husband, parent or other near relative ever gone to anyone for help**

 **about your drinking? \_\_\_ \_\_\_**

 **12. Have you ever lost friends, girlfriends, or boyfriends because of your drinking? \_\_\_ \_\_\_**

 **13. Have you ever gotten into trouble at work because of your drinking? \_\_\_ \_\_\_**

 **14. Have you ever lost a job because of your drinking? \_\_\_ \_\_\_**

 **15. Have you ever neglected your obligations, your family, or your work for two or**

 **more days in a row because of your drinking? \_\_\_ \_\_\_**

 **16. Do you drink before noon fairly often? \_\_\_ \_\_\_**

 **17. Have you ever been told you have liver trouble? Cirrhosis? \_\_\_ \_\_\_**

 **18. After heavy drinking, have you ever had delirium tremens (DT's), severe shaking,**

 **heard voices , or seen things that weren't really there? \_\_\_ \_\_\_**

 **19. Have you ever gone to anyone for help about your drinking? \_\_\_ \_\_\_**

 **20. Have you ever been in a hospital because of drinking? \_\_\_ \_\_\_**

 **21. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a**

 **general hospital where drinking was part of the problem that resulted in hospitalization? \_\_\_ \_\_\_**

 **22. Have you ever been seen at a psychiatric or mental health clinic or gone to any doctor,**

 **social worker, or clergyman for help with any emotional problem where drinking was**

 **part of the problem? \_\_\_ \_\_\_**

 **23. Have you ever been arrested for drunken driving under the influence of alcoholic**

 **behavior? \_\_\_ \_\_\_**

 **24. Have you ever been arrested, even for a few hours, because of other drunken**

 **behavior? \_\_\_ \_\_\_**

**Client Rights**

1. The following rights must be afforded to all clients by all licensees and are not subject to medication.
2. Clients have the right to be fully informed before or upon admission about their rights and responsibilities and about any limitation on these rights imposed by the rules of the facility. The facility must ensure that the client is given oral and/or written rights information that includes at the lease the following:
3. A statement of the specific rights guaranteed the client by these rules and applicable state laws;
4. A description of the facility’s grievance procedure;
5. A listing of available advocacy services; and
6. A copy of all general facility rules and regulations for clients.
7. Clients have the right to voice grievances to staff of the facility, to the licensee, and to outside representatives of their choice with freedom from restraint, interference, coercion, discrimination, or reprisal;
8. Clients have the right to be treated with consideration, respect, and full recognition of their dignity and individuality;
9. Clients have the right to be protected by the licensee from neglect; from physical, verbal, and emotional abuse (including corporal punishment); and from all forms of exploitation;
10. Clients have the right to be assisted by the facility in the exercise of their civil rights;
11. Clients have the right to be free of any requirement by the facility that they perform services which are ordinarily performed by the facility staff; and
12. Clients must be allowed to send personal mail unopened and to receive mail and packages which may be opened in the presence of staff when there is reason to believe that the contents thereof may be harmful to the client or others.
13. The following rights must be afforded to all clients by all licensed facilities unless modified:
14. Clients have the right to participate in the development of their individual program plans and to receive sufficient information about proposed and alternative interventions and program goals to enable them to participate effectively;
15. If residential services are provided, clients must be allowed to have free use of common areas in the facility with due regard for privacy, personal things, and the right of others;
16. Clients have the right to be accorded privacy and freedom for the use of bathrooms at all hours.
17. At no point will a client be required or responsible for care of another client. At no point will a client be responsible for oversight of another client. At no point can any client access any information regarding any client either at facility or one that has attended in the past.
18. Clients who do not speak English have the right to have assessments and instruction in their Native language or to have the services of a state registered or state certified court interpreter, as defined by Tennessee Supreme Court Rule42 Standards for Court Interpreters. D.U.I. service recipients requesting services must be provided and interpreter at no additional cost to the service recipient.
19. In the event a client rights were abused by Adult Protective Services and/or the State, office of Mental Health would need to be contacted at 1-888-277-8366.
20. Clients have the right to vote, buy, sell or trade real estate. Clients also have the right to be protected from neglect; from physical, verbal and emotional abuse (including corporal punishment); and from all forms of misappropriation and/or exploitation.

**Signed ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witnessed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Resident Grievance Procedure**

1. **Purpose of the procedure/Introduction**

DUI Education Centers’ aim is to ensure that residents with a grievance relating to their stay can use a procedure which can help to resolve grievances as quickly and as fairly as possible.

1. **Informal discussions**

If a resident has a grievance about their stay they should discuss it informally with a DUI Education Centers’ employee. We hope that the majority of concerns will be resolved this way.

1. **Stage 1 – statement of grievance**

If the resident feels that the matter has not been resolved through informal discussions, they should put your grievance in writing to an immediate supervisor.

1. **Stage 2 – the grievance meeting**

Within [1] working days the supervisor will respond, in writing, to the statement, inviting the resident to attend a meeting where the alleged grievance can be discussed. This meeting should be scheduled to take place as soon as possible and normally 5 working days’ notice of this meeting will be provided to the resident and they will be informed of their right to be accompanied.

The resident must take all reasonable steps to attend the meeting, but if for any unforeseen reason the resident, or the employer, can’t attend, the meeting must be rearranged.

After the meeting the supervisor hearing the grievance must write to the resident informing them of any decision or action and offering them the right of appeal. This letter should be sent within [5] working days of the grievance meeting and should include the details on how to appeal.

1. **Step 3 – appeal**

If the matter is not resolved to the resident’s satisfaction they must set out their grounds of appeal in writing within [5] working days of receipt of the decision letter.

Within [5] working days of receiving an appeal letter, the resident should receive a written invitation to attend an appeal meeting. The appeal meeting should be taken by a more senior manager not involved in the original meeting.

After the appeal meeting with senior manager must inform the resident in writing of their decision within [5] working days of the meeting. Their decision is final.

 **Signed Date**

 **Print Name**

 **Witnessed**

**FINANCIAL MANAGEMENT OF ALL SERVICES AND FACILITIES:**

1. The licensee holding or receiving funds or property for the services recipient as trustee or representative payee will adhere to all laws, state and federal, that govern his fiduciary position and relation to the client. A licensee may not retaliate against an employee, volunteer or other individual who reports a violation of the licensee’s fiduciary obligation to the client.
2. The licensee shall prohibit staff, volunteers and proprietors from soliciting or borrowing money or property

from clients.

1. The licensee shall ensure that all money received, held and/or disbursed on behalf of the client is for the strict personal benefit of the client.
2. The licensee shall not mix funds with those of the client. The licensee shall maintain a separate account in a federally insure financial institution for the deposit and/or disbursement of client funds.
3. The licensee shall not take funs or property of the client for the licensee’s personal organizational use of gain.
4. The licensee shall maintain a written account of all monies received or disbursed on behalf of the client. No less than annually the licensee shall provide the client or the client’s legal representative a report of all funds held and disbursed on behalf of the client.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DUI EDUCATION CENTERS**

**135 CAPITAL WAY CHRISTIANA, TN 37037**

**TELEPHONE: (615) 355-8960 – FAX: (615) 410-3632**

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|  Fee Schedule |

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| --- | --- | --- |
| Alcohol and Drug Assessment | By Appointment | $150 |
| 12 Hour DUI Class | Every Saturday | $250 |
| Victim Impact Panel | By Appointment | $75 |
| 20 Hour DUI Class | Every Saturday | $550 |
| Lunch | Saturdays Only | Included |
| Dinner | Saturdays Only | Included |
| PFL Workbooks/Materials | For class | Included |