VERY IMPORTANT!

UNDER NO CIRCUMSTANCES ARE YOU TO DRIVE YOUR OWN VEHICLE.

WE APOLOGIZE FOR ANY INCONVENIENCE BUT, FOR SECURITY PURPOSES, WE CAN HAVE NO VEHICLES ON THIS PROPERTY.

THANK YOU.

**DUI EDUCATION CENTERS**

PERSONAL HISTORY

**Answers to these questions will be held strictly confidential**

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

 **Last First Middle**

**Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex:Male\_\_\_\_Female\_\_\_\_SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

 **City State Zip Code Phone Number**

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

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

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

**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 a DUI ( ) Have you been sentenced? Yes ( ) No ( ) Court Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reckless Endangerment/Driving ( ) Have you been sentenced? Yes ( ) No ( ) Court Date\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Court Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Next Court Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Were you arrested in Murfreesboro/Smyrna? (Circle one)**

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

**Were you sentenced to complete your days consecutively? Yes ( ) No ( ) If not do you have a signed order from the judge for other alternative ways for you to complete your time at DEC? Yes ( ) No ( )**

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

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

**Any credit for time served? Yes ( ) No ( ) If so, how many hours? \_\_\_\_\_\_\_ Documentation must be provided/confirmed a week prior to your stay or it cannot be used. Initial\_\_\_\_\_**

**DUI EDUCATION CENTERS**

 **MEDICAL HISTORY FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Medical Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy# \_\_\_\_\_\_\_\_\_\_\_\_\_Group#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer all questions by circling Yes(Y) or No(N). If you answer yes, please give more detail at the bottom of the page. Also include if your condition is under good or poor control.**

1. Are you ill now?............................................................................................. Y N

2. Have you been recently injured or being treated for an injury……………… Y N

3. Date of last physical exam\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Y N

4. Are you under a physician’s care for a particular problem……………………. Y N

5. Have you ever had any serious illnesses, operations or hospitalizations……… Y N

6. DO YOU HAVE OR HAVE YOU EVER HAD:

1. Congenital Heart Disease?........................................................... Y N
2. Cardiovascular Disease? (Heart Attack, Heart Trouble, Heart Murmur, Coronary Artery, Angina, High Blood Pressure, Stroke, Palpitations, Heart Surgery, Pacemaker)………………………………………………….. Y N
3. Lung Disease? (Asthma, Emphysema, Chronic Cough, Bronchitis, Pneumonia,

Tuberculosis, Shortness of Breath, Chest Pain, Severe Coughing)…….Y N

1. Seizures, Convulsions, Epilepsy, Fainting or Dizziness?....................... Y N
2. Bleeding Disorder, Anemia, Bleeding Tendency?................................ Y N
3. Liver Disease? (Jaundice, Hepatitis)……………………………………………….. Y N
4. Kidney Disease?................................................................................. Y N
5. Digestive Problems? (Ulcerative Colitis, Crohn’s Disease, Acid Reflux,

Ulcers, Irritable Bowel)………………………………………………………………….. Y N

1. Diabetes?........................................................................................... Y N
2. Thyroid Disease?............................................................................... Y N
3. Arthrits?............................................................................................ Y N
4. Eye Problems?................................................................................... Y N
5. Dental Problems?............................................................................. Y N
6. Ear, Nose and Throat Problems? (Difficulty Hearing, Ear Ringing, Dizziness,

Sinus Problems, Sleep Apnea)……………………………………………………… Y N

1. Any Communicable Disease? (Scabies, Head or Body Lice, Impetigo, Shingles,

Herpes, Venereal Disease)……………………………………………………………. Y N

1. Any Disease, Drug or Transplant that has depressed your immunity.. Y N
2. Any history of Mental Illness or Psychotic Episodes……………………… Y N

Please give a further explanation to all YES responses below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Client’s Initial:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all current medications here. Include all prescription medications, over –the-counter medications and all as-needed (such as inhalers, epi-pens, etc.). \*\*\*Please note, if you require an injectable medication, like insulin, you will be required to bring your own sharps container and you will need to take that sharps container with you at the time of discharge.\*\*\*\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all allergies to both medication and food. Please list the reactions. (If patient has an anaphylactic reaction to any substance, they are required to bring an up-to-date epi-pen to the facility during their stay.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you use drugs or alcohol on a regular basis? If so, please give details of substance used, frequency and amount of use, and date last used.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been treated for substance abuse in the past? If so, where, when and for how long?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently depressed?....................................................................................... Y N

Do you have thoughts of hurting yourself or others?.................................................. Y N

Do you have a plan to hurt yourself or others?........................................................... Y N

 **Client’s Initial**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have initialed each page and signed below attesting that I have completed this document

 Honestly and accurately.

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Form Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**--------------------------------------------------------------------------------------------------------------------------------------------**

For Staff Use Only

Health Form Reviewed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Form Reviewed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Further Review Needed By Medical Director: **Yes No**

Medical Director Review and Notes:

**DUI Education Centers Daily Rules**

1. All resident meetings are mandatory. Meeting times are announced at least 15 minutes in advance. Any person not in the classroom at the scheduled time will be asked to leave the facility immediately. No refunds will be given, and resident will receive no credit for time served. **Initial\_\_\_\_\_\_\_**
2. All residents are required to arrive at their stated/scheduled check in time. Any residents needing to change their scheduled check-in time must notify the office at least 24 hours in advance. If a resident arrives later than the stated check-in time (on “What To Bring” and “Invoice” Form), you may be asked to wait in the office until an opening becomes available, and your check-out time will be adjusted to reflect ACTUAL check in time. **Initial\_\_\_\_\_\_**
3. All residents must shower once every 24 hours while staying at our facility. **Initial\_\_\_\_\_\_**
4. Shoes must be worn at all times when outside. **Initial\_\_\_\_\_\_**
	1. Ladies: No short shorts or halter tops. Shirts must touch top of the pants. **Initial\_\_\_\_\_\_**
	2. Guys: You must wear shirts when outside. **Initial\_\_\_\_\_\_**
5. Smoking/Vaping is permitted outside in designated areas **ONLY**. Anyone caught smoking inside will be asked to leave. Judge/Probation officer will be notified. Vapes/vape juice must be new and still in packaging. **Initial\_\_\_\_\_\_**
6. Absolutely no communication between men and women except while attending DUI class. **Initial\_\_\_\_\_\_**
7. Everybody must be inside by 10PM. The only exception is that if a client is experiencing an emergency, in which case the office should be notified by intercom before coming to the office. Any client found outside between 10PM and 7AM will be asked to leave permanently. **Initial\_\_\_\_\_\_**
8. Lights, TV, and cell phones must be off by 11PM. Any cell phone not turned off after 11PM will cause the owner to be asked to leave the property. Headphones must be used for electronic devices after 11PM, if not you will be asked to leave the property. **Initial\_\_\_\_\_**
9. Absolutely no pornography, in any form, is to be viewed on this property. **Initial\_\_\_\_\_\_**
10. Do not change bunks without first notifying staff. **Initial\_\_\_\_\_\_**
11. Poor/disrespectful attitudes toward staff or other residents will not be tolerated. Any resident exhibiting such behavior will be asked to leave. **Initial\_\_\_\_\_\_**
12. All residents must participate in mandatory cleaning of rooms and rec area every morning from 7AM to 8 AM. **Initial\_\_**
13. Visitation is on Sunday from 1PM to 3PM in the main classroom only and is for clients staying 7 consecutive days or longer. Visitation is contingent upon **APPROVAL ONLY**. Residents are to have no contact with any visitors. **Initial\_\_\_\_\_\_**
14. Clients may walk outside in designated areas ONLY. No walking behind buildings. **Initial\_\_\_\_\_\_**
15. Medicine is dispensed at approximately 9AM and 5PM. Residents are to take any medication needed between those times with them, and take the medication at their regular time. If an emergency should occur and medication is needed, staff should be contacted immediately, and medication will be dispensed. **Initial\_\_\_\_\_\_**
16. We do random searches of rooms and belongings. Any client possessing contraband will be asked to leave permanently. All medication must be turned into the office upon arrival. **Initial\_\_\_\_\_\_**
17. On your scheduled day of departure (during mandatory morning cleaning) residents must wash, dry, and fold provided bedding and return to office. If resident does not comply, he/she will not receive their DUI Education Center completion certificate. **Initial\_\_\_\_\_\_**
18. If a client is asked to leave for failure to comply with these rules, no refunds will be given, and the appropriate authorities will be notified. **Initial\_\_\_\_\_\_**
19. You must respect every other resident’s confidentiality and personal items. No pictures are allowed of any of the residents. If any picture of any resident is taken, you will be asked to leave. Every person is here to do their time confidentially, please respect that.  **Initial**\_\_\_\_\_\_
20. I hereby understand that if I plead guilty to a DUI first, second, third or more offense that the Tennessee Code Annotated requires that my sentence shall be served in consecutive days. If I desire to split my days up and ultimately not serve them consecutively the court may not accept my time served at DUI Education Centers and any monies paid will be forfeited. **Initial**\_\_\_\_\_\_
21. If you are serving a DUI first, second, third or more offense we strongly suggest you serve your time consecutively.

**Initial**\_\_\_\_\_\_\_

**OTHER RULES**

1. Once your fee is paid it becomes non-refundable, no exceptions. **Initial**\_\_\_\_\_\_\_
2. Residents will only be allowed to leave the property in three cases: 1) death of an immediate family member; 2) by doctor’s order or extreme illness; 3) court date or probation officer visit (documentation required for all). **Initial\_\_\_\_\_\_**
	1. In the event of a departure due to death one must not return for a minimum of 24 hours and maximum of 7 days, otherwise all money is forfeited. Time will be agreed upon and authorized by office staff. **Initial\_\_\_\_\_\_**
3. Potential clients are allowed one (1) cancellation/reschedule. Should you need to cancel or reschedule, we require AT LEAST seven (7) days' notice. If no notice is given, client will forfeit all fees paid to DUI Education Centers. **Initial\_\_\_\_\_\_**
4. Clients will need to arrange transportation to and from our facility. Under no condition is a client permitted to drive themselves here. **Initial\_\_\_\_\_\_**
5. Any person attempting to check in who appears to be under the influence of alcohol or drugs will be denied. Such person will forfeit all fees paid to the Center and will not be permitted to return. **Initial\_\_\_\_\_\_**
6. We understand some clients cannot serve their time consecutively, and we will do all we can to accommodate. Serving days that are not consecutive, however, it is more expensive, and the more time the client can serve consecutively the less expensive. **Initial\_\_\_\_\_\_**
7. If a person chooses to serve time prior to being court ordered they must choose the amount of time to serve and will not be allowed to leave the property until that time is completed. If you choose to leave you will forfeit all money. **Initial\_\_\_\_\_\_**
8. We strive to maintain a safe and comfortable atmosphere for all residents. Poor, disrespectful attitudes will not be tolerated. If a client is asked to leave due to a poor or disrespectful attitude, no refunds will be made. **Initial\_\_\_\_\_\_**
9. Upon check-in, clients must put towels and all clothing (including what you wear in) into the dryer for 30 minutes on high heat, so pack accordingly. (You will change clothes halfway through the drying process). **Initial\_\_\_\_\_\_**
10. All medication is to be turned in to the staff upon check in. Any medication found on client that is not authorized will cause the client's stay here to be terminated. **Initial\_\_\_\_\_\_**
11. All belongings must be brought in trash bags and/or Ziploc bags. Food can be brought in plastic grocery bags. Under no circumstances may residents bring luggage, backpacks, purses, cosmetic bags, laptop cases etc. **Initial\_\_\_\_\_\_**
12. All food items must be labeled with the name of the person it belongs to, any food items that are left unlabeled will be thrown away during inspection. **Initial\_\_\_\_\_\_**
13. I am responsible for taking my own medication per doctor’s order and will not hold DUI Education Centers liable in the event of any sickness. **Initial\_\_\_\_\_**

**I understand and will comply with ALL the rules. I also understand that should I violate any of these rules, my stay here will be terminated, and I will receive no refund.**

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

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

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

**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. 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.
19. Clients have the right to vote, make contracts, buy or sell real estate or personal property, or sign documents, unless the law or a court removes these rights.

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

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

1. The licensee holding or receiving funds or property for the service 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 client.
2. The licensee shall prohibit staff, volunteers and proprietors from soliciting or borrowing money or property from clients.
3. 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.
4. The licensee shall not mix funds with those of the client. The licensee shall maintain a separate account in a federally insured financial institution for the deposit and/or disbursement of client funds.
5. The licensee shall not take funds or property of the client for the licensee’s personal organizational use of gain.
6. 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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**WHAT TO BRING**

**BEDDING:** We provide your pillowcase, pillow, sheets, and blanket.

 **\*Under no circumstances may you bring your own.\***

 **TOILETRIES:** Towel, washcloth, soap, shampoo, toothbrush, and toothpaste

 **DISHES:** Bring your own paper or plastic plates and plastic silverware

 **FOOD:** We will provide lunch and dinner on Tuesdays and Saturdays **for those who are attending** the twelve (12) hour class.

The rest of the time, you are responsible for your own food. This is a requirement for check-in. If you fail to bring your own food, you will NOT be admitted into the facility.

**MEDICATION:** All medications brought to the facility must be current and in the original prescription bottle with your name on it.

Any resident requiring an injectable medication must bring their own sharps container labeled with their name. You will be responsible to take the container and properly dispose of it once discharged from the facility.

**Upon check-in, clients must put towels and all clothing, (including what you wear in) into the dryer for 30 minutes on high heat, so pack accordingly. (You will change clothes half way through the drying process)**

a)Pack as if you're going camping.

**Short- term residents**: You may bring ONE (1) outfit per day and ONE (1) pair of pajamas. All items must be put in ONE (1) trash bag. Toiletries must be placed in Ziploc bags.

**Long-term residents:** (7 days or more): You may bring SEVEN (7) outfits and TWO (2) pairs of pajamas. All items must be put in ONE (1) trash bag unless you are staying FIFTEEN (15) days or longer, in which you will be allowed TWO (2) trash bags. Toiletries, cosmetics, etc. may be put in Ziploc bags.

 **\* NO LUGGAGE, PURSES, BACKPACKS, GYM BAGS, COSMETIC BAGS, LAPTOP CASES, ETC. \***

b)Lunch and dinner will be provided on Tuesdays and Saturdays to those who are attending the 12 hour class, however you will need to provide your own drink or bring money for the vending machine.

c)We provide a full size refrigerator, including freezer, and a microwave. We do NOT provide a stove, so make sure all food is microwavable. Most people bring frozen foods, such as TV dinners, etc. You may prepare your meals in advance and bring them here in microwavable Tupperware containers.

d)If there is an emergency, and you should run out of food, you may have someone deliver to the office. However, under NO circumstances are you to have contact with the person while they are here. **VISITATION IS ON SUNDAY FROM 1PM TO 3PM IN THE MAIN CLASSROOM ONLY. ALL CLIENTS MUST FILL OUT A VISITATION FORM AND HAVE IT TURNED IN NO LATER THAN 3PM ON WEDNESDAY. VISITATION IS CONTINGENT UPON APPROVAL ONLY.**

e)Other items you might consider bringing are ear plugs, your cell phone, and a laptop/tablet (**NO** cases on laptops or tablets) Yes, we do have Wi-Fi. CD's, DVD's, and books also come in handy.

**We want this program to work for all of us. Your cooperation is appreciated. Please contact us if there are any problems. These rules are for your safety.**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**OFFICE USE ONLY**

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**CHECK-IN DATE/TIME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/PM**

**CHECK-OUT DATE/TIME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/PM**

**\*IF YOU FAIL TO BRING YOUR OWN FOOD/DRINKS/TOILETRIES, YOU WILL NOT BE ADMITTED INTO FACILITY.**