ENROLLMENT LETTER FOR PERSONS RESIDING OUT OF STATE

Dear _____

We have received your request to enroll in the Virginia Alcohol Safety Action Program (ASAP) as a result of a requirement of a court and/or condition of license reinstatement. Since you do not reside in Virginia, you may complete a similar program where you live, provided it is comparable to the ASAP program.

Please complete and return the following enclosed enrollment paperwork:

1. Intake questionnaire
2. General consent form for the exchange of confidential information with the court, DMV, etc.
3. Individual consent form to grant ASAP the authority to speak to specific other persons about your case (if applicable)
4. Contact information sheet
5. Email authorization form to permit ASAP to correspond with you about your case via email (if applicable)
6. Ignition interlock paperwork (if applicable).

Also provide:

7. A current copy (within 30 days) of your driving record from the state in which you reside.
8. Payment of the $300 ASAP fee.
9. A current Virginia DMV compliance summmary. (within 30 days)

Virginia has specific education requirements that must be met to satisfy ASAP probation. Therefore, do not enter into any education program until we verify that the proposed curriculum to be provided is comparable to Virginia standards and that the service provider is credentialed by your state.

In the event you have already enrolled in, or completed, an education or treatment program within the last year, you may be eligible to receive credit for participation in the program if we determine it met Virginia requirements. For consideration of education/treatment credit, you must submit:

1. Name and type of program
2. Program provider address and contact information
3. Proof of program completion (on program letterhead or certificate)
4. Date of program enrollment
5. Date of program completion
6. Number of total contact hours

The above information should be returned to our office no later than _____. Upon receipt, your case will be reviewed and an appropriate classification assigned that will determine the level of intervention you will be required to complete. An ASAP case manager will need to interview you over the telephone to clarify the information we receive.

If you are required to have an ignition interlock installed in your vehicle, please contact our office to discuss your options.

Failure to comply with the above requirements may prevent you from being successfully enrolled in VASAP. If you have any questions, please do not hesitate to contact me.

Sincerely,

Case manager

ASAP Participant Code of Conduct

I understand that the Alcohol Safety Action Program (ASAP) is committed to maintaining a safe, respectful, and professional environment for staff, service providers, and participants. This Code of Conduct establishes clear behavioral expectations for my participation in ASAP services.

Prohibited Behavior

I understand that certain behaviors are strictly prohibited, including but not limited to:

- Threatening, intimidating, harassing, abusive, or aggressive behavior toward staff, providers, or participants.
- Use of obscene, derogatory, discriminatory, or abusive language directed at others.
- Disruptive conduct that interferes with classes, treatment sessions, appointments, or program activities.
- Refusal to comply with reasonable and lawful staff instructions related to program requirements.
- Acts of violence, attempted violence, or behavior that creates a safety risk.
- Damage to program property, provider facilities, or the property of others.
- Unauthorized recording, photographing, or distribution of images or audio without prior consent.
- Abusive, threatening, or harassing communications in any format.
- Any conduct that compromises the safety or security of staff, providers, participants, or facilities.
- Unauthorized recording, photographing, or distribution of images or audio of staff, providers, or participants without their consent — regardless of whether the recorder is a party to the conversation.

Violations may result in my case being returned to the referring authority, which may impose sanctions or penalties as it deems appropriate.

Acknowledgment

My signature below acknowledges that I have received, read, and understand this Code of Conduct.

Client Name (print) _____

Signature _____

Date: _____

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 Administrative and Pre-Enroll 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, if applicable, 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, if under the court's jurisdiction. I further understand that if I am enrolled to satisfy a DMV requirement that my noncompliance will 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.

_____	_____	_____
Offender Name (*print*)	Offender Name (*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: _____ Date of birth: _____

Are you a student? ☐ Yes ☐ No If yes, where? _____

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 convictions for (Do not include your present referral):

DUI ☐ Yes ☐ No How many? _____ Public Intoxication ☐ Yes ☐ No How many? _____

Underage possession of alcohol ☐ Yes ☐ No How many? _____

Drug offenses ☐ Yes ☐ No How many? _____

Other criminal convictions (including Reckless Driving) ☐ Yes ☐ No How many? _____

List convictions: _____

Do you have any pending charges? ☐ Yes ☐ No How many? _____

List 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: _____

For what offense were you convicted? _____ Court of conviction: _____

Date of conviction: _____ What alcoholic beverages and/or other 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?

☐ 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? _____

Do any of your blood relatives have, or have 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: _____

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.

X 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]

CONTACT INFORMATION SHEET

(FOR PERSONS RESIDING OUT OF STATE)

Client Name: _____

Date of Birth: _____

Driver's License Number: _____

State of License Issue: _____

Mailing Address: _____

_____

_____

_____

Former Virginia Mailing Address: _____

_____

_____

_____

Location of Virginia Offense: _____

Telephone: _____

Best Time to Contact: _____

Email: _____

(_____) **Check if you are submitting an email authorization form to permit VASAP to communicate with you regarding your case via email.**

FAX: _____

Client Signature: _____

Date: _____

VIRGINIA ALCOHOL SAFETY ACTION PROGRAM EMAIL AUTHORIZATION

I understand that due to the risk of electronic messages being misdirected, hacked or intercepted by unintended parties, the Virginia Alcohol Safety Action Program (VASAP) cannot guarantee that confidential messages sent over the Internet will not be subject to unintended disclosure or other privacy breaches.

I understand that emails to/from VASAP may contain personnel information that is protected by federal confidentiality guidelines.

I further understand that emails sent to/from work devices may be subject to review by my employer.

Acknowledging the above, I hereby authorize the Virginia Alcohol Safety Action Program to communicate with me via email regarding my case until such time as my ASAP case is closed, or this authorization is rescinded by me.

_____
Client Printed Name

_____ _____
Client Signature Date

_____
Email Address