

# OneEighty

Helping people change direction.

## Alcohol Education Program

### Acknowledgment Form

---

AEP Program Participant Name (please print)

**By signing below I acknowledge the following:**

- ✓ I will pay \$350.00 for the Alcohol Education Program (AEP). *Checks payable to **OneEighty**.*
- ✓ I have received a copy of the education curriculum for the AEP.
- ✓ I have received the AEP program rules and or expectations.
- ✓ I have received the program's client rights and grievance procedures.
- ✓ I have received a written summary of the Federal Laws and regulations pertaining to the confidentiality of client records as required by 42 C.F.R., Part 2.
- ✓ I understand that OneEighty provides services to individuals and their families who have experienced problems due to alcohol and/or other drug use. I further understand that the staff members and AEP consultants are trained to provide appropriate services and treatment as needed in this area. My signature below indicates that I agree to services as offered by OneEighty.

---

AEP Program Participant Signature

Date

**OFFICE USE ONLY:**

Registered Program Date: \_\_\_\_\_

OneEighty Client (former or current):  Yes  No

Dates of Service: \_\_\_\_\_

Case Number: \_\_\_\_\_ Counselor: \_\_\_\_\_

Fee paid:  Yes  No

Amount: \_\_\_\_\_

Cash Check #: \_\_\_\_\_

Credit Card:  VISA  MasterCard  Discover

Money Order #/Cashier's Check #: \_\_\_\_\_

Date forwarded to CH&W Office: \_\_\_\_\_

---

Staff Signature

Date

*Intake Specialist/Support Staff: please retain this form for client file.*

# OneEighty

Helping people change direction.

## Alcohol Education Program

### Registration Form

*Welcome to OneEighty! The Alcohol Education Program (AEP) is designed to provide an alternative to incarceration to individuals who have been arrested for drinking or drug related driving offenses while offering screening and education about alcohol and other drug use in a caring and professional environment. We appreciate you selecting OneEighty for your Alcohol Education Program.*

Name: \_\_\_\_\_ Gender: M F Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Education: High School Diploma (Year) \_\_\_\_\_ GED (Year) \_\_\_\_\_ College \_\_\_\_\_

Employer: \_\_\_\_\_ Number of years: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Ethnicity- Please check below:

Caucasian  
African American  
Hispanic

Asian  
Native American  
Other \_\_\_\_\_

Email Address: (optional) \_\_\_\_\_

Registered Program Date: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

The program will involve lectures, videos, group activities and individual questionnaires. Will you need reading and writing assistance during the program or interpretation services?  Yes  No

If Yes, Please explain: \_\_\_\_\_

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

# OneEighty

Helping people change direction.

## Alcohol Education Program

### Court Information

Name of Court that referred you to this program: \_\_\_\_\_

Probation Officer's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_ Time of Arrest: \_\_\_\_\_

Reason Law Enforcement stopped you: \_\_\_\_\_

Original Charge by Law Enforcement: \_\_\_\_\_

BAC at time of arrest: \_\_\_\_\_ Sentencing Date: \_\_\_\_\_

Court Case Number: \_\_\_\_\_ Final Charge: \_\_\_\_\_

Previous DUI charges:  Yes  No If yes, how many: \_\_\_\_\_

### Health History

Please describe any physical disabilities that so we may make your stay as comfortable as possible:

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

Dietary Restrictions:  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please list any food allergies: \_\_\_\_\_

Are you a vegetarian:  Yes  No Are you vegan:  Yes  No Do you smoke:  Yes  No

Are you pregnant?  Yes  No If yes, please note the number of weeks and any other important health information about the status of your pregnancy: \_\_\_\_\_

\_\_\_\_\_

Please describe any allergies besides the food allergies, including drug reactions, above: \_\_\_\_\_

\_\_\_\_\_

# OneEighty

Helping people change direction.

## Alcohol Education Program

Please describe any history of serious health problems (illnesses, accidents, operations): \_\_\_\_\_

\_\_\_\_\_

Please describe any health conditions for which you are currently being treated: \_\_\_\_\_

\_\_\_\_\_

Please list any prescription and over-the-counter medications you currently take: \_\_\_\_\_

\_\_\_\_\_

Please describe your sleeping habits (Number of hours, loud snoring, and difficulty getting to sleep, etc.)

\_\_\_\_\_

\_\_\_\_\_

Do you have any other special needs?  Yes  No If yes, please describe them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Psychological

Have you ever been treated for emotional or mental problems? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been to a Psychologist or Psychiatrist? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you get severely anxious? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have difficulty controlling emotions such as anger? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you ever get seriously depressed? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever attempted to take your own life? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently taking medications for any of the above? Yes \_\_\_\_\_ No \_\_\_\_\_



Helping people change direction.

## Alcohol Education Program

### Emergency Medical Contact Information

In the event a medical emergency occurs while you are attending the Alcohol Education Program, staff will call 911 for assistance if deemed appropriate. The program is required to have a name, address and phone number of a person they should contact on your behalf in the event of a medical emergency. Staff will only provide the necessary information to qualified medical/911 personnel for a medical emergency and will notify your emergency contact person if you were transferred for outside medical care.

If you experience a medical emergency that requires treatment outside of the Alcohol Education Program during your 72 hour program, staff will discuss with you the alternatives in order to complete the 72 hour program.

Emergency Contact Name: \_\_\_\_\_

Contact Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I affirm the information above is true and accurate. I authorize the staff of the Alcohol Education Program to notify my Emergency Contact Person listed above in the event of a medical emergency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date