

# HOPE COUNCIL

OFFERING HOPE | HELPING TO HEAL

## Social History Intoxicated Driver Program

Please print clearly, and fill out completely. All information is mandatory but confidential.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Male  Female Maiden Name (If Applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Race: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ OK to leave messages regarding services:  NO  YES

Social Security # (Last 4 digits) \_\_\_\_\_ Military:  NO  YES Branch: \_\_\_\_\_

I am on supervision:  NO  YES If yes, please indicate your agent's name, address and phone: \_\_\_\_\_

How many OWIs (DUIs) have you been arrested for? \_\_\_\_\_

Do you need an interpreter?  NO  YES If YES, type of interpreter needed: \_\_\_\_\_

Do you have health insurance?  NO  YES If YES, name of insurance company: \_\_\_\_\_

### Living Arrangement: (Mark one of the following)

- Adult living alone or with others without supervision (includes 18 and older living with parents)
- Supported or semi-supervised residence
- Specialized facility with on-site supervision
- Other institution
- Jail or correctional facility
- Child under 18 living with parents
- Street, shelter, no fixed address, homeless

### Employment Status: (Mark one of the following)

- Employed Full-Time
- Employed Part-Time
- Unemployed, but looking (This includes if you are currently on lay-off from a job.)
- Not in the labor force; **circle one of the following:** homemaker, student, retired, disabled, inmate-jail, inmate-prison, or inmate other institution
- Unemployed, not looking for work in the past 30 days

### Education: (Mark one of the following)

- Highest grade completed \_\_\_\_\_
- High school diploma or GED
- Some college or vocational/technical school
- Bachelor's Degree
- Advanced Degree (Master's, Ph.D.)

### Support Group Attendance: (Mark one of the following)

How many times have you attended groups in the past 30 days?

- 16 or more times in the past 30 days
- 8-15 times in the past 30 days
- 4-7 times in the past 30 days
- 1-3 times in the past 30 days
- No attendance in the past 30 days

\*\*\* CONTINUED ON OTHER SIDE \*\*\*

| Employment Information |  |
|------------------------|--|
| Current Employer:      |  |
| Position:              |  |
| Employed Since:        |  |
| Former Employer:       |  |
| Position:              |  |
| Employed From/To:      |  |

| Prior Alcohol & Other Substances / Mental Health Treatment / Counseling |                 |
|-------------------------------------------------------------------------|-----------------|
| Agency:                                                                 | Agency:         |
| Counselor:                                                              | Counselor:      |
| Dates Attended:                                                         | Dates Attended: |

| Names of Parents & Siblings      |                  |                    | Deceased      |
|----------------------------------|------------------|--------------------|---------------|
| Father's Name:                   |                  |                    |               |
| Mother's Name:                   |                  |                    |               |
| List all Brothers and Sisters:   |                  |                    |               |
|                                  |                  |                    |               |
| Spouse/Significant Other's Name: | Married/Together | Divorced/Separated | Widow/Widower |
|                                  |                  |                    |               |
|                                  |                  |                    |               |
|                                  |                  |                    |               |

| Child's Name | Age | Child's Name | Age |
|--------------|-----|--------------|-----|
| 1.           |     | 4.           |     |
| 2.           |     | 5.           |     |
| 3.           |     | 6.           |     |

Please indicate your total annual household income, before taxes:

- Under \$15,900    
  \$15,901-\$24,999    
  \$25,000-\$34,999    
  \$35,000-\$49,999  
 \$50,000-\$74,999    
  \$75,000 or more

Are you Head of the Household?  NO  YES

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **IMPORTANT Information about the Intoxicated Driver Program (IDP)**

The Department of Transportation requires that there be a Driver Safety Plan developed at the Hope Council during your assessment for Impaired Driving/Operating While Impaired. **You will be required to attend either education OR treatment**, so you must be prepared for either! The assessment is just **the first step**.

Prepare for **BOTH** education and treatment:

- ✓ If you are deemed in need of **EDUCATION** you will be required to attend classes at Gateway Technical College. You **MUST** register for classes **within 10 business days of your assessment**, and **self-payment is required in full upon registration**. That is, **no insurance will pay for classes**, and **there is no government funding available for them**. Also, **you will not be allowed to make payment arrangements**. The current rates for classes are **\$297.20 for Group Dynamics** and **\$423.40 for Multiple Offenders**. These rates are subject to change without our knowledge, and you will be responsible for full payment. If you do not register within 10 business days you will be put into non-compliance with your Driver Safety Plan and may lose your driving privileges. **Remember, full payment will be due upon registration, which is required within 10 days if you are deemed in need of education. An outstanding balance with Gateway Technical College will prevent you from enrolling in these classes and classes at ANY area technical college.**
- ✓ If you are deemed in need of **TREATMENT** you must let the assessor know where you are going for treatment **BEFORE** you leave the office after the assessment. Therefore, **you need to also be prepared ahead of time for referral to treatment**.
  - If you have health insurance that allows for any substance abuse treatment, you need to determine which providers you can go to **BEFORE YOUR ASSESSMENT**. You've been given a list of treatment providers, but the list may not be complete, so you **MUST** call your insurance company to determine which provider you can see.
  - If you do not have health insurance that allows for any substance abuse treatment, you may be eligible for **County Funding for Treatment Services (for low-income clients without health insurance or health insurance that does not cover substance abuse treatment)**. In order to **determine whether you are eligible, you must bring ALL the following to your assessment appointment**:
    - Current photo ID (from Wisconsin ONLY); AND
    - Proof of residency within the last 30 days (i.e., a utility bill showing your current address); AND
    - Pay stubs from ANY employment this year; "pay" includes unemployment pay stubs and/or Social Security Disability or Social Security Supplemental Income pay stubs;
    - If this procedure is not followed, you **WILL NOT** be eligible for funding!

Please come to the assessment fully prepared for both education and treatment. If you are not prepared for your appointment by following the above steps, you will add another waiting period, potentially causing further problems, non-compliance, and additional fees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

03.2024

## Drug Testing of All Intoxicated Driver Program Clients

First, **ALL** Intoxicated Driver Program (IDP) clients will be required to provide a **urine sample** for an initial six-panel drug test (marijuana, cocaine, amphetamines, methamphetamines, opioids, oxycodone, methadone, and benzodiazepines). This screening will be done after the clinical interview during the assessment. This test is being done to help ensure an accurate assessment as well as enable better intervention upon beginning treatment. It has no bearing on a person's driver's license.

Any test that is diluted and/or altered will be assumed to be positive, and that information will be shared with the treatment provider. Refusal or inability to provide a sample will also be considered to be a positive result, and that information will be shared with the treatment provider, as well.

Second, biomarker testing may be done for **ALL CLIENTS**.

For those who have **one or two operating while impaired/ driving under the influence (OWI/DUI) offenses**, at least one test using fingernails may be conducted at the end of the Driver Safety Plan (DSP).

- Positive tests warrant additional tests at additional cost to the client, as well as potential loss of driving privileges. Inability to provide sufficient samples results in additional costs/potential loss of driving privileges.
- Clippings must be taken from all 10 fingernails, totaling no less than 150 mg, which is about 3 – 4 weeks of growth. **Within 72 hours** of completion of treatment, **the client is responsible for scheduling a biomarker testing appointment** with the Hope Council. However, that test will not take place until six months AFTER the assessment date has passed, if required. The required fee of \$115 (alcohol only test) or \$200 (alcohol, marijuana, cocaine, opioids, amphetamines, and PCP test) must be paid before the test will be completed.

Those who are being assessed for **three or more OWI/DUI offenses** will ALSO be tested using fingernails and blood spots at least three times per year (in four- to six-month increments) during the one-year DSP.

- The cost of these tests may be \$200 each. Positive tests will warrant additional tests at additional cost to the client, as well as potential loss of driving privileges. Additional tests due to positive results do not count as one of the three tests during the DSP. Neither does a bloodspot (PEth) count for one of the three tests. Inability to provide sufficient samples will result in additional costs/potential loss of driving privileges. Clippings must be taken from all 10 fingernails, totaling no less than 150 mg, which is about 3 – 4 weeks of growth.
- Any positive tests for alcohol or illegal drugs/drugs not used as prescribed may result in a report of noncompliance being sent to the State of Wisconsin Department of Transportation. This will result in a loss of driving privileges until the noncompliance fees are paid and a negative test result is secured. Any client with a positive test result must return to treatment.
- The Driver Safety Plan can only be completed with negative test results, and in the case of those with three or more offenses, there need to be at least two consecutive negative test results. A plan **may** be extended to assist in collecting two consecutive negative tests, but plans may only be extended by four months and only when someone is actively engaged in treatment. If a Driver Safety Plan expires while a client is in noncompliance due to testing, the entire process will need to begin again, starting with a new assessment. This means all fees, including the assessment fee, will have to be paid again.

Failure to provide samples, return phone calls, schedule testing, follow through on testing in a timely manner, or otherwise delaying testing will result in a noncompliance report being sent to the State of Wisconsin DOT. This will result in a loss of driving privileges until the noncompliance fees are paid and a negative test result is secured.

Additionally, **ALL** clients (those with any number of offenses) starting their Driver Safety Plans over due to lack of testing or positive biomarker test results will be denied driving privileges until a negative biomarker test is completed, at the client's cost and request. However, this initial test does not replace any test described above.

**Only tests performed at the Hope Council on AODA will be used for compliance with the Driver Safety Plan.**

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Signature

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Date

## Intoxicated Driver Program Fees

(effective 01/01/2024)

|                                                                                                                                                                                                                                                                                                                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>Assessment</b> for Kenosha County Residents.....                                                                                                                                                                                                                                                                   | <b>\$300.00</b> |
| <b>Non-Compliance Fee</b> Applied when appointment is not made within 14 days of conviction, failure to complete Driver Safety Plan (DSP) within one (1) year, or fully comply with recommendations of the DSP.....                                                                                                   | <b>\$75.00</b>  |
| <b>Plan Extension</b> Request must be submitted by treatment provider 14 days prior to plan expiration and approved by Hope Council. Extension of up to 4 months may be granted in order to complete treatment.....                                                                                                   | <b>\$100.00</b> |
| <b>Alcohol and Other Drug Testing</b> For those who have 3 or more lifetime offenses, this is a mandatory part of the DSP. You will be charged the initial testing fee at intake. During the DSP, there will be no fewer than 2 additional tests, which will cost up to \$200 each (see Drug Testing Info sheet)..... | <b>\$200.00</b> |
| <b>Re-Assessment / DSP Amendment</b> Applied when a client’s active DSP requires re-assessment or modification due to missing or omitted information, or a significant change in the plan of care.....                                                                                                                | <b>\$200.00</b> |
| <b>Returned Check</b> .....                                                                                                                                                                                                                                                                                           | <b>\$40.00</b>  |
| <b>Refund Processing Fee</b> .....                                                                                                                                                                                                                                                                                    | <b>\$25.00</b>  |

### RESCHEDULING AND CANCELLATION POLICY\*

- There is a \$100 fee for all assessment appointments canceled with less than 48 hour notice and for no-shows.
- There is a \$25 fee for all testing appointment no-shows.
- An appointment is considered cancelled if you are more than 15 minutes late or if you are present but will not be seen due to the determination made by Hope Council staff.
- All fees must be paid in full before an appointment can be rescheduled.

**These fees do not include Driver Safety Plan costs or re-instatement fees with the Department of Motor Vehicles and are subject to change without notice.**

### POLICY ON ASSESSMENT APPOINTMENTS

It is the policy of the Hope Council to refuse assessment services to those appearing for their appointments under the influence of any mood-altering substance not used as prescribed. Should the assessor suspect that you are under the influence of ANY mood-altering substance, your appointment will be considered cancelled, and you will be required to reschedule.\*

Your full attention is needed during the assessment, and ALL our clients deserve privacy. Therefore, NO ONE else, including children or infants, is allowed to wait in the lobby or be present during your assessment. Failure to adhere to this rule will require you to reschedule.\*

\*See RESCHEDULING AND CANCELLATION POLICY listed above.

Your signature below indicates that you have read and understand all of the above. Thank you!

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Important information regarding Assessments/Screenings:** If you have health insurance, please contact your insurance company BEFORE your assessment/screening appointment to see what treatment providers your insurance will cover, in the event that treatment is deemed necessary through the assessment/screening findings. If you are deemed in need of treatment, you are REQUIRED to receive that treatment from a Wisconsin Statute 75-certified agency.

Once the appointment has taken place, the treatment provider must be contacted within 3 business days from the assessment/screening. **Failure to contact the provider within 3 business days may result in noncompliance status/other sanctions.**

## Preferred TX Providers

**Aalto Enhancement Center** .....8503 75<sup>th</sup> St. Suite A. Kenosha, WI..... (262) 654-9370

\*Accepts most ins., incl. T-19, Sliding fee scale offered

**Agape Recovery Center**.....201 N Pine St. Burlington, WI..... (262) 767-0441

\*Accepts most ins., incl. T-19, Sliding fee scale offered

**InterConnections**..... 920 60<sup>th</sup> St. Kenosha, WI..... (262) 654-5333

\*Accepts most ins., incl. T-19

**Oakwood Clinical Associates** ....4109 67<sup>th</sup> St. Kenosha, WI..... (262) 652-9830

\*Accepts most ins., incl. T-19 \*Accepts county funding

**West Grove Clinic**.....1400 75<sup>th</sup> St Kenosha, WI..... (262) 909-6008

\*Accepts most ins., incl. T-19, \*Self-pay

## Other TX Providers

**ASAP (Addiction Services & Pharmacotherapy)**..... 3825 39<sup>th</sup> Ave. Kenosha, WI .... (262) 946-5752

\*Accepts most ins., incl. T-19

**Birds of a Feather**..... 6530 Sheridan Rd. Ste. 3 Kenosha, WI..... (262) 605-8442

\*Self-pay ONLY

**CleanSlate**.....7201 Green Bay Rd. D Kenosha, WI..... (262) 842-0149

\*Accepts most ins., incl. T-19 \*Self-pay

**Comprehensive Treatment Center**..... 7991 Sheridan Rd. Kenosha, WI..... (855) 963-3228

\*Accepts most ins., incl. T-19 \*Self-pay

**PSG (Professional Services Group)**..... 2108 63<sup>rd</sup> St. Kenosha, WI..... (262) 652-2406

\*Accepts most ins., incl. T-19

**Rogers Behavioral Health**..... 9916 75<sup>th</sup> St. Suite 205 Kenosha, WI..... (262) 942-4000

\*Accepts most ins., incl. T-19

**Jon Christensen**..... \*Contact provider directly for more information..... (414) 530-6575

\*Providing treatment for combat theater Veterans ONLY

The Hope Council does not recommend or endorse any of the listed service providers. Inclusion on the "Preferred Treatment Providers" list means that the provider has agreed to collaborate and communicate with staff from the Hope Council, ensuring that this agency will receive timely communication regarding your progress. The provider also agrees to participate in best practice trainings and quarterly meetings and utilize best practices such as motivational interviewing and sensitivity to cultural diversity. Additionally, the provider has the ability to do both quick screen and lab-quantified levels of urine tests. **\*PLEASE TAKE NOTE\* If you choose a provider who is not on the preferred list, YOU are responsible for ensuring the Hope Council receives monthly reports.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date