John Tyler ASAP

ALCOHOL SAFETY ACTION PROGRAM

HENRICO OFFICE
4116 East Parham Road
Henrico, VA 23228
804-914-2181
jtasap.com

CHESTERFIELD OFFICE
9620 Iron Bridge Road #101
Chesterfield, VA 23832
804-914-2181
jtasap.com

Intake Appointment Information

(Please read and complete all the information except for the intake appointment date and time.)

Name: _____
Last First Middle Suffix

License #: _____ State Licensed: ____ Date of Birth: _____

Address: _____

City: _____ County: _____ State: _____ Zip code: _____

Phone: _____ / _____

Email Address: _____@_____

Please note:

- You are required to be on time for your scheduled intake appointment. If you are more than 15 minutes late, your appointment will need to be rescheduled.
- Tardiness or failure to attend this appointment may result in your return to court and/or removal from the program.
- You will be charged a $25 rescheduling fee for any missed class session.
- You are responsible for the $400 ASAP enrollment fee ($100 of that fee is for the class). Payment may be in the form of credit (VISA, Master Card, Discover, or Apple Pay) along with a $2 service fee for each transaction. Money orders or cashiers' checks are also accepted. Please make them payable to John Tyler ASAP
- **CASH and PERSONAL CHECKS ARE NOT ACCEPTED.**
- **ALL FEES ARE NON-REFUNDABLE.**
- If you have difficulty reading or writing, please bring someone with you to fill out the necessary information. We will assist you as much as we can.
- For successful completion of the program requirements, your attendance to this appointment and all future appointments and classes is required.

I have read and understand the above conditions: _____ _____
Signature Date

To be completed by Enrollment Coordinator:

Your intake appointment has been scheduled for _____ A.M. / P.M. On

__M T W Th F__, the _____ day of _____ 202____.

Your appointment will be conducted in the Henrico / Chesterfield office. Please be on time and available for around 30 minutes.

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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 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 for paying 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. ____

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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 Printed Name	Offender Signature	Date

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Orientation Video Agreement

I, _____, certify that I will view the ASAP orientation video at: jtasap.com.

Signature: _____

Date: _____

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Abstinence Agreement

This agreement serves as notice that participants referred to the ASAP program from the General District Courts of **Henrico, Powhatan, Nottoway, and Amelia** are under a court order of abstinence of alcohol and any drug not prescribed.

Participants transferred from other ASAP programs are responsible for complying with any order of abstinence or other conditions of probation as ordered by their specific court.

If ordered by the court:

From the date of my court referral until I have been released by ASAP, I understand that I will not consume any alcoholic beverages or products/medications that contain alcohol. I will not take any medications or use any mind-altering chemicals in which I do not have a valid prescription.

I understand that if I fail to comply with this agreement, receive another alcohol or drug related charge, test positive for alcohol or drugs, or appear at any ASAP function or facility under the influence of alcohol or drugs, my case may be returned to court for a violation or may result in a more intense level of participation.

I understand there is an additional fee for the urine/drug screen, and I am responsible for the cost of that service. I understand that my refusal to submit to a requested breath test or drug screen will be considered a positive alcohol/drug screen and may result in a violation.

Please speak to your case manager / intake specialist for details about your specific case.

_____ _____

Client Signature Date

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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.

Acknowledgement

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

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: _____

Medical History

Medical Conditions:_____

Prescribed Medications:_____

Have you ever been told by a medical professional not to use alcohol or drugs? ☐ Yes ☐ No

Previous detoxification or medical attention due to substance use disorder? ☐ 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 Arrest or Convictions for: (Do not include your present conviction)

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 traffic convictions (such as Reckless Driving) ☐ Yes No ☐ If yes, how many?

List Charges

_____

Do you have any pending charges? ☐ Yes ☐ No

List pending charges, if applicable

_____

Are you currently on probation with any other agency? ☐ Yes ☐ No

Name of probation agency _____

Name of 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 alcohol beverages and/or what drugs were you using on the day or your arrest?

_____

How much did you drink/use that day? _____

_____

Did you have a crash 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:

☐Marijuana (for DUID cases and Young Offender cases charged with Marijuana)

☐ Cocaine ☐ Heroin ☐ Amphetamines

Do you have a substance use disorder? ☐ Yes ☐ No

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?** _____

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?_____

I certify this information is accurate to the best of my knowledge.

Print Name: _____

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 related to my ASAP requirements 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 and remote alcohol service providers

For the purpose of facilitating, supervising, verifying and reporting my participation in, and compliance with ASAP requirements.

I understand that 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 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 HIPPA 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.

Virginia Alcohol Safety Action Program

Electronic Communication Authorization Consent Form

I understand that due to the risk of electronic communications 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 electronic communications to/from VASAP may contain personnel information that is protected by federal confidentiality guidelines.

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

I consent to the use of electronic devices such as but not limited to mobile phone, tablets, laptop, etc.

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

Signature: _____

Printed Name: _____

Date: _____

DOB: _____