

JOHN TYLER ALCOHOL SAFETY ACTION PROGRAM

Visit our web page at jtasap.com

Chester Office

9620 Iron Bridge Rd #101
Chesterfield, VA 23832
Telephone: (804) 914-2181
Fax: (804) 796-4547

Henrico Office

4116 East Parham Rd.
Henrico, VA 23228
Telephone: (804) 914-2181

IN-STATE TRANSFER REQUEST PACKET

(Please read and complete all information)

NAME: _____
LAST FIRST MIDDLE (FULL)

DL#: _____ STATE LICENSED: _____

GENDER (Circle One): MALE / FEMALE DATE OF BIRTH: _____ RACE: _____

ADDRESS: _____
(STREET/P.O. BOX)

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PHONE: () / () / ()
(HOME) (WORK) (CELL.)

EMAIL ADDRESS: _____ @ _____

TRANSFER OUT (To be completed by Enrollment Coordinator)

CASE TRANSFERRED TO _____ ASAP Date: _____

PLEASE BE REMINDED

- It is your responsibility to submit this packet along with a copy of your court order paperwork within 15 days of your conviction. You may do so via mail or via fax. Contact information can be found at the top of this page. Failure to do so may result in your case being returned to court for non-compliance.
- You are responsible for all charges incurred through the above program and reports concerning your participation will be forwarded to your case manager at John Tyler ASAP.
- You will be charged a \$25 fee for all rescheduled appointments.
- You are responsible for the \$400 ASAP enrollment fee (\$100 intervention fee included). Payment may be made in the form of credit card (VISA, Master Card or Discover) or money order. Payment may be made on-line at Vasap.virginiainteractive.org
- CASH and CHECKS ARE NOT ACCEPTED.
- **ALL FEES ARE NON-REFUNDABLE.** _____ *(please initial here)*
- If you have difficulty reading or writing, you are to bring someone with you to fill out the necessary information.
- **By court order or voluntary enrollment, you have been placed on probation and referred to John Tyler ASAP. For successful completion, your attendance for all future appointments and classes is mandatory.**
- You will be mailed a transfer letter within 5 business days confirming that your information has been transferred. Once the letter is received you will have 2 business days to contact the transfer agency to set up your orientation appointment.

I HAVE READ & UNDERSTAND THE ABOVE

CLIENT'S SIGNATURE: _____ DATE: _____

JOHN TYLER ALCOHOL SAFETY ACTION PROGRAM

CONDITIONS OF ENROLLMENT

****PLEASE INITIAL ALL AREAS AS INDICATED***

1. I am responsible for the \$300 ASAP enrollment and the \$100 intervention fee paid directly to John Tyler ASAP for participation in the program. Total Fees due at enrollment: **\$400**. Payment may be made by Money Order, Master Card, Discover, or Visa. Credit card payments may be made on-line at **Vasap.virginiainteractive.org** or in the office. **Fees are subject to change.* Pre-Enrollments, DMV-volunteers, Re-enrollments and Out-of-State Transfers must pay the full fee at the time of enrollment.

All fees are non-refundable. * _____

If you have any questions regarding your scheduled appointment or payment of the ASAP fee, you should contact the ASAP office at (804) 914-2181, Monday thru Friday 8:30 am to 5:00 pm.

2. I understand that I must attend all scheduled appointments and classes as designated by the ASAP Case Manager or staff, including inpatient treatment or alcohol counseling if so required as part of my assessment (State requirements). * _____
3. If under a court order of abstinence, I understand that I cannot **use alcohol, products that contain alcohol or mood-altering chemicals at any time** from the date of my court order until released by John Tyler ASAP and the courts. During the time of my involvement in the program, **a violation of the law with reference to drinking or drugs will be grounds for my removal from ASAP and return to court. (Unsuccessful discharge for DMV volunteers)** * _____
4. I understand that I can **only drive** where my restricted driver's license (green form/court order) designates once all enrollment conditions, DMV requirements and Ignition Interlock requirements are in compliance. Driving outside my court order is a violation. I understand **I must carry my restricted license order at all times** while operating a motor vehicle until such time the restricted license has expired and a regular license is obtained from DMV. I will report to DMV within 24 hours of the expiration date on the restricted license and ASAP is completed. If my restricted license order expires before completion, I understand that I must contact my case manager before the expiration date.
* _____
5. I understand that I **must maintain a valid driver's license** to receive Ignition Interlock monitoring credit. My monitoring period will begin or restart at the date a valid permit is issued by DMV. Additional fees will be incurred if I do not meet my interlock requirement during the court probation period. * _____

VASAP CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION - GENERAL

Probationer: _____

(Your Name)

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.

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]

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