

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

Community Service Application

Community Service suspension fees are due at the time of your enrollment. Fees are based on the number of hours required. Fees are charged as follows:

1-8 hours	\$75	76-100 hours	\$175
9-25 hours	\$100	101-200 hours	\$200
26-50 hours	\$125	201+ hours	\$1.00 per hour
51-75 hours	\$150		

A court referral form is required to verify the number of community service hours required.

Payment may be made in the form of credit card or money order (made payable to John Tyler ASAP). Credit card payments can be made in person or online at vasap.virginiainteractive.org. Cash and personal checks are not accepted. All fees are non-refundable.

As fees are non-refundable, please be sure that you are aware of all costs and requirements of the program prior to enrolling for Community Service.

I, _____ have reviewed the program requirements and am aware that fees for this
(Printed Name)

program are due at enrollment and are non-refundable.

(Signature)

(Date)

Upon completion of enrollment, you will be provided a copy of the Information sheet (page 4) and Worksite Log Record (page 5). The information sheet will provide you with further instructions. You will also be assigned to a case manager that will be available to assist you should you have any questions. Upon completion of the required community service hours you (at your request) and your court will receive a letter from this office stating that the required community service hours have been satisfied. You will need to contact your court to see if any additional hearings or requirements remain.

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

Community Service Application

Name: _____,
(LAST) (FIRST) (MIDDLE)

SSN: _____ Driver's License #: _____

Gender: Male / Female / Other Date of Birth: _____ Race/Ethnicity: _____

Address: _____
(Street/P.O. Box)

City/County: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____ (____) _____ - _____ (____) _____ - _____
CELL HOME WORK

Email address: _____@_____.

Court Information: Court Referral Form Required

Court Jurisdiction: _____

Return Court Date: _____

Please Remember

- You are responsible for the ASAP Community Service Supervision Fee
- Fees are determined based on the number of community service hours required.
- Payment in the form of credit card or money order (made payable to John Tyler ASAP) is due at enrollment.
 - Credit card payments can be made online at vasap.virginiainteractive.org.
 - Case and checks are NOT accepted.
 - All fees are non-refundable.
- By court order or voluntary enrollment, you have requested to enroll with John Tyler ASAP to complete community service in lieu of court ordered fines or other penalties. For successful completion, you must pay all fees and complete all hours within a given time frame.
- You are responsible for securing a worksite location and getting it approved by John Tyler ASAP.
 - You are responsible for returning the Worksite Log Report to your case manager.

I have read and understand the above. _____
(Signature) (Date)

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

Community Service Application – Information Sheet

You have been referred by the court. You are required to complete your assigned work hours under the supervision of John Tyler ASAP. Supervision fees are due at the time of your enrollment.

You are required to contact your case manager within 5 working days of enrolling with John Tyler ASAP to approve your worksite location(s). Your worksite location must be a non-profit community service organization. Acceptable sites include hospitals, animal shelters, social service community programs, or similar programs. You may not be affiliated in any way to the worksite, employed by the worksite, or receive any compensation for the work you perform.

Unless otherwise approved or noted, you are required to complete your community service work hours within 30-days of the worksite approval by your case manager. Attached is your worksite log to be completed by the worksite supervisor. You are responsible for returning the completed worksite log to your case manager.

Upon completion of the required community service hours you (at your request) and your court will receive a letter from this office stating the required community service hours have been satisfied. You will then need to contact the court so that they can update their records. Please allow 7-10 days for your letter to be completed once we have received your completed worksite log. All hours are verified prior to notifying the court of your community service completion.

Sincerely,

John Tyler ASAP.

Your assigned case manager is: _____

Chester/Henrico Office Contact Number: 804-914-2181

Community Service Referral and Worksite Log

VASAP CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION - INDIVIDUAL

Probationer: _____ **Date of Birth:** _____
(nombre) (Fecha de nacimiento)

I hereby grant the Virginia Alcohol Safety Action Program (VASAP) consent to exchange information with the following individual(s):

(Full Name) (nombre de la persona a dar informacion) (Assigned Password) (contraseña)

for the purpose of informing them, upon their request, of all information pertaining to my participation in ASAP to which they would not otherwise be legally entitled.

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.

This Consent for the Release of Confidential Information shall expire automatically upon termination of my ASAP participation. 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** _____
(día) (mes) (año)

Participant's Signature: _____
(firma)

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.