

The Awareness Group

45926 Oasis St
Indio, California 92201
760.342.1233
Fax 760.342.5344

1445 N Sunrise Way Suite 103
Palm Springs, California 92262
760.322.4554
Fax 760.342.5344

CONSENT FOR RELEASE OF INFORMATION

I, _____ authorize The Awareness Group to disclose to the
(Name of participant)
referring Court, referring agency, my attorney, probation, parole, and/or the DMV reports on program enrollment, participation, payments, transfer, and completion. In the event of my transfer from the Awareness Program, this consent includes a release of information to and from the transfer program. The purpose or need for such disclosure is to provide the Court and other agencies with information regarding program progress, attendance, dismissal, or completion.

In the event that I transfer out, I understand it is my responsibility to notify The Awareness Group of my enrollment in the approved program within twenty-one (21) days. Failure to do so will result in my referral back to court.

I understand that my records are protected under the Federal and State Confidentiality Regulations (42 CFR Part 2/45 CFR Pts. 160 & 164) and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and in any event this consent expires automatically as described below.

Specification of the date, event, or condition upon which this consent expires:

_____ End of Court Probation or Upon File Destruction _____

We are unable to release information about your case to anyone without your written approval. Please add name of additional agency or person you would like to authorize for disclosure including anyone authorized to make payments on your account. Please specify information to be disclosed:

Name purpose of disclosure

Name purpose of disclosure Effective: _____ (Date)

Signature of Participant

Staff Signature

Awareness Group Intake Assessment

Please fill out this information as completely as possible. Without your correct name, address, violation date, or driver's license number we may be unable to notify the DMV of your enrollment or contact you with important information regarding your case.

Date: _____

Name: _____
Last First Middle

Mailing Address: _____
Number, Street, and Apartment/Space/Unit #

_____ City State Zip

Best phone number to reach you: () _____ Email Address: _____

It is the responsibility of the participant to notify the program of any change of address immediately. By providing a phone number/email you consent for us to contact you via these methods regarding your case.

Personal and Case Information

Ethnicity: _____ Gender: _____ Age: _____ Date of Birth: _____

Marital Status (Circle One): Married Single Divorced Widowed Separated

In Case of Emergency Notify: _____

Relationship: _____ Telephone Number: () _____

Driver's License/ID Number: _____ Attorney (Name): _____

Court: _____ Case Number: _____

Date of Arrest: _____ Blood Alcohol Level: _____ Date of Conviction: _____

Employment Information

Are you currently employed? _____ If yes: Full Time _____ Part Time _____

If unemployed: Is it because of the current DUI arrest/conviction? _____

What is your profession? _____

During the past 12 months what was your primary source(s) of income? (Check all that apply)

Employment _____ Social Security/Retirement Benefits _____
Unemployment Benefits _____ Welfare (Specify type of aid) _____

Other (Please Specify) _____

Legal/Drug and Alcohol History

Is this your first DUI? _____ If not, how many DUIs have you had in your lifetime? _____

Have you made any changes in your alcohol/drug use since this DUI? _____

What changes have you made? _____

Was there an accident involved in your arrest? _____ If yes, was anyone injured? _____

When was the last time you used alcohol? _____ Other drugs? _____

At what age did you first use: alcohol _____ other drugs _____ other drugs used: _____

_____ How often? _____

Do you have prior alcohol/drug arrests? (List dates and offenses) _____

Do you have prior alcohol/drug treatment? (List type of treatment, dates, and location where services were received) _____

Are you currently on Parole? _____ Probation? _____ (If yes, circle one) Summary OR Formal

Are you currently waiting on a court hearing or sentencing? _____ If so, for what? _____

_____ Do you have an IID on your vehicle? _____

Family History

What is your family history of alcohol and other drug problems? _____ None _____ Mother

_____ Father _____ Grandparents _____ Siblings

Explain: _____

Health Information

Are you presently under a doctor's care? _____ If yes, for what? _____

Do you have any chronic medical conditions which interfere with your life/daily activities? _____

If yes, please describe: _____

Are you taking any prescribed medications on a regular basis for this condition? _____ If yes, please list:

Have you ever experienced blackouts YES __ NO__ or hangovers YES __ NO__ from drinking?

Short Michigan Alcoholism/Substance Abuse Screening Test (SMAST)

The following questions are about your involvement with alcohol and/or other drugs **DURING THE LAST 12 MONTHS**. Carefully read each question and decide if your answer is “YES” or “NO”. Then, check the appropriate box beside the question.

	YES	NO
1. Do you feel that you are a normal drinker/user? (By normal we mean do you drink or use drugs not at all, less than, or as much as most other people.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking/drug use?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever feel guilty about your drinking/drug use?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do friends or relatives think you are a normal drinker/drug user? (By normal we mean do your relatives think you drink/use drugs not at all, less than, or as much as most other people.)	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you able to stop drinking / using drugs when you want to?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever attended a meeting of Alcoholics Anonymous (AA), Narcotics Anonymous, or another self-help meeting group related to substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has your drinking/drug use ever created problems between you and your spouse, a parent, or other near relative?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever gotten into trouble at work because of your drinking / drug use?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever gone to anyone for help about your drinking/drug use?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been in a hospital because of drinking/drug use?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever been arrested for DUI (Driving Under the Influence of alcohol or other drugs)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever been arrested because of other drunken /drug use behaviors?	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (optional) _____
