DRIVER INTERVENTION PROGRAM REGISTRATION

Health Recovery Services, 224 Columbus Road, Athens, OH 45701

740-589-3680

The Driver's Intervention Program (DIP) offered by Health Recovery Services, Inc. (HRS) is a complete 72-hour residential program that satisfies requirements for the state mandated minimum of three days in jail for the DUI/OMVI offender. The program will take place at Baymont Inn in Athens, Ohio. The cost of DIP is $370. You may register in person, by mail or over the phone at least one day prior to the program date that you wish to attend. We accept cash, Visa, MasterCard or money orders. **No personal checks will be accepted**. If you cannot afford to pay in full at the time of registration, you may set up a payment plan at our Athens or Hocking County Health Recovery Services offices. If an emergency arises and you cannot attend the program you are scheduled for: (1) Contact the court (2) Contact HRS to reschedule. There will be a $100.00 rescheduling fee. **NO REFUNDS**. If you do not attend the program for which you are scheduled and you have not followed the above procedure for rescheduling before the program begins, you forfeit your $370.00.

PAYMENT PLAN OPTION: A minimum deposit of $75.00 **MUST** be received at the time of registration. For each additional payment, there must be a minimum payment of $25.00. You must pick one of the next three scheduled DIP programs to attend. All payments must be received by **noon** on the program date to be able to attend program. If program is not paid in full, or you choose to re-schedule the program, there will be $100.00 re-scheduling fee.

Name_____ Last First Middle Initial Payment Plan Yes_____ No_____	Court attended: (Please include address & contact name)
Street	Blood Alcohol Content
City State	Is this your first DUI offense? Yes___ No___ If no, how many? _____
Zip County	Phone #: ( )
SS# _____ Date of Birth _____Age_____ Gender _____	Emergency Contact Name: Address: Phone #: ( )
What is your Race ___American Indian/Alaska Native ___White ___Asian ___Native Hawaiian Pacific Island ___African-American ___More than one Race ___Other ___Unknown	What is your Ethnicity ___Not Hispanic or Latino ___Hispanic or Latino ___Unknown
Are you under a Doctor's care? Yes_____No_____ Do you need to take Medication (Prescription or Over the Counter)? Yes_____No_____ Are you currently pregnant? Yes_____No_____	Have you ever-received services at HRS? Yes_____No____ If yes, when_____ Number of DIP Programs ever attended? _____
Do you have known Allergies or Food Reactions? Yes_____No_____ Do you have any Special Dietary Requirements? Yes____No____	Do you have any of the following disabilities? ___vision impaired ___neurological dysfunction with mobility impairment ___epileptic symptoms ___mental illness ___deaf/hearing impaired ___dyslexic/learning disabled ___mental retardation ___diabetic ___other
Do any of the following apply to you? ___physically impaired ___mentally impaired ___sensory impaired ___speech impaired ___English as a second language ___none of the above/unknown	Do you receive any of the following? (Indigence) ___Medicaid number _____ ___TANF number _____ ___SSI (Supplemental Security Insurance) ___SSDI (Social Security Disability Income) ___Other indigent (Must have affidavit of indigence on file
Notice: Baggage and Materials brought to the Driver Intervention Program shall be inspected to ascertain that they do not contain contraband, which includes, at a minimum, illegal drugs, alcohol, and/or firearms.	
I agree to pay a $100.00 rescheduling fee if I do not attend the program I have registered for_____(Initials)	
Client Signature	Date
Program Date	Receipt #
Registration completed by (staff)	Phone Registration_____ In person Registration____ Mail Registration____

REV 8/09 Health Recovery Services, Inc. is administered and will continue to be conducted pursuant to the provisions of Title VI of the Civil Rights Act of 1964. That no person in the United States will be excluded from participation in, be denied benefit of, or be subjected to discrimination under such program (s) as conducted by HRS, on the grounds of race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap or developmental disability.