



**ROCK COUNTY HUMAN SERVICES
INTOXICATED DRIVER PROGRAM**

PO Box 1649, 303 West Court Street
Janesville, WI 53547
Phone: (608) 743-2402
Fax: (608) 743-2406

Instructions for Intoxicated Driver Program (IDP) Registration Form:

1. Print out and complete the IDP Program Registration form found on the website.
2. The IDP assessment fee is \$300.00. Please contact the IDP office at (608) 743-2402 to see if you owe any additional no show or late cancellation fees.
3. Make the **check or money order** for the appropriate amount payable to **Rock County Human Services**.
4. **Mail check or money order and the completed registration form to:**

Intoxicated Driver Program
PO Box 1649
Janesville, WI 53547-1649.
5. **Call our office five days after mailing** the form and payment to schedule your appointment.

The Intoxicated Driver Program phone number is (608) 743-2402

STAFF USE ONLY

DATE OF REQUEST _____ CLIENT NUMBER _____ DATE OF ADMISSION _____

INFORMATION ABOUT YOU

NAME (Last, First, MI) _____ MAIDEN/OTHER _____

DATE OF BIRTH _____ SEX _____ RACE _____ SOCIAL SECURITY NUMBER _____

MARITAL STATUS SINGLE MARRIED DIVORCED SEPARATED WIDOWED

WHAT IS YOUR ADDRESS?

PHONE NUMBER: _____ MESSAGE PHONE: _____

ADDRESS (Street, City, Zip Code) _____

ROCK COUNTY RESIDENT YES NO

ARE YOU ON SUPERVISION WITH THE DEPARTMENT OF CORRECTIONS?

PROBATION/PAROLE YES NO AGENT NAME _____

IN CASE OF AN EMERGENCY, WHO WOULD YOU LIKE US TO CONTACT?

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

TREATMENT HISTORY – PLEASE LIST WHEN YOU RECEIVED AODA TREATMENT AND THE NAME AND ADDRESS OF THE FACILITY/AGENCY

CURRENTLY IN TREATMENT YES NO IF YES, WHERE _____

PREVIOUS TREATMENT HISTORY _____

COURT/ARREST INFORMATION – PLEASE PROVIDE INFORMATION REGARDING YOUR MOST RECENT OWI

DRIVER LICENSE NUMBER _____

DATE OF ARREST _____ DATE OF CONVICTION _____ BAC LEVEL _____

COURT OF CONVICTION _____

CITATION NUMBER _____ COURT CASE NUMBER _____ NUMBER OF LIFETIME OWIS _____

STAFF USE ONLY

APPOINTMENT WITH	_____	DATE	_____	TIME	_____
APPOINTMENT WITH	_____	DATE	_____	TIME	_____
APPOINTMENT WITH	_____	DATE	_____	TIME	_____
APPOINTMENT WITH	_____	DATE	_____	TIME	_____

Client Informed of 'No Show' Fee

REASON FOR ASSESSMENT (DESCRIBE the reason for requesting services):

PLEASE COMPLETE THIS SECTION

- EDUCATION: 01-11=Highest Grade Completed _____
 12=High School Diploma or GED
 14=Some Post High School Education
 16=Bachelor's Degree
 18=Advanced Degree

NUMBER OF ARRESTS IN THE PAST 30 DAYS: _____

- LIVING ARRANGEMENT: 01=Street, shelter, no fixed address, homeless
 02=Adults, private residence or household; living alone or with others without supervision; includes persons age 18 and older living with parents
 03=Supported or semi-supervised residence
 04=Specialized facility with on-site supervision
 05=Onsite supervision
 06=Jail or correctional facility
 07=Children under age 18 living with parents

- EMPLOYMENT: 1=Employed full time 35+ Hrs/Wk
 2=Employed Part Time <35 Hrs/Wk
 3=Unemployed looking for work in past 30 days
 4=Unemployed not looking for work in past 30 days
 5=Not in labor force-homemaker
 6=Not in labor force-student
 7=Not in labor force-retired
 8=Not in labor force-disabled
 9=Not in labor force-inmate of jail, prison, or other institution

OUTPATIENT TREATMENT CONSENT

I hereby authorize and consent to an alcohol/drug assessment at a Rock County outpatient facility.

No guarantees or specific assurances have been made to me as to the results of assessments or treatment provided.

CLIENT SIGNATURE _____ DATE _____

OTHER AUTHORIZED SIGNATURE _____