



**ROCK COUNTY HUMAN SERVICES
INTOXICATED DRIVER PROGRAM**

PO Box 1649 - Suite 210

Janesville, WI 53547

Phone: (608) 743-2402

Fax: (608) 743-2406

Instructions for Intoxicated Driver Program (IDP) Registration Form:

1. Print out and complete this IDP Program Registration form and material. If you do not have a printer, please call our office at 608-743-2402 to have it mailed to you.
2. The IDP assessment fee is \$300.00.
3. Please make a **check or money order** for \$300.00 payable to **Rock County Human Services**.
4. **Mail check or money order and the completed registration forms to:**

Intoxicated Driver Program
PO Box 1649 - Suite 210
Janesville, WI 53547

OR

Drop off at our office located at:

1717 Center Ave
Janesville, WI 53546

5. **Call our office five days after mailing** the form and payment to schedule your appointment.

If you reach our voicemail, please leave a message with your name (please spell), phone number, and a good time to call you back. Thank you!

Note: If you do not have the court and arrest information asked for on the registration form, please at least include your driver's license or Wisconsin state I.D. number.

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	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> WIDOWED

WHAT IS YOUR ADDRESS?	
ADDRESS (Street) _____	_____
CITY, STATE, ZIP _____	_____
PHONE NUMBER _____	_____
ROCK COUNTY RESIDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO
EMAIL ADDRESS:	_____

ARE YOU ON SUPERVISION WITH THE DEPARTMENT OF CORRECTIONS?	
PROBATION/PAROLE	<input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> YES <input type="checkbox"/> 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 DMV CT SELF

Client Informed of appointment location Client informed of Ins/\$110 fee

Fee Paid: _____ \$ Ins Coverage: ___ Yes ___ No

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 SUPPORT GROUP MEETINGS ATTENDED IN THE PAST 30 DAYS: _____

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 onsite 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

CURRENTLY PREGNANT: YES NO

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 _____