MT. ROGERS CDAP AGREEMENT TO PARTICIPATE

As a result of your court appearance you have been referred to the Mt. Rogers Alcohol Safety Action Program Court Diversion Alternatives Program (CDAP). This programs designed to provide probation and intervention services to the courts. As part of your ASAP participation it is important that you understand and accept the following requirements:

1. I understand the Court has assessed a fee for my participation in the program. I understand that failure to pay the court assessed fee is a violation of the terms of probation. I further understand the fees are non-refundable.

2. I am required to advise my case manager of any changes in address, phone number or other change that affects my situation.

3. I understand that I am to be truthful and cooperative with all ASAP personnel and to agencies to which I am referred by the ASAP.

4. I understand that I am to be totally free of alcohol whenever I am at the ASAP/CDAP office or any work site. I may also be required to submit to drug screening. ALL WORK SITES ARE ALCOHOL AND DRUG FREE.

5. I understand that I am to contact my CDAP case manager immediately if I am unable to complete the program at the agency to which I am referred.

6. I understand that any violation of these terms of probation could result in my case being returned to court for non-compliance and the imposition of sanctions previously suspended by the court.

7. I understand that I am required to attend all appointments scheduled by the agency.

8. I understand that I may not use and illegal drugs or take prescription medications not prescribed for by a physician.

9 . I will VERIFY that reports on my enrollment and completion of Community Service are returned to the Mt. Rogers ASAP/CDAP. **TIME SHEETS ARE TO BE TURNED IN EVERY OTHER WEEK. THEY CAN BE FAX, MAILED OR BROUGHT BY THE OFFICE**.

10. Absences from work sites must be reported immediately. I understand that I am required to attend all sessions. Absences will be excused for sickness and death of an immediate family member. Documentation must be provided to your Case Manager. I MUST BE ON TIME for all scheduled community service.

11. If I have any questions concerning my participation, I will contact my Case Manager at 276-783-7771.

By my signature below I acknowledge receipt of these Terms of Probation and agree to the conditions set forth.

_____ _____

Signature of Probationer Date

Mt. Rogers CDAP/Community Service Intake Information

Name:_____ Charge/Conviction:_____

Number of Community Service hours ordered by the Court:_____

Mailing Address:_____

Residence Street Address:_____

SS#:_____ DOB:_____Phone#:_____

Sex:_____Race:_____Age:_____Education:_____

Employer:_____

Days:_____ Hours:_____

Are you a student?_____ Where:_____ Days:_____

Do you have any disabilities or physical limitations that need to be considered:_____

What are they:_____

Do you have any Infectious or Communicable Diseases?_____

Do you have a history of violent behavior?_____

Have you been charged or convicted of any Criminal charges?_____

What times and days are you available for community service?_____

_____

Comments:_____

_____

_____ _____

Case Manager Date

VASAP CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION - GENERAL

Probationer: _____ **Date of Birth:** _____

I hereby grant the Virginia Alcohol Safety Action Program (VASAP) consent to exchange information related to my ASAP requirements with:

- the court of record/referral
- the Commonwealth Attorney's office
- attorney(s) of record
- local, state and federal law enforcement agencies
- other criminal justice entities
- the Virginia Department of Motor Vehicles
- applicable VASAP ignition interlock service providers
- other (specify) CDAP

☐ I understand that I am being referred to the Alcohol Safety Action Program **by a court.** Information concerning my participation will be reported to the court, and my consent for that purpose will terminate upon successful completion of my ASAP probation. In the event of noncompliance, this Consent for Release of Confidential Information will not expire until the referring court formally terminates the Alcohol Safety Action Program's oversight of the case.

☐ I understand that I am enrolling in the Alcohol Safety Action Program to complete a DMV requirement. This Consent for the Release of Confidential Information shall expire automatically upon termination of my ASAP participation.

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. 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**_____

Participant's Signature: _____

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.

COMMUNITY SERVICE OUT OF AREA WORKSITE REQUEST FORM
AGENCY MUST BE NON-PROFIT

NAME:_____

COUNTY OF RESIDENCE:_____

You may choose from your local chapter of one of the following non-profit community service worksites:

THE AMERICAN RED CROSS, THE SALVATION ARMY, SPECIAL OLYMPICS, THE AMERICAN CANCER SOCIETY, YMCA, THE UNITED WAY, AMERICAN HEART ASSOCIATION, HABITAT FOR HUMANITY, SHRINES, VETERANS OF FOREIGN WARS (VFW), SECOND HARVEST, NATIONAL PARKS, GOODWILL, THE HUMANE SOCIETY OR YOUR LOCAL PUBLIC LIBRARY.

You must choose one of these worksites within (30) days and have it approved by our agency prior to performing any work hours. You may not change worksites without approval from our agency. All community service work must be done in person at the facility.

Please indicate below which organization you would like to use as your worksite. Worksites must be able to accommodate a minimum of eight (8) hours per week. Depending on your situation, you may need to work more hours each week in order to complete total number of hours prior to the date the court has set of your completion.

Prior to submitting this form, you must have contacted the agency and confirm that they will accept you as a community service worker and can accommodate eight (8) hours of work per week.

Worksite:_____

Contact Person:_____

Address:_____

_____

Phone:_____

Fax:_____

MT ROGERS ASAP/CDAP
730 SOUTH VIEW DRIVE, MARION, VA 24354
PHONE: 276-783-7771
FAX: 276-783-7855

NAME:_____

ORGANIZATION: MUST BE NON-PROFIT

_____

TIME REPORTING:_____

HOURS ORDERED_____

COMPLETION DATE:_____

EVALUATION

	EXCELLENT	GOOD	FAIR	POOR
DEPENDABILITY				
PUNCTUALITY				
INITIATIVE				
ATTITUDE				
FOLLOWS DIRECTION				

Please fax or mail to VASAP/CDAP upon completion

COMMENTS:_____

_____

_____

_____

_____

_____

_____

_____

By signing this form I certify the above has completed the stated hours of community service.

SUPERVISOR:_____

DATE_____ **ADDRESS:**_____

PHONE NUMBER:_____

TIME REPORTING

NAME: _____

DATE	HOURS	DATE	HOURS	TOTAL HOURS WORKOUT
TOTAL				

Please use this form to keep up with the total number of hours worked each day and submit it to the VASAP/CDAP office when he/she completes along with an evaluation.

Supervisor needs to initial each day worked.

THE ORGANIZATION THEY ARE COMPLETING HOURS WITH MUST BE NON PROFIT.