



Addictions Treatment Services  
320 N Eisenhower Ave  
Mason City, Iowa 50401  
(641)424-2391

## Prairie Ridge Intoxicated Driver Education Jail Diversion Program (PRIDE)

Dear PRIDE Program Participant,

You have been allowed, as a requirement of your sentence, to participate in Prairie Ridge's Two-Day OWI Program.

Enclosed are the registration materials needed to attend the program. Please fill out pages 4 and 5 and bring them with you to the program.

Failure to complete all forms and return them in a timely fashion for the course date that you selected could result in a delay of notification to the court in the county where you received your sentence.

Payment in full (\$400 for double rooms, \$500 for single rooms) must be received by Prairie Ridge no later than 5 p.m. the Friday one week before the program date, unless otherwise approved. In order to guarantee a refund, ANY CANCELLATIONS MUST BE RECEIVED BY THIS TIME ALSO.

If you have any further questions, contact Prairie Ridge at (641)424-2391. There is also additional information at [www.prairieridge.net](http://www.prairieridge.net).

## **RULES AND REGULATIONS FOR STUDENT CONDUCT**

Failure to complete the program or dismissal from the program will result in notification of the court where you were sentenced and notification to your probation officer. You will not be able to get your driver's license reinstated.

Prairie Ridge classes are held at the **Holiday Inn Express, 3041 4th St SW, Mason City, IA 50401**

- In case of emergency, the Holiday Inn Express phone number is (641)424-1200.
- Check-in is at **5:00 p.m.** Late arrivals will not be admitted into the program.
- When arriving, check in at the front desk for directions to the classroom. Your room assignments will be made once you register with Prairie Ridge staff members.
- There will not be a lot of free time. **Sessions run from 6:00-10:00 p.m. Friday; 8:00 a.m. – 8:00 p.m. Saturday; and 8:00 a.m. – 5:00 p.m. Sunday.** During breaks and free time you must stay within eyesight of instructors unless other permission is granted. You will not be allowed to leave your room after being required to return for the evening. Participants will be able to smoke on site in the designated areas and at designated times only.
- Vaping, e-cigarettes, and smokeless tobacco products will not be allowed in the classroom. Any other use is subject to the policies of the Holiday Inn Express.
- **NOTE:** Supper will not be served on Friday night or Sunday night. You may bring a meal with you on Friday evening. All other meals will be provided. If you require a special diet, you must notify us in advance.
- You will be solely responsible for your own personal property. You and your luggage will be subject to search anytime during the program. If you bring prescription or non-prescription medicine for the weekend, it must be in the original container with the label attached.
- You may bring your cell phone with you however, you will be required to silence it during all sessions.
- You will be responsible for your hotel room. All rooms are **subject** to search during your stay, and all rooms will be inspected before you leave. There are soaps, towels, shampoo, coffee, and irons in each room.
- If you are handicapped and have special requirements, you must notify Prairie Ridge in advance.

- You may bring snacks, unopened soft drinks, and cigarettes.
- You must be to all sessions on time. Dress is casual, however, it must be appropriate. Remember to bring enough clothing and personal toiletry items for the weekend.
- Smoking is permitted on breaks. If any participant is found smoking in an area where smoking is prohibited, they will be immediately discharged from the program and assessed a minimum fee of \$500.
- **NO VISITORS ARE ALLOWED AT ANY TIME.**
- Sleeping areas will be divided for males and females. At no time will males and females be allowed to enter the room area of the opposite gender.
- Security is present for your protection as well as to maintain order. There will be security in the hotel all night each night.
- Loud TVs or music will not be tolerated.
- Loud or disruptive behavior will not be tolerated and will be cause for dismissal from the program. Any violation of rules or directions from staff or security personnel will result in immediate dismissal.
- In case of a weather cancellation, KIMT News 3 will be contacted.
- No weapons are allowed.
- Each participant is required to submit a Breathalyzer upon check-in. This program has a no tolerance policy for alcohol and other drugs. A positive breathalyzer test will result in immediate dismissal.
- **All rooms are double occupancy. Room assignments will be made by the instructors. If you have a condition that causes you to need a single occupancy room, there will be an additional \$100 fee in order to accommodate single occupancy rooms.**

REMEMBER, for most participants, this weekend counts towards two (2) days of jail time. If you feel we are being too restrictive, we invite you to try the alternative.

Signature \_\_\_\_\_

**REGISTRATION/INFORMATION FORM**

Date of Program \_\_\_\_\_

Please PRINT:

Name \_\_\_\_\_  
                    LAST                                    FIRST                                    M.I.

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_      Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Iowa Driver's License Number \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MALE       FEMALE

Please Check ONE:  White     Hispanic     African American     Asian  
 American Indian       Other \_\_\_\_\_

County of Arrest \_\_\_\_\_ Court Case # \_\_\_\_\_

Have you ever taken this program or the 12-hour Prime for Life Class before?

YES       NO      If yes, when? \_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you require any special accommodations because of a disability, including dietary needs?

YES  NO

If yes, please explain \_\_\_\_\_

## PRELIMINARY HEALTH QUESTIONNAIRE

This information is required for your protection and the protection of others.  
Pursuant to Section 22.7(1), Code of Iowa, your responses will remain CONFIDENTIAL.

Name \_\_\_\_\_  
LAST FIRST M.I.

1. Are you currently ill?  YES  NO

If yes, what is the illness and how long have you been ill?

\_\_\_\_\_

2. Are you currently taking medication?  YES  NO

If so, what? \_\_\_\_\_

3. Are you injured?  YES  NO

If so, what type of injury? \_\_\_\_\_

4. Do you now have any of the following?

Seizures       Asthma       Heart Disease       Diabetes

Communicable Disease       Other \_\_\_\_\_

5. Have you ever been treated for a mental condition?  YES  NO

When? \_\_\_\_\_ Where? \_\_\_\_\_

6. Are you now, or have you ever been, suicidal?  YES  NO

7. Do you smoke cigarettes?  YES  NO

**The PRIDE Program shall not illegally discriminate on the basis of race, color, national origin, creed, religion, gender, age, or disability.**