

# ALCOHOL EDUCATION PROGRAM REGISTRATION

*Welcome to STEPS at Liberty Center!*

The Alcohol Education Program (AEP) is designed to provide an alternative to incarceration to individuals who have been arrested for drinking or drug related driving offenses while offering screening and education about alcohol and other drug use in a caring and professional environment.

*We appreciate you selecting STEPS for your Alcohol Education Program.*

Name: \_\_\_\_\_ Sex: M F Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Ethnicity-** Please check below:

Caucasian \_\_\_\_\_

African Am. \_\_\_\_\_

Asian \_\_\_\_\_

Hispanic \_\_\_\_\_

Native Am. \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Your Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Your SSN: \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

The program will involve lectures, videos, group activities and individual questionnaires. Will you need reading and writing assistance during the program or interpretation services? Yes or No

If Yes, Please explain: \_\_\_\_\_

(All information is kept strictly confidential)

## YOUR COURT INFORMATION

**(Please complete) Bring in all court documents, copy of ticket, B.A.C., & photo ID at time of payment.**

Which court referred you to this program \_\_\_\_\_

Probation Officer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Date/Time of Arrest \_\_\_\_\_ Reason police stopped you? \_\_\_\_\_

Original Charge by Police? \_\_\_\_\_ BAC at time of arrest? \_\_\_\_\_

Sentencing date: \_\_\_\_\_ Court Case Number: \_\_\_\_\_

Final Charge? \_\_\_\_\_ Previous DUI charges: (Y) (N) If Yes, How many? \_\_\_\_\_

Turn Page Over

## HEALTH HISTORY

Please describe any physical disabilities that we need to be aware of so we may make your stay as comfortable as possible. \_\_\_\_\_

**Dietary Restrictions?** Yes \_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_

**Please list any food allergies?** \_\_\_\_\_

**Are you a vegetarian?** Yes or No

**Are you a smoker?** Yes or No

Please describe any history of serious health problems (illnesses, accidents, operations): \_\_\_\_\_

Please describe any health problems for which you are currently being treated: \_\_\_\_\_

Please list any medications you are currently taking: \_\_\_\_\_

Please describe your sleeping habits (Number of hours, loud snoring, difficulty getting to sleep? \_\_\_\_\_

## PSYCHOLOGICAL

Have you ever been treated for emotional or mental problems? Yes \_\_\_\_ No \_\_\_\_

Have you ever been to a Psychologist or Psychiatrist? Yes \_\_\_\_ No \_\_\_\_

Do you get severely anxious? Yes \_\_\_\_ No \_\_\_\_

Do you have difficulty controlling emotions such as anger? Yes \_\_\_\_ No \_\_\_\_

Do you ever get seriously depressed? Yes \_\_\_\_ No \_\_\_\_

Have you ever attempted to take your own life? Yes \_\_\_\_ No \_\_\_\_

Are you currently taking medications for any of the above? Yes \_\_\_\_ No \_\_\_\_

## EMERGENCY CONTACT VERIFICATION

I affirm that the name, address and phone numbers I provided for my emergency contact is current and accurate. If not, I have indicated the changes on the reverse side and initialed my changes.

**PAYMENT OF \$350 PAYABLE BY CHECK, MONEY ORDER, CASHIERS CHECK OR CREDIT CARD ONLY – NO CASH PAYMENTS ACCEPTED. PERSONAL CHECKS MUST HAVE TIME TO CLEAR THE BANK BEFORE THE DATE OF THE SCHEDULED PROGRAM.**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**