



STEPS at Liberty Center
72 Hour Alcohol Education Program
Acknowledgment Form

Printed Client Name _____

By signing below I acknowledge the following:

- I will pay \$350.00 for the Alcohol Education Program (AEP).
Checks payable to **LLC** (Liberty Center Connections)
- I have received a copy of the education curriculum for the AEP.
- I have received the AEP program rules and or expectations.
- I have received the program's client rights and grievance procedures.
- I have received a written summary of the Federal Laws and regulations pertaining to the confidentiality of client records as required by 42 C.F.R., Part 2.
- I understand that STEPS @ Liberty Center provides services to individuals and their families who have experienced problems due alcohol and/or other drug use. I further understand that the staff members and AEP consultants are trained to provide appropriate services and treatment as needed in this area. My signature below indicates that I am agreeing to services as offered by STEPS @ Liberty Center.

Client's Signature _____

Date of Client's Signature _____

OFFICE USE ONLY:

Registered Program Date: _____

STEPS Client (former or current): **Yes** or **No**

Dates of Service: _____

STEPS Case Number: _____ Counselor: _____

Fee paid: **Yes** or **No**

Amount: \$\$ _____ Check #: _____
 Credit Card (circle): VISA MasterCard Discover
 Money Order#/Cashier's Check#: _____

Date forwarded to Prevention Office: _____

Staff Signature: _____

* Support Staff, Please retain this form for client file.

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: _____ Gender: M F Today's Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

County: _____ Age: _____ Date of Birth: _____

Your Home Phone: _____ Cell Phone: _____

Your SSN: _____ Height: _____ Weight: _____

Education: High Diploma (Year) _____ GED (Year) _____ College _____

Employer: _____ Number of years: _____

Work Phone: _____

Ethnicity- Please check below:

<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian
<input type="checkbox"/> African American	<input type="checkbox"/> Native American
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other _____

Email Address: (optional) _____

Registered Program Date: _____

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

Which court referred you to this program: _____

Probation Officer's Name: _____ Phone/FAX: _____

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? _____

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.

Client Signature

Date



CONSENT FOR THE RELEASE OF INFORMATION FROM STEPS

*I, _____, hereby consent to communication from
 (Name of client)
STEPS at Liberty Center to * _____.
 (Name of entity to whom information is to be released)

*The purpose of and need for disclosure is Order of the Court

*The extent of information to be disclosed is:

- | | | | |
|--|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Insight report | <input type="checkbox"/> Status | <input type="checkbox"/> AOD use history | <input type="checkbox"/> Assessment |
| <input checked="" type="checkbox"/> AEP report | <input type="checkbox"/> Diagnosis | <input type="checkbox"/> TX recommendations | <input type="checkbox"/> TX history |
| <input type="checkbox"/> TX summary | <input type="checkbox"/> Prognosis | <input type="checkbox"/> Compliance (w attendance, drug screens & financial) | |
| <input type="checkbox"/> Other _____ | | | |

*Amount of information to be disclosed:

- Information covering the previous three months
 Information covering the most recent admission
 Other amount of information

*I understand that this consent will remain in effect until:

Either ninety days from the date of my signature or 180 days if I initial the following box

(Initials) (Initials in box)

(Specify other time period or condition/event when consent can be revoked or expires)

I understand that the information disclosed is protected by law and may not be re-disclosed without my written authorization or as otherwise authorized by law; however, I understand that STEPS at Liberty Center cannot control the above entity's use of the information.

I understand that my treatment, payment for my services, my enrollment or eligibility for benefits cannot be conditioned upon my giving authorization for disclosure of information FOR ANY OTHER PURPOSE.

* _____ * _____
Signature of Client – (required for all clients including minors) (Date)

 If appropriate, signature of **parent/guardian/personal representative** (with (Date)
 description of relationship and authority to act on behalf of client – required for all minors).

* _____ * _____
Signature of provider staff person facilitating request for disclosure of information. (Date)

REVOCACTION This authorization is subject to revocation at any time except to the extent the program or person who is making the disclosure has already acted in reliance upon it. Drug and/or alcohol clients can revoke consent either verbally or in writing.

I hereby revoke consent _____ in writing _____ verbally. Time if verbally revoked _____

Date: ____/____/____. _____
 (Signature of client/parent/guardian or staff witness to verbal revocation)

***CLIENT GIVEN COPY** _____ (CLIENT INITIALS) *** CLIENT DECLINED** _____ (CLIENT INITIALS)

Prohibition Against Re-Disclosure: This information has been disclosed to you from records protected by Federal confidentiality rules. 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 C.F.R. Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.

Correspondence - 2014

*CLIENT BIRTHDATE: _____ *CASE # _____



STEPS at Liberty Center
72 Hour Alcohol Education Program
Acknowledgment Form

ALCOHOL EDUCATION PROGRAM
EMERGENCY MEDICAL CONTACT INFORMATION

In the event a medical emergency occurs while you are attending the Alcohol Education Program, staff will call 911 for assistance if deemed appropriate. The program is required to have a name, address and phone number of a person they should contact on your behalf in the event of a medical emergency. Staff will only provide the necessary information to qualified medical/911 personnel for a medical emergency and will notify your emergency contact person if you were transferred for outside medical care.

If you experience a medical emergency that requires treatment outside of the Alcohol Education Program during your 72 hour program, staff will discuss with you the alternatives in order to complete the 72 hour program.

My Emergency Contact Person Name: _____

Contact Address: _____

Home Phone: _____ Cell Phone: _____

I affirm the information above is true and accurate. I authorize the staff of the Alcohol Education Program to notify my Emergency Contact Person listed above in the event of a medical emergency.

Signature

Date

**YOU'LL BE GLAD TO READ THIS BEFORE COMING TO THE ALCOHOL
EDUCATION PROGRAM (AEP)**

PLEASE BRING

- A positive attitude: You'll find that the staff will treat you with respect and be supportive.
- **ONLY bring enough medication that you will need for the weekend, 3 DAYS (prescribed and/or over-the-counter) in the ORIGINAL container. YOU will have to count pills at Check-In and Check -Out.**
- It is suggested that you bring pain medication (Tylenol, ibuprofen, etc.) if you are likely to get headaches or other common aches and pains. Staff **CANNOT** dispense any medication to you other than what is yours. Only bring enough for the weekend.
- A towel, washcloth, flip flops or shower shoes and other toiletries that you may need.
- A heavy blanket during the fall/winter months and your favorite pillow. STEPS will provide a flat sheet, fitted sheet, pillowcase, pillow, and a light blanket.
- A cushion or pillow for your chair, there will be a lot of sitting and the chairs can become uncomfortable.
- Ear plugs, if you are a light sleeper.
- Your cigarettes (NO electronic cigarettes)
- Snacks and drinks, in the original **UNOPENED** container. You may want to bring \$15.00-\$20.00 to buy extra snacks at the Oasis.
- Name, address, phone, and FAX number of court or agency that we will need to get information to upon completion of this program.

PLEASE DO NOT BRING

- **Do NOT bring: ANY ELECTRONICS DEVICES, cell phones**, laptops, radios, alarm clock-radios, pagers, personal video players, MP3 players, video games, iPod, or any type of readers. If you bring any of these items they will be locked up for the weekend and given back to you Sunday prior to you leaving.
- **Do NOT bring:** Any personal care items that contains **alcohol:** mouth wash, after shave, perfumes, colognes, body spray, hand sanitizer, etc.

REMINDER

- Make arrangements **IN ADVANCE** to have a family member or support person here at STEPS on **Saturday from 1:00 PM to approximately 4:00 PM.**
- Remember to **eat dinner BEFORE** you arrive on Thursday at **5:30 PM.** First meal provided will be breakfast Friday morning.
- Should someone need to reach **you** for an emergency they can call **330-264-8498 ext. 218** and leave a message.
- Access to telephones during the 72 hour program is strictly prohibited unless it is an emergency. Calling someone to have them come on Saturday is **NOT** an emergency nor is calling someone to have them drop something off to you. We understand true emergencies happen and will address those on a case by case basis.

WAYNE COUNTY ALCOHOL EDUCATION PROGRAM INFORMATION SHEET

Due to your arrest/conviction for driving under the influence, you are being referred to participate in the Wayne County Alcohol Education Program (AEP). AEP is a 72 consecutive hour residential program that is intended to accomplish two goals:

1. To provide you with educational information about alcohol and alcohol abuse.
We hope the information will help you to make responsible choices about your own alcohol use, particularly as it relates to drinking and driving. A wide variety of information will be provided to you in many different forms including films, speakers and group sessions.
2. To assist you in gaining insight into your own alcohol use and the negative consequences associated with it. Information will be gathered from you using questionnaires, interviews with program staff and group sessions. At the end of the program, your facilitator will meet with you to share his/her perceptions and concerns about your alcohol use. **If your facilitator determines that you have established a harmful use pattern, a recommendation for additional treatment beyond the Alcohol Education Program will be made to your referring court. The conclusion of the AEP may or may not be the conclusion of your court or agency involvement.**

WHAT'S THE NEXT STEP?

1. **REGISTRATION:** You must register for the Alcohol Education Program by signing up **in person** at STEPS. STEPS is open for registration **Monday, Tuesday and Thursday from 8:00 a.m. – 7:00 p.m. and on Wednesday and Friday from 8:00 a.m. – 4:00 p.m.** or by visiting our website at www.libertycenterconnections.org.

You will need to present **ALL** of your court documents (Court order with Case number, copy of your ticket and Photo ID) at the time of initial registration along with **payment**. Further registration process for AEP will take place on the second floor of the Gault Liberty Center, located at 104 Spink Street as you arrive for the program. At the time of registration, please plan to spend 20-25 minutes completing the necessary forms. **TOTAL COST OF THE PROGRAM IS \$350.00. The entire AEP fee must be paid by personal check, Cashier's Check, money order or credit card on the day of registration. WE NO LONGER ACCEPT CASH PAYMENT.** This fee covers sleeping accommodations, assessment, education services and 8 meals. **You cannot be registered for AEP without making full payment. If you registered with a personal check for payment, it MUST be made early enough to be cleared from your bank BEFORE the start of the program.**

***CANCELLATIONS and REFUNDS** – You may cancel your reservation for the AEP no later than **SEVEN DAYS PRIOR TO YOUR PROGRAM DATE, A REFUND OF \$250.00 MAY BE REQUESTED UPON YOUR CANCELLATION.** You should expect your refund to be mailed to your address 4-6 weeks from the cancellation date. **IF YOU CANCEL YOUR PROGRAM DATE WITHIN THE SEVEN DAYS PRIOR TO YOUR REGISTERED PROGRAM, YOU FORFEIT THE ENTIRE \$350.00 PROGRAM FEE.** IF YOU REGISTER FOR WAYNE COUNTY AEP, AND PAY THE PROGRAM FEE, THEN YOU DO NOT SHOW UP AT THE GAULT LIBERTY CENTER ON THURSDAY FOR THE ACTUAL 72-HOUR PROGRAM, YOU FORFEIT THE ENTIRE \$350.00 PROGRAM FEE. IF YOU RESCHEDULE YOUR PROGRAM DATE WITHIN THE SEVEN DAYS PRIOR TO YOUR REGISTERED PROGRAM DATE, YOU WILL BE CHARGED A \$100.00 FEE.

2. ALCOHOL EDUCATION PROGRAM DATES:

Thursday, _____ **5:30 PM** **(PLEASE BE ON TIME)**
through
Sunday, _____ **6:00 PM**

PROGRAM LOCATION: STEPS at Liberty Center - 2nd Floor
104 Spink Street
Wooster, Ohio 44691

AEP FAMILY PARTICIPATION

Family participation in the Alcohol Education Program will be held on **Saturday from 1:00 PM to approximately 4:00 PM** at the Gault Liberty Center located at 104 Spink Street in Wooster, Ohio (directions are included in this packet).

Your family member/significant other (spouse, relative, close friend), should plan to attend the AEP during this time. Family members/significant others who participate in the program must be at least 18 years of age. It is important you and your family member/significant other make the necessary arrangements (childcare, work times) to assure that attendance is definite. **It will be noted in the report to your referring court whether or not you had a family member/significant other present for programming. It is strongly recommended that you comply.**

Family members will be able to gain access to the Gault Liberty Center at **1:00 PM**. Family members will be expected to check in with the AEP staff member located on the first floor of the building before attending the afternoon educational presentations on the second floor. No one will be admitted before 1:00 PM. Please inform your family member/significant other of admission times.

Saturday afternoon will consist of the following, which will be attended by you and your family member/significant other:

1. 1:15 – 2:00 PM “Effect of Substance Abuse on the Family”, Presentation
 2. 2:00 – 3:00 PM Codependency Presentation
 3. 3:00 – 4:00 PM Support Person/Client Interview time.
 4. Family members depart between 3:30-4:00 PM.
- During the Codependency Presentation, you and your family member/significant other will be called out of the presentation for a brief interview with an AEP facilitator.
 - **Immediately after the interview, family member MUST LEAVE.**

Please direct questions or concerns to STEPS’ AEP Program Coordinator at 330-264-8498, extension 304, ***do not call this number after 4 PM.*** After 4 PM, please direct your calls to 330-264-8498, extension 0.

Should you have an emergency please call 330-264-8498 Ext. 0

Client Check-In Information Instructions
Wayne County Alcohol Education Program

**WAYNE COUNTY ALCOHOL EDUCATION PROGRAM
CLIENT CHECK-IN INFORMATION INSTRUCTIONS**

Wayne County Alcohol Education Program (AEP) begins promptly at 6:00 PM, **so please arrive no later than 5:30 PM.** STEPS (330-264-8498) is located inside the Gault Liberty Center. Please report to the second floor upon arrival. The Gault Liberty Center is located at 104 Spink Street (on the corner of Liberty Street and Spink Street in Wooster, Ohio).

If for some reason (long drive from work or home, snowstorm, road construction or other delay), you know that you will likely be unable to arrive at the Gault Liberty Center by 5:30 PM, you will need to call the STEPS Liberty Center AEP Coordinator to inform her of your expected late arrival before 4:00 PM at 330-264-8498, ext. 304 *do not call this number after 4 PM. Should you need to contact someone after 4 PM please call 330-264-8498 EXT 0.

Anyone arriving after 6:30 PM will not be admitted regardless of the reason for being late. You are expected to make the necessary work or family arrangements in advance so that you arrive at the Gault Liberty Center no later than 5:30 PM.

*****IMPORTANT**

BE CERTAIN TO EAT BEFORE ARRIVING AT THE GAULT LIBERTY CENTER ON THURSDAY.

Dinner will NOT be served on Thursday. Your first program meal will be breakfast Friday morning.***

THINGS TO BRING:

- Clothing for the three-day program (undergarments, shoes, socks, shirts/blouses, jeans, slacks, etc.) – casual dress (jeans, tennis shoes, etc.) is acceptable. You will be sitting a great deal of the time. Consider wearing layers. Room temperatures fluctuate.
- Toiletry items: Towel(s), washcloth, toothbrush, toothpaste, shaving cream, razor, deodorant, blow dryer, shampoo, soap, etc. Do NOT bring anything that contains alcohol.
- **Feel free to bring an extra blanket if you are easily chilled, the rooms in the Lower Level are usually chilly especially in the fall/winter months.**
- **Bed sheets, pillow and blankets are provided by AEP.**
- Books, magazines, newspapers (no readers), cards or something to keep you occupied during non-program hours and free time. A selection of movies is located in the “living room” on the Lower Level to watch during free time. Each day you will spend time waiting for interviews, etc. Please bring materials to keep yourself occupied.
- You may want to bring an alarm clock with you if you are accustomed to using one. There will be no clock/radios or stereos permitted. AEP security person will give you a wake-up call at 7:00 AM each morning.
- You may want to bring a pillow or comfortable chair cushion to sit on during program lectures, films, etc. You will be doing a great deal of sitting during the weekend and the conference room chairs tend to get uncomfortable after sitting for long periods.

Client Take Home Packet Instructions
Wayne County Alcohol Education Program

THINGS NOT TO BRING:

- Alcohol or any other illegal drugs or drug paraphernalia.
- Mouth wash, cough syrup, cologne, perfume or other substances that contain significant amount of alcohol.
- Any weapons (firearms, knives, etc.)
- Any valuables (e.g. expensive jewelry, excess amount of money, etc.). Your rooms may be locked during the day and opened by a staff member or security at night. Even though only you and your assigned roommates will have access to your room, this does not guarantee that items of value will not disappear.
- Any articles of clothing (hats, T-shirts, etc.) which advertise alcoholic beverages, drug use or taverns, lounges, etc. We also discourage the wearing of seductive clothing or sleeveless shirts that expose tattoos. Shoes must be worn at all times until lights out at 11:00 PM.
- Radios, pagers, cellular phones, personal organizers (Palm-Pilots), laptop computers, iPods, video games, videos, personal CD or cassette players.
- Chewing tobacco is strongly discouraged.
- No Readers
- No electronic cigarettes
- Any materials deemed inappropriate by program staff will be confiscated at the start of the program.

OTHER CHECK-IN INFORMATION:

- When you arrive at the Gault Liberty Center on Thursday, bring your entire luggage and enter the Gault Liberty Center through the front lobby entrance. **Report to the second floor of the Center no later than 5:30 PM.**
- Once in the training room, your name will be called and your luggage checked by a program consultant to ensure that you are not bringing any inappropriate items into the program. (Please see “Things Not to Bring”.) You will receive your room assignment this night any medication (prescription and over-the-counter) will be logged and kept in a locked box. **If you are taking medication prescribed by your doctor, make sure that you bring it in the labeled prescription bottle, indicating the medication name, how often you are to take it and the prescribing physician’s name. BRING ONLY ENOUGH MEDICATION FOR THE WEEKEND.** You will be allowed access to your medication upon request or according to the prescription label instructions at any time during your stay. It will be returned to you at the completion of the program. If you are taking over-the-counter medication, you will only be permitted to ingest the recommended dosage on the bottle – regardless of the amount you may typically take.
- **If you have a cold or the flu and are taking an over-the-counter decongestant, cough suppressant or expectorant, make sure that it does not contain alcohol. You will not be allowed to take any cough or cold medication containing alcohol (e.g. Vicks, Nyquil, Daytime, Formula 44, etc.) during the 72-hour period.**
- No smoking will be permitted in the training rooms, living quarters, restrooms, showers or eating areas. **Breaks will be provided so that you may have a cigarette on the rear patio area. This includes smokeless tobacco. Smoking breaks are a courtesy provided to you by AEP staff. Breaks are not guaranteed on any regular schedule and will be discontinued completely if anyone in the group abuses smoking privileges.**
- You will be supervised by an AEP staff member during the entire 72-hour program. Close staff supervision is not intended as an insult or indication of distrust. We supervise closely to ensure a successful, safe weekend for all participants.

Client Check-In Information Instructions

Wayne County Alcohol Education Program

- Your assigned Program Facilitator is your official program contact person during the 72-hour AEP. Any problems, concerns or issues that arise during the weekend should be brought to their attention.
- You will not be permitted use of the telephone during the AEP unless approved by an AEP staff member. Social calls will not be permitted. In case of emergency (death or serious illness/injury of a family member or significant other), family members should call **330-264-8498 extension 218** and the message will be forwarded so you may respond to the situation as needed.

Prior to the beginning of the 72-hour program, you will be assigned to a Program Facilitator. Each Program Facilitator has a group of 7-10 clients (depending on overall program enrollment) for whom he or she is responsible for the weekend. You will meet with your Program Facilitator on the following occasions throughout the weekend:

- On Thursday evening for 20 – 30 minutes between the hours of 6:30 - 10:00 PM for an individual intake interview, during which the consultant will review pertinent information contained in your AEP program file (completed at the time of registration). You will be asked any additional questions needed to clarify or expand upon your file information.
- On Friday, Saturday and Sunday in small group discussions facilitated by your Program Facilitator. You will be given written assignments to complete during the weekend and discuss these assignments during the small group discussions.
- On Friday, Saturday or Sunday for another individual session with your facilitator, if he/she believes it is necessary to further clarify with your personal or historical information related to your reported alcohol or other drug use.
- On Saturday, during the Family/Significant other portion of the AEP, your facilitator will be speaking with you and your family member/significant other for approximately 15-20 minutes.
- On Sunday afternoon for an individual exit interview (10-20 minutes), during which your Program Facilitator will share with you his or her follow-up recommendations based upon his or her assessment for your alcohol or other drug use and the criteria upon which the assessment outcome and follow-up recommendations are based. At this time you will sign the program “Discharge Agreement”, which simply gives you the opportunity to express your opinion of your Program Facilitator’s assessment of your alcohol or other drug use and the subsequent follow-up recommendation(s). The “Discharge Agreement” is not a legal document and will not be sent to your referring court.

Client Check-In Information Instructions
Wayne County Alcohol Education Program



STEPS at Liberty Center
72 Hour *Alcohol Education Program*

Directions to the Gault Liberty Center:

The Gault Liberty Center (the old Reed Warehouse) is located on the corner of Spink Street and Liberty Street (104), Wooster, Ohio.

From the North: Take Route 57 South toward Orrville. At 4-way traffic light (Rt. 585), turn right from Rt. 57 onto Rt. 585 (Akron Road). Take Rt. 585 through Smithville, toward Wooster. Once into Wooster, continue along Akron Road (you will pass Gerstanslager Company). Akron Road will turn into Bowman Street. At the 4-way traffic light of Bowman and Spink Street, turn left onto Spink. At the end of Spink Street, the Gault Liberty Center is a three story brick building located on the right at the stop sign (104 Spink). The building entrance is on the side of the building facing Spink Street. Parking is located next to the building.

From the East: Take Rt. 30 West toward Wooster. Once in Wooster, continue straight on Rt. 30, until you come to the Madison Avenue Exit, Rt. 302. At the light at the top of the exit ramp turn right. You are now on Bever Street. You will drive under an old railroad bridge, and continue straight on Bever Street until you come to the traffic light at West Liberty Street. Turn right onto West Liberty. Take Liberty to Spink Street (on your left). The Gault Liberty Center building is a 3 story brick building on that corner of Liberty and Spink. Turn left onto Spink and park in the lot next to the building. The entrance is on the side of the building facing Spink.

From the South: North on Ohio SR #83 which becomes SR #302, which becomes Madison Avenue as you pass Ohio Agricultural Research & Development Center. You will then be on an overpass spanning Rt. 30 when Madison Avenue then becomes Bever Street. You will continue straight until you come to East Liberty Street. Turn right onto E. Liberty Street, take it to the end (**do not cross the rail road tracks**) and turn left onto Spink Street. STEPS is the three story brick building (104 Spink) on your left. Park in the lot next to the building. **OR.....**
North on OH Rt. #3 to Wooster, you will cross over US #30 then Rt. 3 will become Cleveland Road. Take Cleveland Road to the traffic light at West Liberty Street (Administration Building is on your left). Turn right onto West Liberty Street and take Liberty to the end (**do not cross the rail road tracks**). Turn left onto Spink (104). STEPS is the three story brick building on your left. Park in the lot next to the building. Entrance to the building faces Spink Street.

From the West: Take Rt. 30, East toward Wooster. Continue straight on Rt. 30 East to Rt. 2 the Madison Avenue Exit, Rt 250/302. At the traffic light at the top of the exit ramp turn right onto Bever Street (you will drive under an old railroad bridge, and pass the. Continue straight until you reach East Liberty Street. At that light, turn right and take it to the end (**do not cross the railroad tracks**). Turn left onto Spink Street (104). STEPS is the three story brick building on your left. Park in the lot next to the building. Entrance to the building faces Spink Street.

Alcohol Education Program

Rules and Regulations

1. The Alcohol Education Program (AEP) is designed to provide you with educational information and professional assistance in assessing your alcohol and other drug use. AEP personnel are not here to judge you, to punish you or to intimidate you. You will be treated with courtesy and respect by all AEP staff. We, in-turn, expect that you will cooperate fully with AEP staff and convey the same level of courtesy and respect that is extended to you.

Registration: STEPS is open for registration Monday, Tuesday and Thursday from 8:00 a.m. – 7:00 p.m. and on Wednesday and Friday from 8:00 a.m. – 4:00 p.m.

Registration for AEP will take place on the third floor of the Gault Liberty Center, located at 104 Spink Street, **TOTAL COST OF THE PROGRAM IS \$350.00. The entire AEP fee must be paid by personal check, Cashier's Check, Money Order, or credit card on the day of registration. WE NO LONGER ACCEPT CASH PAYMENT.** This fee covers sleeping accommodations, assessment, education services and 8 meals. **You cannot be registered for AEP without making full payment. If you registered with a personal check for payment, it MUST be made early enough to be cleared from your bank.**

CANCELATIONS AND REFUNDS – You may cancel your reservation for the AEP no later than 7 days prior to your program date. A refund of \$250.00 may be requested upon your cancellation. You should expect your refund to be mailed to your address 4-6 weeks from the cancellation date. If you cancel your program date within seven days prior to your registered program, you forfeit the entire \$350.00 program fee.

If you register for Wayne County AEP, and pay the program fee, then you do not show up at the Gault Liberty Center on Thursday for the actual 72-hour program, you forfeit the entire \$350.00. If you reschedule your program date within the 7 days prior to your registered program date, you will be charged a \$100.00 reschedule fee. Admission to the Alcohol Education Program shall not be denied because an individual is indigent as long as public funds are available to cover the cost of the program.

2. In order to maximize your comfort level during the 72-hour program and to minimize the possibility of your experiencing withdrawal symptoms from alcohol or any other mood-altering drug, we strongly recommend that you abstain from alcohol and any other mood-altering drug you may be using (unless, of course, it is prescribed by your physician) for a minimum of 3-5 days prior to the start of the 72-hour program. If you appear to be experiencing significant withdrawal symptoms from alcohol or any other drug (or other medical problem/emergency) during the 72-hour program, please inform the AEP staff immediately. The AEP staff member will take appropriate action, including summoning Wooster EMS to evaluate any perceived attention to the Wooster Community Hospital's Emergency Room. You will be liable for payment for any such treatment received from the Wooster EMS and for Wooster Community Hospital Emergency Room Staff.
3. **If, during the check-in process at the start of Thursday's AEP, you are suspected to be under the influence of alcohol (including having the odor of alcohol on your breath), AEP staff will take the appropriate steps to resolve the problem, up to and including dismissal from the program.**

Program Rules and Regulations

Alcohol Education Program

4. No alcohol or other mood altering, non-prescription drugs are permitted in your possession at any time during the 72-hour program. If it is suspected during the program that you are in possession of or under the influence of alcohol or any other non-prescription, mood altering drug, AEP staff will conduct an investigation. Such investigation may include a search of your room/personal effects and request that you submit to a Breathalyzer test to confirm presence or absence of alcohol in your system. If such steps confirm that you have in your possession or have ingested alcohol or any other illegal, non-prescription drug, you will be immediately discharged from the program and your referring court will be notified that you did not complete STPS at Liberty Center's AEP.
5. Failure to comply within 72-hours AEP rules and regulations, disruptive or physically aggressive or belligerent behavior displayed toward AEP staff or another program participant will not be tolerated and shall be grounds for discharge from the program. No refunds will be given.
6. Prior to the start of the 72-hour program, The Community Program Specialist will assign you a roommate(s). If, during the course of the program, a significant problem/conflict arises between you and your assigned roommate, please report this to your Program Facilitator. If you have a legitimate medical or personal reason for requesting a single room, please make the Community Program Specialist aware of this need at the time of your registration and it will be given consideration in making room assignments. If you require some type of special room accommodation because of a physical handicap or disability, please make the Community Program Specialist aware of this also.
7. AEP participants and consultants will eat their meals in a separate dining area adjacent to the training rooms. You must be present in the dining room for all program meals, unless otherwise instructed by your Program Facilitator for reasons of personal illness, etc., Wayne County AEP attempts to provide balanced, nutritious meals. If you require a special diet because of a legitimate acute or chronic medical condition (not just because you are trying to eat healthier foods or attempting to lose weight), please make the Community Programs Specialist aware of this at the time of registration. You can not order room service or carryout food deliveries to you from areas restaurants or pizza shops.
8. If you have driving privileges and drive a car to the program, make sure that you bring all of your luggage, etc. into the Gault Liberty Center with you on Thursday at 5:30 PM. check-in. Once in the Gault Liberty Center you will not be permitted to return to your car to retrieve forgotten items, unless accompanied by a program staff member. Family members or friends will not be permitted to bring items to you while attending AEP. If you require essential items like a towel, toiletries, or clothing that you have forgotten, please see a program staff member.
9. Once you check in on Thursday, you must remain in the Gault Liberty Center for the Entire 72-hours and may not leave the premises unless otherwise instructed (e.g. family emergency, personal illness, etc.) by the AEP staff. You may not go outside the Gault Liberty Center unless it is for a smoke break at the rear of the Center and only while accompanied by a program staff member.
10. Visitors are not permitted during the 72-hour program. If a family member needs to contact you during the program session regarding a family emergency (death in the family, serious illness/injury) have them call the switchboard at **330-264-8498, extension 218** and leave a message. The message will be forwarded to you. Otherwise, you will not be permitted to leave the program activities (lectures, films and small group discussions) to take or make personal phone calls. No cellular phones, laptop computer, other computers, video games, movie videos, radios, CD, readers, electronic cigarettes or tape players, iPods, iPhones, MP3 Players, or pagers will be allowed at the program.

Program Rules and Regulations

Alcohol Education Program

11. **Only you and your assigned roommate(s) are permitted in your assigned room.** You may not entertain other AEP participants in your room or visit with other participants in their rooms. If you wish to socialize with other program participants (e.g. play cards, watch provided movies, visit), you may do so in the day room area on the lower level. Everyone must be in his or her assigned room at 11:00 PM for room check. You are permitted to leave the room to use the restroom/shower, or inform security in case of illness, injury or emergency. Windows should be closed and locked at all times, with the window shades drawn. Any violation of these policies is grounds for discharge from the program.
12. No property damage or vandalism will be tolerated during the AEP. If you are found responsible for property damage or vandalism in or around the Gault Liberty Center you will be dismissed from the program immediately with forfeiture of the program fee. In addition, your probation officer will be notified of the violation and a police report will be made. There is a check-in/check-out procedure in place to ensure that building damage is documented and individuals are held responsible for building damage.
13. AEP participants will use the stairways only during the course of the program. The elevator is off limits. In the case of disability, a staff member will escort the participant during elevator use.
14. It is expected that your attitude and behavior throughout the 72-hour program will be appropriate and consistent with the serious focus of the program's purpose. While we encourage participant interaction in classroom activity and in small group discussion sessions, the AEP is not the appropriate setting in which to seek a date, find a mate, or to conduct normal business related activity. If the program staff observes that you are focusing your attention on another program participant or preoccupied with "people, places, or things" external to the program, your instructor will meet with you to make you aware of the unacceptable attitude or behavior and request that you redirect your attention to the program objectives. If the attitude/behavior identified as unacceptable persists, you may be discharged from the program for failure to comply with program expectations.
15. You will not be permitted in any other area of the Gault Liberty Center except those areas on the lower level and second floor of the Gault Liberty Center, and will only be permitted in designated areas with the permission of an AEP staff member.
16. You must be on time for all program sessions, wear your name tag during program hours and complete all assigned homework according to Facilitator directions. Failure to complete program assignments thoroughly and completely will result in your being referred for further follow-up services because of inability during the 72-hour program to accurately assess or document your alcohol or other drug use.
17. Proper hygiene is expected of all AEP participants throughout the weekend (e.g. shower). Clothing with alcohol/drug advertisements, inappropriate/negative messages is not permitted.
18. AEP employs a night security person between the hours of 8:30 PM and 8:30 AM throughout the program weekend. The security person is present primarily to ensure the safety of both AEP program participants and staff in the event of an emergency (fire, disruptive program participants, and program participant illness or medical emergency, etc.). The security person will conduct a room check between the hours of 11:00 PM and 11:30 PM and at other times as needed, each night to ensure that all AEP program participants are in their assigned

Program Rules and Regulations

Alcohol Education Program

rooms. He/She will then be stationed in the hallway of the lower level of the Gault Liberty Center, where the sleeping and living quarters are located. If you experience some problem (personal illness, noisy occupants in adjacent rooms), you will need to call the security person and inform him/her of the problem. If necessary, the security person will contact the Community Programs Specialist to help resolve the problem. AEP security person is also present to ensure that program participants comply with the requirement that you **remain in your assigned rooms between the hours of 11:00 PM and 7:00 AM.** Any violation of this rule will constitute grounds for discharge from the program.


19. Under no circumstances will any form of gambling be permitted at any time during the 72-hour AEP. This includes card playing for money, poker chips or any other activity which may be construed by AEP staff/security to represent gambling. Violations of this policy will result in immediate discharge from the program and forfeiture of your entire program fee.
20. Breaks will be provided during the course of the day to get snacks/beverages, use the restroom and smoke. The smoking area is located on the rear, outdoor patio. You may use this area only when an AEP staff member is in attendance and only during designated break times. You are expected to return from your break time on time for the next presentation.
21. It is your responsibility to understand and abide by the above AEP rules and regulations. Please ask for clarification of any of these rules from an AEP staff member if something is unclear. Ignorance of or misunderstanding of these rules does not remove the responsibility for the consequences of your behavior during the 72-hour program.
22. **AEP staff reserves the right to add, delete, or modify rules and expectations at any point in the weekend in order to ensure consistency, safety and security for participants and staff.**



STEPS at Liberty Center
72 Hour *Alcohol Education Program*

Wayne County Alcohol Education Program
Client Rights Policy

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
2. The right to be informed of one's own condition.
3. The right to be informed of available program services.
4. The right to give consent or to refuse any service.
5. The right of freedom from unnecessary physical restraint or seclusion.
6. The right to be advised and the right to refuse observation by others and by techniques such as one-way mirrors, tape recorders, video recorders, television, movies or photographs.
7. The right to consult with an independent specialist or legal counsel at one's own expense.
8. The right of confidentiality or communication and personal identifying information with the limitations and requirements for disclosure of client information under state and federal laws and regulations.
9. The right to have access to one's own client record in accordance with program procedures.
10. The right to be informed of the reason(s) for terminating participation in a program.
11. The right to be informed of the reason(s) for denial of a service.
12. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, sex, national origin, sexual orientation, socio-economic status, disability for HIV infection, whether asymptomatic or symptomatic, or AIDS.
13. The right to know the cost of services, if applicable.
14. The right to be informed of all client rights.
15. The right to exercise one's own rights without reprisal.
16. The right to file a grievance in accordance with program procedures.
17. The right to have oral and written instructions concerning the procedure for filing a grievance.



STEPS at Liberty Center
72 Hour *Alcohol Education Program*
Wayne County Alcohol Education Program
STEPS AT LIBERTY CENTER
104 SPINK STREET
WOOSTER, OHIO 44691

STATEMENT OF CONFIDENTIALITY

Confidentiality is a vital component to providing quality services. Clients expect an assurance that what they discuss privately will be held in the strictest confidence. This assurance once conveyed, is often a prelude to the development of trust, which is central in the therapeutic setting.

In order to ensure that confidentiality is maintained, its importance will be emphatically conveyed to every full and part-time employee, volunteer, intern and client. If violations of confidentiality are noted, termination of employment shall be considered. In the case of a client who is a member of a therapy or task group, his/her expulsion from the group is an option open to group leaders and members. If the breach of confidentiality is initiated by a volunteer, their services will be terminated.

Release of information shall be obtained from the client, or the client's legal guardian if he/she is a minor, before any information concerning the client is divulged. The form shall specify the extent of and nature of information being disclosed, reason for the disclosure, the name and affiliation of the persons giving and receiving the information, and the expiration date of consent according to the rules established by Federal law with regard to alcohol and drug records.

When consent is given, information released will pertain to that which has been accumulated through the client's involvement with STEPS at Liberty Center. Reports from other agencies will not be released in total, nor will they be summarized, though it is permissible to mention that they exist.

In accordance with the Ohio Privacy Act (Amended Substitute Senate Bill No. 224, Section 1347.08), a client may request and obtain medical, psychiatric or psychological information concerning himself/herself, unless a physician, psychiatrist or psychologist determines for the agency that the disclosure of information may have adverse effect on the person.

In this case, such information would be released to a physician, psychiatrist or psychologist designated by the person or by his/her legal guardian. A person may request such information only once in every calendar year unless rules of administrative services or the Ohio Privacy Board permit more frequent inspections.

These laws do not apply to information compiled in reasonable anticipation of a civil or criminal action, nor do they apply to records pertaining to an adoption, except in cases where the court grants consent.

It is permissible to break confidentiality in cases where the life and safety of the client or the life and safety of another person is seriously threatened. Then, only the information which is necessary to ensure the protection of the client and/or other persons is allowed. The Federal rules specify exceptions in these cases.

In order to protect the security of case records, the staff will collect all files and lock them up at the end of each working day. It is the responsibility of each therapist to cooperate and comply with regulation. Case records shall not be removed from the facility. Anything containing client information or employee protected health information is not to be removed from the premises unless it is to another agency facility and transported in a locked briefcase. Otherwise, no client specific or employee protected health information is to be taken from the agency. All employee protected health information is to be filed and kept in a locked file cabinet to ensure security and privacy.