



# Driver Intervention Program

## ALTERNATIVE TO IMPAIRED MOTORISTS

117 W Main Street, Suite 107

Lancaster, Ohio 43130

[dallas@buckeyecounselinglancaster.com](mailto:dallas@buckeyecounselinglancaster.com)

## A.I.M. DRIVER INTERVENTION PROGRAM

### Orientation

Please complete the enclosed Registration Form and return it to the AIM Program along with \$175.00 deposit. These 2 items must be received before you are officially registered. These sessions fill up quickly, so please respond immediately to insure your registration on the date you desire. Please be sure to read, complete and sign all appropriate pages **\*If you registered over the phone – you have NOTHING TO RETURN**

A.I.M. Driver Intervention Program is a 72-hour residential program. It has been approved by the State of Ohio Department of Alcohol and Drug Addiction Services and meets the criteria established as a substitute for the 72-hours of incarceration that is mandated for DUI offenders. Our program is designed so that persons other than the OMVI offender can utilize it. We can screen any client's involvement with alcohol and/or drugs and, if necessary, make the appropriate referrals for an assessment and or treatment to other services, programs, or facilities.

**ATTENTION:** You are responsible for reading the rules and regulations of this program as stated herein. These rules are established by the guidelines of the state of Ohio Driver Intervention Program regulations. Alternative to Impaired Motorists Driver Intervention Program is a State Certified program.

### Payment

For your convenience, we accept payments payable to the A.I.M. Program in the form of:

#### **Money Order, Credit Cards, Cashier's Check or Cash**

**\*No personal checks are accepted\***

The cost for the AIM Driver Intervention Program is \$500.00 for a double room or \$650.00 for a private room.

**This includes a \$175.00 non-refundable deposit\***. This deposit must be received in our office before you are considered officially registered. This program will be held at: **The Hampton Inn, 2041 Schorway Drive Northwest, Lancaster, Ohio 43130.**

\*Pricing subject to change.

**You are required to report to the hotel on Thursday at 6:00 p.m. and the program will be completed At 6:00 p.m. on Sunday.**

**Please note: The total cost of your program must be paid in full before you will be permitted to participate in the AIM Driver Intervention Program. No payments are handled at the hotel.**

### Rescheduling Policy

If for any reason you need to reschedule your participation date after you have already paid your deposit no refund of your deposit will be made to you. All other monies paid will be refunded or applied to your next scheduled participation date. To re-register for another date, **you will be required to pay the \$175.00 registration fee again.** However, you should also contact your Probation Officer or the person from the Court who is supervising your case of your changed participation date. If you fail to attend on your scheduled program date, we will notify the Court of this and they will then decide your case, as they deem appropriate.

In accordance with Title VI, no person shall on grounds of race, color, sex, national origin, or handicapped status, be excluded from participation in, denied the benefits of, or otherwise subjected to discrimination under this program.

**Preparing for the Program**

The following points are items you need to know prior to entering the AIM Driver Intervention Program.

- If you are seen to be under the influence of any mood-altering substance during the intake process or at any other time during the program, you will be sent home and asked to reschedule. If this occurs ***you will be required to pay a rescheduling fee before you are rescheduled to attend the program.***
- ***Do not use alcohol and/or illegal drugs 72-hours (3 days) before attending the program.***
- Bring your own grooming needs (**exceptions: no mouthwash, cologne, perfume or after-shave**) and clothes for 3 days.
- Your luggage will be searched during the Intake Process on Thursday evening.
- There are vending machines with snacks and drinks on site. We will be in a tobacco free environment, **Use of tobacco inside facility is prohibited.** There will be breaks provided and smoking and use of loose tobacco will be permitted outside. Food and snacks permitted, but to be kept in guest rooms. **No meal is provided Thursday evening.**
- Please inform the person picking you up on Sunday (approximately 6 p.m.) that they must remain outside until you are dismissed.
- Cell phones and laptops are permitted, must be kept in guest room at ALL times!!!

**Programs Rules and Regulations**

- You are required to attend all scheduled activities during the weekend. Failure to comply can result in you dismissal.
- Leaving the premises without staff permission is cause for discharge.
- No visitors are permitted during the weekend.
- Medications should be brought in their original containers and shown to staff during the medical intake.
- No alcohol or drugs of abuse are allowed on site during this 3-day period.
- Pursuant to Federal Confidentiality Laws, **NO INCOMING CALLS PERMITTED TO HOTEL.**
- Each person must stay in his or her own area –no parties, no visiting.
- No weapons or articles of abuse are allowed on site. Possession results in dismissal.
- You will be held responsible for any damaged items belonging to the facility and verification of your participation will be withheld until compensation is made.
- *Anyone entering the program under the influence of any mood-altering substance will be refused admission.*

AIM staff reserves the right to reject any person deemed unsuitable for medical or similar reasons. Anyone who is in violation of any written or verbal rule will be dismissed.

**REJECTIONS OR DISMISSAL WILL BE IMMEDIATELY REPORTED TO THE REFERRING COURT/AGENCY.**

If you have any questions, you may call the AIM office between the hours of 9:00 a.m. and 4:00 p.m. Monday through Friday at (740) 689-1890

Note: Keep this information sheet and return the following sheet to our office with you deposit as outlined above.

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**CONFIDENTIALITY OF ALCHOL AND DRUG ABUSE PATIENT RECORDS**

Federal Law and Regulations protect the confidentiality of alcohol and /or drug abuse patient records maintained by this program. Generally, the program may not say to a person outside the program that a patient attends the program or disclose any information identifying a patient as an alcohol or drug abuser, **UNLESS:**

1. The patient consents in writing to such disclosure.
2. The disclosure is allowed by a Court Order, or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal Laws and Regulations by a program is a crime. Suspected violators may be reported to appropriate authorities in accordance with Federal Regulations. Federal Laws and Regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal Laws and Regulations do not protect any information about suspected child abuse or neglect from being reported under State Law to appropriate State and Local Authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal Laws and 42CFR, Part 2 for Federal Regulations.)



**Driver Intervention Program**  
**ALTERNATIVE TO IMPAIRED MOTORISTS**

Please fill out the following information and return with your \$175.00 registration fee. Your court will not be notified of your registration until this form and the deposit are received in this office. Please make your money order or cashier's check payable to A.I.M. and return to:

**Buckeye Counseling Services, 117 West Main Street, Suite 107, Lancaster, Ohio 43130**

Name: \_\_\_\_\_ S.S # \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Referring Court: \_\_\_\_\_

Referred By: \_\_\_\_\_

P.O. (if applicable): \_\_\_\_\_

Program Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Person to contact in case of emergency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ BAC: \_\_\_\_\_

Contraband: \_\_\_\_\_

Medications (include Amount): \_\_\_\_\_

Allergies (to include food and medications): \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

Other special needs: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Amount: \_\_\_\_\_ (Registration)

Payment Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Comments: \_\_\_\_\_

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