

West Central Wisconsin Behavioral Health Intoxicated Driver Program Client Responsibility Agreement

I AGREE if I miss my scheduled appointment and do not notify my assessor of my need to reschedule at least 24 hours in advance, I forfeit my assessment cost of \$270.00. I must then pay the fee in full at the time I come in to reschedule another assessment. No appointments will be made over the telephone.

I AGREE at the time of my assessment I may be subject to alcohol and drug screening. This may include a breathalyzer or urine sample. I understand if I am under the influence of any substance, I may not complete my assessment and will need to reschedule at a fee of \$50.00. If I do not reschedule within six months, I will forfeit the assessment fee and will need to pay it again.

I AGREE if I need an extension of time, or amendment of provider or treatment agency (including a transfer of residence), I must notify the assessor 45 days prior to the original plan termination date. I will also be required to pay an additional fee of \$50.00. If my assessor is notified less than 45 days, I may be required to pay additional fees including a new assessment.

I AGREE if I have received an OWI in another state (Minnesota, Iowa, Illinois, etc.) there will be additional assessment fees. Please notify us now to inquire about these fees.

I AGREE if I am placed in non-compliance and there is not reasonable time for me to complete my original Driver Safety Plan, I will need to be re-assessed. If I am placed in non-compliance more than once for any reason, I will need a new assessment. I will need to follow the same procedures to schedule this assessment, including paying the full fee.

I AGREE if I am placed into non-compliance for any other reason (failure to pay treatment fees, missed treatment appointments, use, etc.) I will be required to pay a fee of \$50.00 to complete, communicate and file your paperwork with the Wisconsin DOT if the plan has not expired.

I AGREE if it is found out during my assessment that I am not a Buffalo County resident, I will not receive a refund and will be required to complete my assessment in the county I reside.

I AGREE I need to bring my police report/criminal complaint to my assessment. Failure to do so will result in my appointment being reschedule at a cost of \$50.00.

I, (_____) acknowledge that I have read and
(Please Print)
understand the above responsibilities.

(Signature)

(Date)

(Contact Phone Number)

****Please return this completed form with payment of \$270.00 MONEY ORDER ONLY and police report/criminal complaint to obtain an appointment****