



701 School Street
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Napa, CA 94559
Phone: (707) 226-1248

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PC 1000 Client Information

You have been referred by the courts to ALTERNATIVES' Drug Diversion Program (PC 1000):

Contact: Renee Silva (707) 226-1248 ext 103, voicemail ext 114

You need to make contact with the program coordinator indicated above, in person or by phone, as soon as possible to schedule an appointment and find out about the program. We can then report to the judge that you followed his instructions. If she does not hear from you within 7 days the program coordinator will close your case and return it to court.

Remember...**you** need to contact **her**. We will do our best to make the program work for you but you are the person who must deal with the judge if something goes wrong. In the end it is your responsibility to find out the program's rules and make certain you comply with them.

Good luck.

- _____ Total cost of program is \$600. To register you must pay \$100.
- _____ You must attend orientation and pay \$100 before attending your first group.
- _____ You must attend one two hour group per week for ten weeks.
- _____ Each session costs \$40, unexcused group fee will be \$25.
- _____ You must provide 2 negative drug tests to complete.
- _____ You must attend ten self-help sessions (or approved alternate) to complete.
- _____ You must attend an exit interview to complete.
- _____ You must give 24 hour notice for missed appointments or you will be charged \$25.
- _____ You understand that fees are non-refundable.
- _____ You understand you will be charged \$50 re-enrollment/re-referral fee to be re-referred/re-enroll.

Participant Signature

Date

Alcohol and Drug Abuse Services
 701 School St. Napa, CA 94559 (707) 226-1248
 Deferred Entry of Judgment Program

PC 1000 INTAKE INFORMATION

Today's Date _____ CR# _____ PID _____

Name: Last _____ First _____ MI. _____

Address _____ Mailing Address (if different) _____

City _____ State _____ Zip _____

Telephone (____) _____ - _____ Cell Phone: (____) _____ - _____

Date of Birth (M/D/Y) _____ Age ____ Sex (circle one) M F (Pregnant? Y N)

What do you consider to be your ethnic background? Caucasian Hispanic Asian Filipino
African American Native American Pacific Islander Other: _____

Have you ever served in the military? _____
 Do you have any special needs that we should know about?

Emergency Contact Person _____ Telephone (____) _____ - _____
 Relationship (with above person) _____

What is your current living situation (i.e. homeless, parents, roommate, own family)?

Please select a time and day from the table below for your Orientation session and Group.
NOTE: Your orientation must be completed within 2 weeks of today's date or your case will be closed and returned to court. The court **will** then issue a warrant for your arrest.

Orientation Session	(English) Day: Thursday Time: 3-4 pm Date:	English Alternating Thursdays	(Spanish) Day: Friday Time: 3-4 pm Date:
		Spanish Alternating Fridays	
Group Sessions 2 hours a week and a total of 10 groups	(English) Monday 5:00-7:00 pm Start Date:		(Spanish) Tuesday 5:00-7:00 pm Start Date:

I have read the above and entered all information correctly to the best of my knowledge.

Participant Signature

Date

PARTICIPANT RIGHTS

As a client of ALTERNATIVES Alcohol and Drug Abuse treatment you have rights which include, but are not limited to the following: The right:

- a. To confidentiality as provided for in Title 42, Code of Federal Regulations, Part 2.
- b. To be treated with consideration, respect and full recognition of your dignity and individuality, including privacy in treatment and in care for your personal needs in contacts with staff, volunteers, board members and other persons associated with the program.
- c. To be accorded safe, healthful and comfortable accommodations to meet your needs.
- d. To be free from verbal, emotional, physical abuse and/or inappropriate sexual behavior.
- e. To be informed of the procedures to file a grievance or appeal discharge including, but not limited to, the address and telephone number of the licensing or certifying agency.
- f. To not be discriminated against in the receipt of services due to ethnic group identification, religion, age, sex, color or disability.
- g. To access information kept in your treatment files in accordance with ALTERNATIVES for Better Living Policy and Procedure on client access to treatment files
- h. To be fully informed, as evidenced by your written acknowledgment prior to or at the time of admission and during stay, of these rights and of all rules and regulations governing client conduct.
- i. To be afforded the opportunity to participate in the planning of your treatment and to refuse to participate in experimental research.
- j. To refuse treatment to the extent permitted by law and to be informed of the consequences of such refusal.
- k. To be transferred or discharged only for medical reasons; or the welfare of other clients; non-compliance of cardinal program rules; or for non-payment for their treatment and to be given personal advance notice when possible in order to ensure orderly transfer or discharge; such actions to be documented in their health record.
- l. To be informed of the expectations of the treatment program and what you must do to successfully complete the program.

If you feel you have been unjustly discharged or denied services or have complaints about possible violations of these rights or complaints about the management of the program you may address your concerns to the Executive Director of ALTERNATIVES, to the Patient's Rights advocate, (707) 253-4306, or in writing to: 2344 Old Sonoma Road, Napa, CA 94559 or the Department of Alcohol and Drug Programs, Licensing and Certification Unit, 1700 K Street, Sacramento, CA 95814, (916) 322-2911.

ACKNOWLEDGMENT: I have been personally advised and have received a copy of these rights at the time of admission to ALTERNATIVES for Better Living.

Client Signature

Date

I have reviewed this document with the above person and answered any questions.

Staff Signature

Date



SMOKING POLICY

We encourage everyone who attends any program at Alternatives for Better Living to quit smoking. We want you to experience a life free from an addiction that is the most likely to cause you health problems and eventually death. If you are interested in quitting, we will do everything possible to support you in your decision.

If you choose to smoke we ask the following of you:

Please keep in mind smoking impacts everyone around you. Therefore, smoking on the Alternatives for Better Living premise is not allowed. This includes our front porch, the front of the building and the parking lot.

Always dispose of your cigarettes. Please do not throw your cigarette butts on the ground. There is a trash can outside next to Nations. We do not want to pick up after you.

Staff is not allowed to smoke with any clients.

Adults should not encourage adolescents to engage in addictive behavior...including smoking. If you are an adult and we see you giving cigarettes or smoking with any client under 18, you may be asked to leave the program.

Most importantly, do not encourage others to smoke and if you know that someone is quitting please do not smoke in front of them.

We appreciate your cooperation.

The staff at ALTERNATIVES

Signature: _____ Date: _____

GUIDELINES for PROGRAM PARTICIPATION

PARTICIPATION:

You are expected to actively participate in treatment. Please leave cell phones in your car or turn them completely off.

SOBRIETY:

Drugs and alcohol interfere with the ability to solve problems. This is an alcohol and drug free program. You will not be able to benefit if you have been using or drinking. Anyone attending under the influence will be asked to leave. It is inappropriate to bring alcohol, drugs or paraphernalia.

ATTENDANCE:

If you are going to attend, please come on time in order not to disrupt the other participants. You will be charged for missed groups unless you are excused.

TOBACCO:

Please be respectful of other participants and of our hosts' property. Smoke only off the property and do not create a mess.

DRESS:

Dress casually and comfortably, but fully. Please wear shirts and shoes. Do not wear halter tops, tank tops or revealing clothing. No clothing advertising alcohol or drugs.

VIOLENCE:

Violence does not solve problem. Threats of violence are taken seriously and may be reported. This must be a safe environment, any violence against persons or property will result in immediate dismissal from the program. No weapons are allowed.

RECOMMENDATIONS AND COMPLAINTS:

Please let us know any recommendations or complaints you may have. We suggest that you speak with staff, or bring up the issue in group when appropriate.

CONFIDENTIALITY:

ALTERNATIVE promotes a safe and healthy environment. For people to be able to speak freely everyone must agree to keep information shared confidential. Exceptions: Child abuse elder abuse, harm against self or others. The information you share will be held in professional confidence. This means that staff, since they work as a team, will only share information among themselves to better facilitate treatment. Exceptions are danger to self or others, child abuse or adult abuse.

RESPECTFUL BEHAVIOR:

All people and topics will be treated with respect. We expect you to behave toward others the way you want them to behave toward you. Verbal abuse toward other participants or toward staff is not appropriate and cannot be allowed.

Name: _____ **Date:** _____