San Luis Obispo County Drug and Alcohol Services DUI Enrollment Checklist

Please read all forms in their entirety.

Application – Complete all personal information.

Consent for the Release of Confidential Information: Criminal Justice Release - Make sure to initial next to “Court”, “DMV”, “Dept Health Care Svc’s” as this allows us to communicate with these agencies. Add any persons you wish for us to communicate with should the need arise. Sign & date the form. Understand that we cannot communicate with anybody about you not listed on a Release of Information.

Consent for the Release of Confidential Information: Debt collection – add any family members names you wish for communication should the need arise. Sign & date the form

Text and Email Consent – Please check the “Yes” box if you want to allow text and Email messages. Enter your cell phone number as well as your Email address. Sign & date the form.

Privacy Policy for Remote Client Services – Remember to print your name on the first page, then print & date, sign & date the second page.

Participant’s Certification of DUI Program Enrollment or Completion (DL-804) – Do not forget to sign & date this form and enter your Driver’s License Number.

Consent for Treatment – read, check appropriate boxes, sign & date the form.

Enrollment/Pre-Conviction Client Waiver – Write your name, circle which program you are attending, then sign & date the form.

DUI Orientation Checklist – Read, initial, sign & date the checklist.

Program Contract (DUI Program) – Select the correct contract that is congruent with the program you are selecting (Wet/Reckless, First Offender, Extended First Offender, Multiple Offender), Sign & date.

Program Fee Agreement – Read, sign & date.

Provide a copy of your: 1 - Court Case Summary; 2 - CA DMV Driving Record (recent copy); 3 - DS-367 (pink receipt that may have been issued in lieu of you driver’s license). Without one of these documents, your application cannot be processed.

All forms must be complete. In addition to the abovementioned items, make certain all your forms have your printed name where required. One missing item can delay the application process! Please leave blank: “Client Number”, which will be completed by staff.

For those remitting forms via email, use the following address: behavioralhealth.dui.contact@co.slo.ca.us
<table>
<thead>
<tr>
<th>Referral</th>
<th>DUI</th>
<th>Court</th>
<th>Probation</th>
<th>Parole</th>
<th>Prop 36 Court</th>
<th>CMH</th>
<th>School</th>
<th>Employer</th>
<th>Family</th>
<th>Friend</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Driver</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OTHER</td>
<td>OTHER</td>
<td>OTHER</td>
<td>OTHER</td>
</tr>
</tbody>
</table>

Applicant Name: (First, Middle, Last; Jr., Sr., I or II)

Gender: [ ] Male [ ] Female [ ] Nonbinary [ ] Not Answered

Date of Birth

Driver's License Number:

Driver's License State

Social Security Number

State

Zip

Home/Cell Phone:

Driver's License Issue State:

Email Address:

Driver's License Expiration Date:

Birthplace:

SLO County

Other CA County: [Specify]

Other State:

Other Country:

Marital Status:

[ ] Never Married

[ ] Married

[ ] Widowed

[ ] Divorced

[ ] Separated

[ ] Domestic Partner

Race/Ethnicity:

[ ] White

[ ] Other Hispanic

[ ] Latino

[ ] Guamanian

[ ] Other Race

[ ] Black

[ ] Hawaiian

[ ] Cambodian

[ ] Alaska Native

[ ] Native American

[ ] Japanese

[ ] Korean

[ ] Samoan

[ ] other Asian

[ ] Chinese

[ ] Korean

[ ] Vietnamese

[ ] Hawaiian

[ ] Mixed Race

Language:

[ ] English

[ ] Spanish

[ ] American Sign Language

[ ] Other (Specify)

Primary Language of Applicants:

[ ] English

[ ] Spanish

[ ] American Sign Language

[ ] Other (Specify)

[ ] Services needed in language other than English

Work:

[ ] Employed full-time (40 hours or more per week)

[ ] Employed part-time (less than 40 hours per week)

[ ] Unemployed (looking for work)

[ ] Unemployed (not looking for work)

[ ] Not working because of disability

[ ] Not working because (reason): [ ]

Living Arrangements:

[ ] House

[ ] Mobile Home

[ ] Homeless in Transition

[ ] Homeless on County residence

[ ] Group Home, dormitory, barracks, camp

[ ] Other

[ ] Foster Home (DHS/CCF)

[ ] Other

Applicants Family:

Is applicant PREGNANT? [ ] Yes [ ] No

Due Date:

Number of Applicants Children 0-5 Years

Number of Applicants Children 6-17 Years

Has applicant had or currently has an open Child Welfare Services case? [ ] Yes [ ] No

Number of children under 17 applicants for 60% of the time

Number of dependent adults applicants care for 50% of the time

Education:

[ ] High School Completion

[ ] College

[ ] Vocational

[ ] Other

Current School Name

Highest Degree Completed:

[ ] High School

[ ] Junior College

[ ] College

[ ] Professional School

[ ] Vocational Program

[ ] Military Program

[ ] Other

Specify Vocational Program

Specify Military Program

[ ] Single

[ ] Married

[ ] Widowed

[ ] Divorced

[ ] Separated

[ ] Domestic Partner

Disability:

[ ] 1 Hearing [ ] 2 Visual [ ] 3 Mobility [ ] 4 Speech [ ] 5 Deafness [ ] 6 Developmentally Disabled

[ ] Other (Specify)

[ ] Does not use alcohol or other drugs

[ ] 12 Mental

Military:

[ ] Yes

[ ] No

Have you a Veteran? [ ] Yes [ ] No

Decline to Answer

Do you have a military connected disability? [ ] Yes [ ] No

Do you have VA Benefits?: [ ] Yes [ ] No

Other Names Used:

First

Middle

Last

Other Name(s):

EMERGENCY CONTACT

Name

Phone

Work Phone

Address

Relationship to Applicant

LEGAL INFO

Probation Contact Name & Phone #

Court Case #

Social Worker’s Name & Phone #

Parole Contact Name & Phone #

CDC Number #

Other/Conservatorship/Case

FINANCIAL

What is your monthly family income?

[ ] $0

[ ] More than $50,000

[ ] Other ($ Specify)

MediCal? [ ] Yes [ ] No

Medicare Number

Medicare

Pikawa Insurance

Yes

No

CLIENT NAME: [ ] DATE

B Application for Services

B Application for Services

Client Number

AZ 1: Application for Services rev 5-30-2019
San Luis Obispo County Health Department
Consent for the Disclosure, Use and Exchange of
Confidential Information for Multi-Purpose Consent

Last, First, MI Name: MR#: 

Last 4 digits of SSN: XXX-XX- DOB: 

☐ By Initialing, I consent that my entire medical record can be Received, Shared and
Disclosed from my Substance Use Disorder Program Health Information to the following
Non-treatment providers from _______________________(Date) to _______________________(Date) 

Legal medical record includes the following: 
CalOMS Admission and Discharge, Diagnostics, Any Assessments, re-assessments or Screenings, Lab
and drug testing and results, Discharge summaries/Plans, Treatment Plans, Progress Notes, including
group notes, and Physician progress notes, Attendance records, Service Requests, Referrals, Physical
examinations, Justification for continued treatment. 

☐ By Initialing, I consent to only certain portions of my Substance Use Disorder Program
Health Information medical record can be shared (Indicate specifics): 

San Luis Obispo Behavioral Health-Substance Program will only disclose to whom you have given
consent in writing.

<table>
<thead>
<tr>
<th>Initials</th>
<th>Organizations</th>
<th>Initials</th>
<th>Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SLO County Social Services</td>
<td>Other:</td>
<td></td>
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<tr>
<td></td>
<td>SLO County Sheriff (Bailiff)</td>
<td>Other:</td>
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<tr>
<td></td>
<td>SLO County Counsel</td>
<td>Other:</td>
<td></td>
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<tr>
<td></td>
<td>SLO County Superior Court</td>
<td>Other:</td>
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<tr>
<td></td>
<td>Testing Laboratories</td>
<td>Other:</td>
<td></td>
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<td></td>
<td>School</td>
<td>Other:</td>
<td></td>
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<tr>
<td></td>
<td>CAPSLO Direct SVCS/Parent Education</td>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tri-Counties Regional Center</td>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Probation</td>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parole</td>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Court Appointed Special Advocates (CASA)</td>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Attorney(s):</td>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family Members:</td>
<td>Other:</td>
<td></td>
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<tr>
<td></td>
<td>Veterans' Service Officer</td>
<td>Other:</td>
<td></td>
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<tr>
<td></td>
<td>Foster Parent</td>
<td>Other:</td>
<td></td>
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<tr>
<td></td>
<td>Residential Treatment Facilities</td>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recovery Residences</td>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>
Purpose and Limitations for the Use or Release of the Information

I understand that the purpose for the ongoing disclosure and sharing of my health information is to allow for coordination of care/Treatment/Referrals between any non-treatment providers listed in this consent.

By Initialing, this Consent to receive, share, and disclose:

- [ ] Will not expire until the end of treatment

OR

- [ ] Will expire on (Enter date not to exceed 1 year) or specific event: ____________________________

- I consent to the use and/or disclosure of my individually identifiable health information as described above for the purpose listed. I understand that I do not need to sign this consent to receive treatment, enroll in services or for payment for my health care. If my refusal to sign affects San Luis Obispo County’s ability to provide services, San Luis Obispo County will try to offer services under another program.

- I have the right to revoke this consent by sending a signed notice stopping the consent to:  
  SLO County Privacy Officer: 2180 Johnson Ave., San Luis Obispo, CA 93401
  Or via email at privacy@co.slo.ca.us; or call (855) 326-9623

- The Notice of Privacy Practices provides instructions if I choose to revoke my consent and includes limitations of my revocation. This consent expires on listed date or event unless revoked sooner and I understand that some information may have already been disclosed prior to my revocation.

- PART 2-Confidentiality of Substance Use Disorder Patient Records are protected under Federal regulations governing confidentiality under 42 C.F.R Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R Part 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

- I have the right to receive a copy of this consent.

Client Signature: ________________________ Print Name: ________________________ Date: ______

Representative Signature: ________________________ Relation: ________________________ Date: ______

Staff Signature: ________________________ Print Name: ________________________ Date: ______
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION:
CRIMINAL JUSTICE REFERRAL

Name of Client: ___________________________ DOB: ___________________________

**PLEASE INITIAL**

I hereby consent to communication between San Luis Obispo County Drug and Alcohol Services and:

- Court
- DMV
- Residential facilities
- Parole Department
- Dept Health Care Svcs
- Alternative Treatment Providers
- Probation
- Attorney and District Attorney
- Jail staff

Out of County Court/Probation (specify) ____________________________________________

Note: (Only if applies)

Other referring Agency (specify) ____________________________________________________

The purpose of and need for the disclosure is to inform the applicable criminal justice/treatment agency (ies) listed above of my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, urinalysis/breathalyzer results, payment record, and treatment plan.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination or revocation of my release from confinement, probation or parole, or other proceeding under which I was mandated into treatment.

**It is okay to leave messages on my machine or service** ☐ Yes ☐ No

Your Phone #: ____________________________

Family members listed below for phone messages, payment information and scheduling of appointments.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Client</th>
<th>Phone #</th>
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<tbody>
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</table>

I understand that my alcohol and/or treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that recipients of this information may disclose it only in connection with their official duties. I understand that generally San Luis Obispo County Drug and Alcohol Services may not condition my treatment on whether I sign a consent form, but in certain limited circumstances I may be denied treatment if I do not sign a consent form.

**Special terms regarding revocability of Criminal Justice Program releases**

Although HIPAA requires that consents be revocable and does not have an exception when a patient is mandated into treatment through the criminal justice system, 42 C.F.R. Part 2 sets forth some special rules when a patient’s participation in a treatment program is an official condition of probation or parole, sentence, dismissal of charges, release from imprisonment, or other disposition of any criminal proceeding. While a consent form (or court order) is still required before any disclosure can be made about a criminal justice system ("CJS") referral, the rules concerning duration and revocability of the consent are different.

Under the special rules of 42 C.F.R. Part 2, consent can be made irrevocable until a certain specified date or condition occurs, and the duration of the consent can be linked to the final disposition of the criminal proceeding. 42 C.F.R. § 2.35. This allows programs to provide information even after the client leaves treatment. If the client does not comply with treatment, the program can report the problem to the judge or prosecuting attorney or testify in a probation revocation hearing because there has been no final disposition of the criminal matter. A CJS consent allows programs to use the expiration condition provided in 42 C.F.R. Part 2: "when there is a substantial change in the patient's criminal justice system status." A substantial change in status occurs whenever the patient moves from one phase of the criminal justice system to the next. For example, if a client were on parole or probation, there would be a change in criminal justice system status when the parole or probation ends, either by successful completion or revocation. Thus the program could provide periodic reports to the parole or probation officer monitoring the client, and could even testify at a parole or probation revocation hearing, since no change in criminal justice status would occur until after the hearing.

Dated: ____________________________

Signature of Client

Signature of parent, guardian or authorized representative (If required)

CLIENT NAME: ____________________________  CLIENT NUMBER: ____________________________

Y:\FTP\Orders\Files\43085\041212-ROI_Crim Justice Referral.doc
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION
DEBT COLLECTION

Name of client: ___________________________ DOB: _______________________

I authorize San Luis Obispo County Drug and Alcohol Services to disclose to:
The San Luis Obispo County Probation Department or other collection agency

And I authorize the Probation Department or other collection agency to redisclose to:
The courts, attorneys, the State Franchise Tax Board and any other person or entity as necessary to collect or
facilitate collection of any fees owed for services provided to me by the San Luis Obispo County Department of
Drug and Alcohol Services and associated collection charges.

The following information: any information that will facilitate collection of fees owed

The purpose of the disclosure authorized in this is to:
Facilitate collection of fees owed and associated collection charges, which includes, without limitation, pursuing
collection through the State Franchise Tax Board or a court of law.

☐ Family members listed below for phone messages, payment information, and collections status.
(IF anyone making a payment or ask about information as we are unable to acknowledge without info)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Client</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I understand that my alcohol and/or drug treatment records are protected under the Federal
regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the
Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts 160 & 164, and
cannot be disclosed without my written consent unless otherwise provided for in the regulations.
I also understand that I may revoke this consent in writing at any time except to the extent that action
has been taken in reliance on it, and that in any event this consent expires automatically as follows:
Upon payment in full of all fees owed and associated collection charges.

I understand that generally San Luis Obispo County Drug and Alcohol Services may not condition my
treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied
treatment if I do not sign a consent form.

Revocability of Release
Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 C.F.R. Part 2 you have
the right to revoke any release of information that you have previously signed giving San Luis Obispo Drug
and Alcohol Services permission to release information to another agency, business, person, or organization.
However, both HIPAA and 42 C.F.R. Part 2 provide that if a program has already made a disclosure prior to
the revocation, the program has acted in reliance on the consent and is not required to try to retrieve the
information it has already disclosed. 45 C.F.R. § 164.508(b)(5); 42 C.F.R. § 2.31(a)(8).

Dated: ___________________________  Signature of Client

Signature of parent, guardian or authorized representative where required

CLIENT NAME: _________________________  CLIENT NUMBER: _________________________
Text and Email Consent

We would like to send you text or email messages for your convenience and to serve you better. Some important facts you should know:

**PARTICIPATION IS VOLUNTARY**
- You don't have to receive text or email messages from us if you don't want to.
- If you agree now, you can call us to change your mind at any time.

**TYPES OF MESSAGES WE WILL SEND YOU**
- We will send you appointment reminders, scheduling help, notifications about your patient portal account and other practical matters.
- We will NOT send or exchange messages with you about your health, lab results or other private information.

**RULES FOR TEXTING OR EMAILING WITH US**
- Do not text or email us for emergencies. Call 911 for emergencies.
- Call us for urgent scheduling needs.
- We and our messaging service will not share any of your information with third parties. We will not use your information for marketing.
- Let us know if your texting phone number or email address changes.

**UNDERSTAND THE RISKS**
- Messages are not always private; they can be read by anyone with access to your phone or email.
- In rare cases, messages can be intercepted, altered, forwarded, or used without you ever knowing.
- Back-up copies of text messages may exist even after you have deleted them.
- Your mobile phone company might charge you for receiving text messages.

**ACKNOWLEDGEMENT AND AGREEMENT**
- Do you want to receive text or email appointment reminders and patient portal notifications from us?  
  ![Yes] [No]
- If yes, then please fill out the form below and sign to acknowledge that you’ve read and fully understand the information above about the rules and risks of texting or emailing information with the Health Agency. Please let us know if you have any questions.

<table>
<thead>
<tr>
<th>Client name</th>
<th>Date of birth</th>
<th>Name, if parent, guardian or legal rep</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Cell phone # (if OK to send you text messages)</th>
<th>Email address (if OK to send you email messages)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

X  
Signature Date

<table>
<thead>
<tr>
<th>FOR STAFF USE</th>
<th>Client ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date Opt-out request received:  
Opt-out No texts No emails

Rev. June 2019
Privacy Policy for Remote Client Services:

County of San Luis Obispo DUI program will provide Remote Client Services (Telehealth) utilizing the Zoom HealthCare Virtual Meeting Platform. Some personal information such as your name, email address, and computer IP address or cell phone number will be shared with Zoom and will be available to County of San Luis Obispo Drug and Alcohol Services to verify attendance. To participate in Zoom counseling sessions, you must read and agree to Zoom’s Privacy Policy https://zoom.us/privacy.

County of San Luis Obispo DUI Program will continue to maintain confidentiality as stated in our Confidentiality Policy. Clients will also be held to the Confidentiality Agreement signed upon enrollment.

To participate in temporary Remote Client Services, sign the release below and email the signed page to: behavioralhealth.dui.contact@co.slo.ca.us

Remote Client Services Release:

I (print your name) ________________________, agree to participate in temporary Remote Client Services (Telehealth) at County of San Luis Obispo DUI Program. I understand that specific technology is required to participate, and I certify that I have access to the required technology. Additionally, I have read and understand the Zoom Privacy Policy. I understand that Remote Client Services are being offered on a temporary basis due to the Coronavirus (COVID-19) pandemic, and that once the threat is eliminated and the emergency public health declaration is lifted, client services will then be available at the DUI Program locations only. To receive credit for the session, I understand that I must:

- Attend the session in a private room, free of distractions and to ensure confidentiality.
- Use of headphones is preferred to maintain confidentiality for all group members.
- Stay for the entire session.
- Not be under the influence of alcohol or other drugs during the session.
- Follow the general group guidelines just like you are in the clinic.
- Please no cross talking.

The Health Agency complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex or any other protected class

County of San Luis Obispo Health Agency
2180 Johnson Avenue  |  San Luis Obispo, CA 93401  |  (P) 805-781-4719  |  (F) 805-781-1273
slobehavioralhealth.org
o If you are not using your cell phone for the session, please turn it and any other electronic device off.

o Please be respectful to all - the group facilitator as well as other group members.

The group facilitator can remove someone from the group or place them into the waiting room at any time and at their discretion for not adhering to the above rules. We only have limited group spots available during this time.

I understand that fees for DUI Program services will apply during this time, and that County of San Luis Obispo DUI will provide me with alternate payment options and methods during the Remote Client Services time period.

I have read and agree to County of San Luis Obispo Drug and Alcohol Services Remote Client Services Policy and Zoom’s Privacy Policy [https://zoom.us/privacy](https://zoom.us/privacy).

Name – Printed ___________________________ Date ___________________________

Name – Signature ___________________________ Date ___________________________
Participant's Certification of DUI Program Enrollment or Completion

(Instructions for completing this form are on the reverse side.)

<table>
<thead>
<tr>
<th>PROGRAM PROVIDER NAME</th>
<th>PROVIDER/LEAD LICENSE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROGRAM TYPE</th>
<th>FIRST OFFENDER PROGRAM</th>
<th>MULTIPLE OFFENDER PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Only (23140 CVC Conviction)</td>
<td>First Offender Program ___ months</td>
<td>Multiple Offender Program ___ 18 months ___ 30 months ___ 16 of 30 months (IID Restriction only)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ENROLLMENT DATE</th>
<th>DL 107 CERTIFICATE NUMBER</th>
<th>OR</th>
<th>COMPLETION DATE</th>
<th>DL 101 CERTIFICATE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>OR</td>
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</tbody>
</table>

I certify under penalty of perjury under the laws of the State of California that I have enrolled in, or completed the program as indicated above.

<table>
<thead>
<tr>
<th>DATE</th>
<th>PARTICIPANT'S SIGNATURE</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Instructions for Completing the Participant's Certification of DUI Program Enrollment or Completion (DL-804)

This form is to be used under the following circumstances:

- When a program participant has completed all the required DUI Program components, but you are unable to immediately issue a Notice of Completion Certificate (DL 101) and capture the participant's signature on the (paper) completion certificate.

- When a program participant has completed all the required DUI program components and you are submitting an electronic Notice of Completion Certificate (DL 101) via an authorized Internet access link with the Department of Motor Vehicles (DMV).

- When a program participant has enrolled in a DUI program and you are submitting an electronic Proof of Enrollment Certificate (DL 107) via an authorized Internet access link with the DMV.

This form captures the participant's signature, which certifies under penalty of perjury that the participant has either enrolled in a DUI program, or completed the required DUI program. This signature would normally be on the DL 101 or DL 107, but in the above circumstances you may not be able to capture the participant's signature on the certificate.

Please ensure that the information on this form is consistent with the information on the Proof of Enrollment Certificate (DL 107) or the Notice of Completion Certificate (DL 101) you submit for the identified participant.

You must retain this form in your office in a manner that will allow you to retrieve it by searching for the serial number of the corresponding Certificate (DL 107 or DL 101) and for the period required by Section 9866 of Title 9, California Code of Regulations.

On the printed Notice of Completion Certificate (DL 101) you submit without a participant's signature, type or print the words "Signed DL 804 in file" in the space provided for participant's signature.

Do not submit a DL 804 to DMV unless you are requested to do so.
County of San Luis Obispo Behavioral Health Department
CONSENT FOR BEHAVIORAL HEALTH TREATMENT

Drug & Alcohol Services and Mental Health Services
2180 Johnson Ave, San Luis Obispo, CA 93401 Phone: (800) 838-1381 FAX: (805) 781-1177

Consent for Behavioral Health Treatment:
I give consent for the County of San Luis Obispo Behavioral Health Department (SLOBHD) to provide medically necessary behavioral health services to me or to the client identified on this Consent for Treatment.

My Rights:
I understand that I have the right to:
• Discuss treatment options with my providers. SLOBHD staff will discuss all treatment procedures, including medication, observed urinalysis for drugs of abuse, patching, and breathalyzer, with me.
• Ask for and get information about risks, benefits, and alternatives to each service
• Help develop and receive a copy of my treatment plan
• Receive professional care. I understand that SLOBHD does not guarantee results.
• Be treated with dignity and respect
• Refuse or discontinue any service or procedure. If a court ordered me to be in treatment, I understand that I may still refuse to participate, even though I may face legal consequences for my choice. For minors or conserved adults, the legal guardian has the right of refusal, unless the minor, aged 12 or above, consented or could have consented to his/her own care.

My Responsibilities:
I understand that I am responsible to:
• Keep my appointments, which will help me benefit the most from my treatment. If I fail to keep appointments, SLOBHD may stop my services.
• Act in a respectful manner. If I am violent or threatening to staff or other clients, SLOBHD may change or stop my services. If I commit a crime at the site, SLOBHD may press charges.
• Protect the confidentiality of other clients. If I violate other clients' confidentiality, SLOBHD may change or stop my services.
• Participate in treatment by talking with SLOBHD staff about my choices

Payment/Billing Authorization:
I authorize SLOBHD to bill for all services provided to me. I authorize SLOBHD to receive payment of benefits from my health insurance plan(s), including Medi-Cal, Medicare, and private health insurance. I understand that if I have full scope Medi-Cal coverage, SLOBHD will not charge me for the services that I receive as long as my Medi-Cal coverage is active. If I do not qualify for or if I lose Medi-Cal eligibility, SLOBHD staff will discuss a payment schedule with me, which I must pay.
Informing Materials:
I understand that the Medi-Cal Beneficiary Handbooks are available at the following locations:
• http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Forms-
• Upon request at any Behavioral Health Clinic

I understand that the Provider Lists are available at the following locations:
• http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Forms-
  Documents/Quality-Support-Team/Network-Provider-List.aspx
• Upon request at any Behavioral Health Clinic

I received a copy of the following: (Check all that apply)
☑ Consent for Behavioral Health Treatment (required for all services)
□ Information about Advanced Directives (required for mental health services)

In addition, for Drug & Alcohol Services:
☑ Client Handbook
  The Client Handbook contains information about:
  • HIV/AIDS, Hepatitis C, TB information sheet and phone numbers for testing and referrals
  • Information about drug testing, including what I may or may not take while testing
  • Information about services, payment, expected behavior, what I can do if I relapse, and general community resources
  • Information about Recovery Support Services and after care follow up options

Right to Withdraw Consent for Behavioral Health Treatment:
I understand that this Consent for Behavioral Health Treatment is effective for the duration of
my treatment at SLOBHD unless I withdraw it by telling SLOBHD staff. My signature or the
signature of a guardian indicates that SLOBHD staff explained this consent form to me in a
language that I can understand, and that I (or my guardian) agree(s) with the above.

Is the client willing and able to sign the agreement
□ Yes
□ No If no, explain:

_____________________________  ________________________  ________________________
Signature of client: Date: Time:

_____________________________  ________________________  ________________________
Signature of legally responsible person (if needed) Date: Time:

_____________________________  ________________________  ________________________
Staff Witness Date: Time:

Client Name: BH Consent for Treatment 2/27/2018

Client #: Page 2/2
ENROLLMENT / PRE-CONVICTION
CLIENT WAIVER

I _________________________________
(Print Name Above)

I am choosing to enroll/prior to conviction in the
following DUI program:

Circle one of the programs below you will attend:

Wet Reckless, 3mos, 6mos, 9mos, 18mos

I understand that doing so may result in loss of monies
paid and forfeit of credit for services rendered if any
other DUI program is subsequently ordered by the courts
or DMV. I further understand I will have to re-apply for
my restricted license upon conviction.

________________________________________

Signature

________________________________________

Date

Enrollment Clerk: _______________________________

Date: __________________________


San Luis Obispo Driving Under the Influence (DUI) Orientation Checklist

By initialing each, the participant acknowledges and agrees to each statement

1) Return To Court (RTC) or Termination will occur if the Participant comes to group under the influence of any mind altering substance, or exceeds the maximum allowed absences for their program, or if the participant has not been seen in a face to face service for more than (21) days or any verbal or physical abuse toward staff. Any Termination or RTC will result in a notification to the Court and/or DMV and driving restrictions will be suspended.

2) Cell Phones will be turned off or placed into silent mode during group. Speak with the counselor if any special considerations to be made, (emergency, job...) Phones that are not turned off, or being used during group/Individual sessions, could result in the dismissal from group and will be considered a Fall to Show (FTS)/absence & charged an additional fee (Misc Fee).

3) Allowable absences per program, Wet Reckless or YAP I has (2) absences allowed & terminated upon the (3rd) absence. The First Offender Program (FOP) or YAP II & E-FOP 6 month has (5) absences allowed terminated upon the (6th) absence, the E-FOP 9 month program has (7) absences allowed & terminated upon the (8th) absence. The Multiple Offender or 18 Month program has (10) absences & terminated upon the (11th) absence. An absence will be listed as a Fall To Show (FTS) & each absence will be charged an additional fee that will be added to the program under Misc. Fee. Any Participant that exceeds the allowable amount of FTS will be Terminated to Court and/or DMV.

4) Leave of Absence (LOA) is available upon request from a counselor only. There is an added charge for this service (Misc Fee). The LOA can be used if the participant will be away from services for a minimum of (2) weeks up to (3) months. The time of the LOA will not be counted towards program length and will extend the timeline of the program to complete. In the event that the participant does not return to services in (21 days) from the return date on the LOA contract, a RTC or termination will be placed into effect.

5) Participants will be required to complete the program assigned to them by the courts and/or DMV. There can be no early completions per the state regulations, (3 months =3 Months minimum). The Notice Of Completion (NOC) will not be Electronically Processed to the DMV until All Fees are PAID IN FULL.

Name: ___________________________ Date: ____________ Client #: ____________
San Luis Obispo County Drug & Alcohol Services

Wet Reckless/YAP (1) Program Contract

Driving Under the Influence Program

Goals: To provide the knowledge and tools that will eliminate any future drinking and driving.

Objectives:
1. To educate each client by providing information about alcoholism or substance abuse and its impact on the individual, family and community.
2. To support and encourage each client to make appropriate and permanent lifestyle changes that will prevent further DUI offenses.

Program Requirements:
- Education: 6 classes; 2-hour weekly sessions for six weeks (12 hours total)
- Intake Individual assessment

Program Rules and Regulations:
1. Attendance is required each week for the duration of the program. There are no earlier completion than 6 weeks.
2. There are 6 mandatory education classes. You will be charged for the missed session and it must be made up prior to completion of the program; thereby extending program participation.
3. Sessions begin promptly at the designated time and you must be present for the full duration of the session. If you arrive late or leave early you will be marked absent. Title IX Regulations stipulate that a person must be present for the whole session to receive credit.
4. Participation is Important. You are expected to participate in all group activities and education classes fully. You may be returned to court for inappropriate behavior including that which is a barrier to the participation of others.
5. Upon adjudication, client discovers they previously enrolled in the wrong program they will forfeit all time and fees spent on services already provided and the fees and services will not be transferred. It is the client's responsibility to make sure that they are enrolled in the correct program.

Requirements For Program Termination:
1. Exceeding the number of absences allowed in Section 9876(d) Wet Reckless clients. You get two (2) absences and you will be returned to court on the 3rd absence.
2. Failure to start services within 21 days of enrollment or transfer.
3. Anyone arriving for an appointment with the odor of alcohol or showing signs of drinking or drug use will be assessed by program staff, which may include the use of breath/urine testing. If a client is determined to be under the influence of alcohol or drugs they shall be asked to leave, not drive and will be returned to court or terminated from the program (if DMV referral).
4. Failure to maintain program sobriety in accordance with Section 9874. Failure to submit to a breath/urine test.
5. Failure to comply with service provider's rules and regulations.
6. Failure to pay the assessed program fees within 30 days of the due date, assessed in accordance with section 9879, or failure to reschedule a financial interview within the provisions of section 9878(j).
7. Physically or verbally abusive to staff or other participants.
8. Failure to attend program activities for 21 consecutive days, without appropriate approval (leave of absence).
9. DAS shall give credit for services attended prior to dismissal if the participant re-enrolls within two years.

Fees for Wet Reckless Driving Under the Influence Program Services: see accompanying fee sheet.

The County of San Luis Obispo charges certain fees to those who are referred to this program. The fees are set by County Ordinance and are subject to change from time to time, as the cost of operating the program changes. Usually, fees are updated on an annual basis.

► I acknowledge that I have been advised of the current fees, which are listed on the attached sheet. I understand, however, that I will be obligated to pay whatever fees are in effect at the time fees are payable; as explained below.
► The initial registration fee shall be as indicated on the attached sheet and shall not be changed retroactively.
► If any of the other fees described on the attached sheet are assessed against me, I shall be obligated to pay the amount in effect at the time of assessment, which may be different from the amount shown on the attached sheet.

The undersigned certifies that he/she has read the foregoing and has received a copy of this agreement. The undersigned further agrees that failure to comply with the provisions of this contract will result in referral back to court or other agencies for non-compliance.

Staff signature ___________________________ Date ________________

Client's signature ___________________________ Registration Date/Intake ________________

CLIENT #: ________________________________

SAN LUIS OBISPO COUNTY DRUG & ALCOHOL SERVICES

FIRST OFFENDER / YOUNG ADULT (2) PROGRAM CONTRACT
DRIVING UNDER THE INFLUENCE PROGRAM

GOALS: To provide the knowledge and tools that will eliminate any future drinking and driving.

OBJECTIVES:
1. To educate each client by providing information about alcoholism or substance abuse and its impact on the individual, family and community.
2. To support and encourage each client to make appropriate and permanent lifestyle changes that will prevent further DUI offenses.

PROGRAM REQUIREMENTS:
Education: 6 classes: 2-hour weekly sessions for six weeks (12 hours total)
Group: 9 sessions: 2-hour weekly sessions for nine weeks (18 hours total)
Individual: 3 sessions: 1-to-1 individual sessions, approximately 20 minutes each-beginning, middle, end of the program.

PROGRAM RULES AND REGULATIONS:
1. Attendance is required each week for the duration of the program. There are no earlier completions than three months.
2. There are 9 mandatory group meetings and 6 mandatory education classes. You will be charged for the missed session and it must be made up prior to completion of the program; thereby extending program participation.
3. Sessions begin promptly at the designated time and you must be present for the full duration of the session. If you arrive late or leave early you will be marked absent. Title IX Regulations stipulate that a person must be present for the whole session to receive credit.
4. Participation is important. You are expected to participate in all group activities and education classes fully. You may be returned to court for inappropriate behavior including that which is a barrier to the participation of others.
5. Upon adjudication, client discovers they previously enrolled in the wrong program they will forfeit all the time and fees spent on services already provided and the fees and services will not be transferred. It is the client's responsibility to make sure that they are enrolled in the correct program.

REQUIREMENTS FOR PROGRAM TERMINATION:
1. Exceeding the number of absences allowed in Section 9876(d) First Offender clients. You get five (5) absences then you are returned to court on the 6th absence.
2. Failure to start services within 21 days of enrollment or transfer.
3. Anyone arriving for an appointment with the odor of alcohol or showing signs of drinking or drug use will be assessed by program staff, which may include the use of breath/urine testing, If a client is determined to be under the influence of alcohol or drugs they shall be asked to leave, not drive and will be returned to court or terminated from the program (if DMV referral).
4. Failure to maintain program sobriety in accordance with Section 9874. Failure to submit to a breath/urine test.
5. Failure to comply with service provider's rules and regulations.
6. Failure to pay the assessed program fees within 30 days of the due date in accordance with section 9879, or failure to reschedule a financial interview within the provisions of section 9879().
7. Physically or verbally abusive to staff or other participants.
8. Failure to attend program activities for 21 consecutive days without appropriate approval (leave of absence).
9. DAS shall give credit for services attended prior to dismissal if the participant re-enrolls within two years.

FEES FOR FIRST OFFENDER PROGRAM SERVICES: see accompanying fee sheet.
The County of San Luis Obispo charges certain fees to those who are referred to this program. The fees are set by County Ordinance and are subject to change from time to time, as the cost of operating the program changes. Usually, fees are updated on an annual basis.

I acknowledge that I have been advised of the current fees, which are listed on the attached sheet. I understand, however, that I will be obligated to pay whatever fees are in effect at the time fees are payable; as explained below.

The initial registration fee shall be as indicated on the attached sheet and shall not be changed retroactively.

If any of the other fees described on the attached sheet are assessed against me, I shall be obligated to pay the amount in effect at the time of assessment, which may be different from the amount shown on the attached sheet.

The undersigned certifies that he/she has read the foregoing and has received a copy of this agreement. The undersigned further agrees that failure to comply with the provisions of this contract will result in referral back to court or other agencies for non-compliance.

Staff signature Date Client's signature Registration Date/Intake Date

CLIENT NAME:__________________________ CLIENT #:__________________________

SAN LUIS OBISPO COUNTY DRUG & ALCOHOL SERVICES

EXTENDED FIRST OFFENDER PROGRAM CONTRACT (9 months)

DRIVING UNDER THE INFLUENCE PROGRAM

GOALS: To provide the knowledge and tools that will eliminate any future drinking and driving.

OBJECTIVES:
1. To educate each client by providing information about alcoholism or substance abuse and its impact on the individual, family and community.
2. To support and encourage each client to make appropriate and permanent lifestyle changes that will prevent further DUI offenses.

PROGRAM REQUIREMENTS:
Education: 6 classes; 2-hour education classes (12 hours total)
Group: 24 sessions; 2-hour weekly group sessions (48 hours total)
Individual: 5 sessions; including an intake appointment and an exit interview

PROGRAM RULES AND REGULATIONS:
1. Attendance is required each week for the duration of the program. There are no earlier completions than 9 months.
2. There are 24 mandatory group meetings and 6 mandatory education classes. You will be charged for the missed session and it must be made up prior to completion of the program; thereby extending program participation.
3. Sessions begin promptly at the designated time and you must be present for the full duration of the session. If you arrive late or leave early you will be marked absent. Title IX Regulations stipulate that a person must be present for the whole session to receive credit.
4. Participation is important. You are expected to participate in all group activities and education classes fully. You may be returned to court for inappropriate behavior including that which is a barrier to the participation of others.
5. Upon adjudication, client discovers they previously enrolled in the wrong program they will forfeit all the time and fees spent on services already provided and the fees and services will not be transferred. It is the client’s responsibility to make sure that they are enrolled in the correct program.

REQUIREMENTS FOR PROGRAM TERMINATION:
1. Exceeding the number of absences allowed in section 9876 (d) Extended First Offender. You get seven (7) absences and then you are returned to court on the 8th absence.
2. Failure to start services within 21 days of enrollment or transfer.
3. Anyone arriving for an appointment with the odor of alcohol or showing signs of drinking or drug use will be assessed by program staff, which may include the use of breath/urine testing. If a client is determined to be under the influence of alcohol or drugs they shall be asked to leave, not drive and will be returned to court or terminated from the program (if DMV referral).
4. Failure to maintain program sobriety in accordance with Section 9874. Failure to submit to a breath/urine test.
5. Failure to comply with service provider’s rules and regulations.
6. Failure to pay the assessed program fees within 30 days of the due date, assessed in accordance with section 9879, or failure to reschedule a financial interview within the provisions of section 9879(i).
7. Physically or verbally abusive to staff or other participants.
8. Failure to attend program activities for 21 consecutive days, without appropriate approval (leave of absence).
9. DAS shall give credit for services attended prior to dismissal if the participant re-enrolls within two years.

The undersigned certifies that he/she has read the foregoing and has received a copy of this agreement. The undersigned further agrees that failure to comply with the provisions of this contract will result in referral back to court or other agencies for non-compliance.

Staff signature ___________ Date ___________ Client’s signature ___________ Registration Date/Intake ___________

CLIENT NAME: ________________________ CLIENT #: ________________________

SAN LUIS OBISPO COUNTY DRUG & ALCOHOL SERVICES

MULTIPLE OFFENDER PROGRAM CONTRACT
DRIVING UNDER THE INFLUENCE PROGRAM

GOALS: To provide the knowledge and tools that will eliminate any future drinking and driving and to address the issues that have resulted in multiple DUIs.

OBJECTIVES:
1. To educate each client by providing information about alcoholism or drug abuse and its impact on the individual, family and community.
2. To support and encourage each client to make appropriate and permanent lifestyle changes, which will prevent further DUI offenses.

PROGRAM REQUIREMENTS: The time frames are minimum as they can be affected by absences.

First year:
Education: 12 hours; 6 two-hour education classes.
Group: 52 hours; 26 biweekly group counseling sessions, which are two hours in length.
Individual: 26 sessions; 26 biweekly individual interview sessions of approximately 20 minutes each for the first year
Final Phase (last six months): All of the above must be met prior to entering the Final Phase, which consists of:
Group: 5 hours; 5 one-hour monthly group sessions (which can include homework assignments)
Individual: 7.5 hours; Plus one half-hour individual exit interview.

PROGRAM RULES AND REGULATIONS:
1. Attendance is required each week for the duration of the program. No earlier completions than 18 Months.
2. There are 26 mandatory group meetings and 6 education classes. You will be charged for the missed meeting and it must be made up prior to completion of the one year component; thereby extending program participation.
3. Sessions begin promptly at the designated time and you must be present for the full duration of the session. If you arrive late or leave early you will be marked absent. Title IX Regulations stipulate that a person must be present for the whole session to receive credit.
4. Participation is important. You are expected to participate in all group activities and education classes fully. You may be returned to court for inappropriate behavior including that which is a barrier to the participation of others.
5. Upon adjudication, client discovers they previously enrolled in the wrong program they will be held to all the times and fees spent on services already provided and the fees and services will not be transferred. It is the client’s responsibility to make sure that they are enrolled in the correct program.

Requirements For Program Termination:
1. Exceeding the number of absences allowed in Section 9876(d) multiple offender clients. You get ten (10) absences and you will be returned to court on the 11th absence.
2. Failure to start services within 21 days of enrollment or transfer.
3. Anyone arriving for an appointment with the odor of alcohol or showing signs of drinking or drug use will be assessed by program staff, which may include the use of breathalyzer testing. If a client is determined to be under the influence of alcohol or drugs they shall be asked to leave, not drive and will be returned to court or terminated from the program (if DMV referral)
4. Failure to maintain program sobriety in accordance with Section 9874. Failure to submit to a breathalyzer test.
5. Failure to comply with service provider’s rules and regulations.
6. Failure to pay the assessed program fees within 30 days of the due date, assessed in accordance with section 9879, or failure to reschedule a financial interview within the provisions of section 9879(d).
7. Physically or verbally abusive to staff or other participants.
8. Failure to attend program activities for 21 consecutive days without appropriate approval (leave of absence).
9. DAS shall give credit for services attended prior to dismissal if the participant re-enrolls within two years.

Fees for multiple offender program services: see accompanying fee sheet.
The County of San Luis Obispo charges certain fees to those who are referred to this program. The fees are set by county ordinance and are subject to change from time to time, as the cost of operating the program changes. Usually, fees are updated on an annual basis.

I acknowledge that I have been advised of the current fees, which are listed on the attached sheet. I understand, however, that I will be obligated to pay whatever fees are in effect at the time fees are payable as explained below.

The initial registration fee shall be as indicated on the attached sheet and shall not be changed retroactively.
If any of the other fees described on the attached sheet are assessed against me, I shall be obligated to pay the amount in effect at the time of assessment, which may be different from the amount shown on the attached sheet.

The undersigned certifies that he/she has read the foregoing and has received a copy of this agreement. The undersigned further agrees that failure to comply with the provisions of this contract will result in referral back to court or other agencies for non-compliance.

Staff signature
Client’s signature
Registration Date/Intake

CLIENT NAME:

SA/DUI Forms FY 2017-2018/DUI Program Contracts/Multiple Offender Contract FY 2017-2018.doc
DRUG AND ALCOHOL SERVICES OF SAN LUIS OBISPO COUNTY
UNDER THE INFLUENCE PROGRAM FEE AGREEMENT

Program Cost: There is a $115 registration fee included in the $200 down payment at the time of intake. The cost of the program is $42 per attended session until the program requirements are met. Therefore, missed sessions will result in an additional charge of $42 and extend the length of the program. Fees are due and payable every 30 days as agreed upon and initialed below, but may be paid in advance or in full. Refunds will be issued for those services paid in advance and not provided by the program, generally within two weeks of request.

Failure to Pay: Non-payment of fees is a violation of this contract and probation status. Clients may be returned to court for non-payment. Minimum payments must be made according to the contract schedule. A fee of $29 will be assessed for returned checks. If you fail to meet all of the financial obligations of this contract, your account will be turned over to the Probation Department Collection Unit for the enforcement of collection of this debt. Prior to any reinstatement to the program, all outstanding program and other fees must be paid in full.

Inability to Pay: Services will not be denied because of the inability to pay. The Program Supervisor or Specialist will determine fee arrangements on an individual basis based on verification of gross income.

Other Fees assessed:

■ $42 for a missed meeting
■ $27 for a Leave of Absence
■ $33 for a urine/drug screen
■ $81 to reinstate into the program, or transfer in/out of the county. Clients who transfer out will only pay for those services provided prior to the transfer

Agreement: By signing this agreement, I acknowledge that I have waived my right to an initial financial assessment conducted in accordance with the California Code of Regulations, Chapter 3, Division 4, Title 9, and agree to pay the total program fee. I also understand and agree to the condition that the Department of Motor Vehicles completion certificate shall not be issued until all program fees have been paid in full. A final payment in cash, credit card or money order ensures timely issuance of Notice of Completion.

I understand that:

 ■ I am liable for the total program fee as well as any additional fees that the program is approved to assess (missed meeting, transfer, reinstatement, etc.) prior to the issuance of the Notice of Completion.
 ■ The total program fee shall be paid within the mandated duration of participation or the extended payment plan if requested and granted by the program.
 ■ I also understand that a financial re-assessment will be conducted upon my request, when my scheduled payment is delinquent or prior to dismissal from the program for failure to pay the program fee.

CLIENT NAME: ________________________________________ CLIENT NUMBER: _________

Client Initials: _____
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<th>WET RECKLESS PROGRAM</th>
<th>YOUNG ADULT PROGRAM (1)</th>
<th>FIRST OFFENDER PROGRAM</th>
<th>YOUNG ADULT PROGRAM(2)</th>
<th>EXTENDED FIRST OFFENDER</th>
<th>MULTIPLE OFFENDER PROGRAM</th>
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Specialist signature __________________________ Date __________________

Client signature __________________________ Date __________________

CLIENT NAME: ________________________________  CLIENT NUMBER: ____________