

# BEE SERVICES, INC.

TODAY'S DATE: \_\_\_\_\_ CAUSE NUMBER: \_\_\_\_\_  
COUNTY OF ARREST \_\_\_\_\_ PROBATION OFFICER: \_\_\_\_\_  
PROBATION COUNTY: \_\_\_\_\_ PROBATION LOCATION: \_\_\_\_\_

## TEXAS DWI INTERVENTION PROGRAM PERSONAL DATA FORM

NAME: (Last, First, M.I.): \_\_\_\_\_  
ADDRESS (as shown on D.L.): \_\_\_\_\_  
CITY/STATE/ZIP CODE: \_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ SS#: \_\_\_\_\_

### DEMOGRAPHICS: (CIRCLE ONE IN EACH CATEGORY)

SEX:            MALE                      FEMALE

MARITAL STATUS:            SINGLE                      MARRIED                      SEPARATED                      DIVORCED                      WIDOWED

ETHNICITY:            CAUCASIAN                      AFRICAN-AMERICAN                      ASIAN                      HISPANIC                      NATIVE AMERICAN                      OTHER

### FAMILY/DEPENDENTS:

How many times have you been married? \_\_\_\_\_ How many children do you have: \_\_\_\_\_

How many dependents, other than yourself, are living with you? \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_

Do you feel your drinking or drugs has contributed to family problems at any time in your life?            YES                      NO

If YES, why? \_\_\_\_\_

### EDUCATION:

How many years of school have you completed? \_\_\_\_\_

Highest Grade level completed:            None                      HS Diploma/GED                      Associates                      Bachelors                      Masters                      Doctorate

What type of work have you been trained to do? \_\_\_\_\_

Are you presently employed in the type of work you have been trained to do?            YES                      NO

**EMPLOYMENT:** List all jobs held in the past 3 years, beginning with the present job. Give a brief description of job type, length of employment, and reason for leaving.

JOB DESCRIPTION	LENGTH OF EMPLOYMENT	REASON FOR LEAVING

What was the total amount of time you were unemployed in the last 3 years? \_\_\_\_\_

What was the reason? \_\_\_\_\_

INFORMATION CONCERNING THE ARREST THAT BROUGHT YOU HERE

Date of Arrest: \_\_\_\_\_ Time of Arrest: \_\_\_\_\_

Speed you were Traveling: \_\_\_\_\_ Lawful Speed: \_\_\_\_\_

Was an accident involved? YES NO

Was anyone injured? YES NO If YES, how many? \_\_\_\_\_

Was anyone killed? YES NO If YES, how many? \_\_\_\_\_

Has your license ever been under any of these conditions? (including now)

Suspended \_\_\_\_\_ Number of times \_\_\_\_\_ Reason \_\_\_\_\_

Revoked \_\_\_\_\_ Number of times \_\_\_\_\_ Reason \_\_\_\_\_

Occupational \_\_\_\_\_ Number of times \_\_\_\_\_ Reason \_\_\_\_\_

What was the status of your license at the time of the arrest that brought you here?

OK Revoked Suspended Occupational

Have you ever attended a basic DWI Education course offered in Texas? YES NO

If YES, when? \_\_\_\_\_

How many times have you been arrested for any reason? \_\_\_\_\_

If any, list charges \_\_\_\_\_

Number of arrests which involved alcohol: \_\_\_\_\_ Age at first arrest: \_\_\_\_\_

Age at your first alcohol related arrest: \_\_\_\_\_ At what age did you begin drinking? \_\_\_\_\_

Have you ever thought you might have a drinking problem? YES NO

Where do you usually drink? (Circle all that apply)

Party or social event Home, with family or friends Home, by self Bar/Restaurant/Club

Have you ever received help from and of the following for your drinking? (circle all that apply)

Family Doctor Relative/Friend Church Drug/Alcohol Rehab Program Alcoholics Anonymous Psychiatrist/Psychologist

Agency (name): \_\_\_\_\_ Other (Name): \_\_\_\_\_

I understand that the information about me and my progress in the DWI school will be used for research purposes and will be shared with probation and do hereby authorize such use, with the further understanding that this information will otherwise be held confidential and not released to other individuals for any reason without my signed consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



*Bee Services, Inc.*

*1600 N Interstate 35E Carrollton, TX 75006  
2300 Coit Road Plano, TX 75075*

## CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_ authorize BEE SERVICES, INC

To disclose to \_\_\_\_\_

the following information: Attendance and Participation/Pretest-Post test

The purpose of the disclosure authorized in this is to: To the above Parties

I understand that all Offender Education Programs shall abide by and obtain any consent to disclosure required by applicable Federal and State laws regarding confidentiality of patient/client records including, as applicable and without limitation, 42 United States Code §290dd-2; 42 Code of Federal Regulations, Part 2, and Health and Safety Code, Chapter 611. I understand my records cannot be disclosed without my written consent unless otherwise provided for by 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 response to it, and that in any event, this consent expires automatically, as follows.

End of Probation/one (1) year

(specification of the date, event, or condition upon which this consent expires)

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent, Guardian or

Authorized

\_\_\_\_\_  
Representative where required

214.458.5000 (Office) / 972.243.3520 (Fax)

Email: [beeservicesinc@sbcglobal.net](mailto:beeservicesinc@sbcglobal.net) - Website:

### Class Education Class Rules

1. You must bring a significant other (spouse, friend, or family member to modules 9 and 10 of Family Week
2. You need to develop an action plan throughout the course
3. Please do not work ahead in your workbook as this can become confusing
4. An exit interview will be required.
5. Do not be late if you miss a class you will be required to attend a make - up session at \$40.00 per session if you miss more than two(2) classes you will be dropped from the class and no refunds will be given.
6. Your Final payment must be made before class 8 or you will incur a late fee..
7. Full payments should be made prior to the start of the first session (Cash, Money order or Credit/ Debit cards accepted) \$2.50 convenience fee is added to each credit card payment You agree to do all assigned homework and turn it in prior to the beginning of the next session(class day)
8. Students must be on time for all classes
9. Students must dress appropriately
10. All students must participate in all group discussions and 1 on 1's
11. You may not use cell phones during the class without previous instructor permission.
12. No weapons(knives, guns, etc.) allowed in the classroom
13. If you chew gum during a session. Please have common sense and manners when your done with and discard it in a trash can not the floor or underneath the table/ chairs
14. Visitors will not be permitted in the classroom without advance permission from the instructor
15. If you lose your certificate you will be able to purchase a duplicate certificate for \$25.00, if class was taken in the past three(3) years
16. Clients should not be under the influence of any illegal drugs or have drank any alcohol prior to class
17. You must attend at least 2 A.A. meetings between class 1 and 11
18. You must attend class 15 as there are no make up sessions for this session as it is graduation/ completion of the course
19. Refunds may only come in the form of other classes schedules with prior Notice and approval
20. \_\_\_\_\_ Date: \_\_\_\_\_ Participant

# SASSI - 3 ADULT FORM

Fill in this way  
Not like this

If a statement tends to be TRUE for you, fill in the square in the column headed T. If a statement tends to be FALSE for you, fill in the square in the column headed F. That's all. Please try to answer all questions.

1	Most people would lie to get what they want.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
2	Most people make some mistakes in their life.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
3	I usually go along and do what others are doing.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
4	I have never been in trouble with the police.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
5	I was always well behaved in school.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
6	My troubles are not all my fault.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
7	I have not lived the way I should.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
8	I can be friendly with people who do many wrong things.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
9	I do not like to sit and daydream.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
10	No one has ever criticized or punished me.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
11	Sometimes I have a hard time sitting still.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
12	People would be better off if they took my advice.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
13	At times I feel worn out for no special reason.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
14	I think I would enjoy moving to an area I've never been before.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
15	It is better not to talk about personal problems.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
16	I have had days, weeks or months when I couldn't get much done because I just wasn't up to it.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
17	I am very respectful of authority.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
18	I like to obey the law.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
19	I have been tempted to leave home.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
20	I often feel that strangers look at me with disapproval.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
21	Other people would fall apart if they had to deal with what I handle.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
22	I have avoided people I did not wish to speak to.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
23	Some crooks are so clever that I hope they get away with what they have done.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
24	My school teachers had some problems with me.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
25	I have never done anything dangerous just for fun.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
26	I need to have something to do so I don't get bored.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
27	I have sometimes drunk too much.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
28	Much of my life is uninteresting.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
29	Sometimes I wish I could control myself better.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
30	I believe that people sometimes get confused.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
31	Sometimes I am no good for anything at all.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
32	I break more laws than many people.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
33	If some friends and I were in trouble together, I would rather take the whole blame than tell on them.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
34	Crying does not help anything.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
35	I think there is something wrong with my memory.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
36	I have sometimes been tempted to hit people.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
37	My most important successes are not a direct result of my effort.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
38	I always feel sure of myself.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
39	I have never broken a major law.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
40	There have been times when I have done things I couldn't remember later.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
41	I think carefully about all my actions.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
42	I have used alcohol or pot too much or too often.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
43	Nearly everyone enjoys being picked on and made fun of.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
44	I know who is to blame for most of my troubles.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
45	I frequently make lists of things to do.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
46	I guess I know some pretty undesirable types.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
47	Most people will laugh at a joke at times.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
48	I have rarely been punished.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
49	I smoke cigarettes regularly.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
50	At times I have been so full of energy that I felt I didn't need sleep for days at a time.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
51	I have sometimes sat about when I should have been working.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
52	I am often resentful.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
53	I take all my responsibilities seriously.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
54	I have neglected obligations to family or work because of drinking or using drugs.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
55	I have had a drink first thing in the morning to steady my nerves or get rid of a hangover.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
56	While I was a teenager I began drinking or using other drugs regularly.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
57	My father was/is a heavy drinker or drug user.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
58	When I drink or use drugs I tend to get into trouble.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
59	My drinking or other drug use causes problems between me and my family.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
60	I do most of my drinking or drug using away from home.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
61	At least once a week I use some non-prescription antiacid and/or diarrhea medicine.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
62	I have never felt sad over anything.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
63	I am rarely at a loss for words.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
64	I am usually happy.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
65	I am a restless person.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
66	I like doing things on the spur of the moment.	<input type="checkbox"/>	T	<input type="checkbox"/>	F
67	I am a binge drinker/drug user.	<input type="checkbox"/>	T	<input type="checkbox"/>	F

Name \_\_\_\_\_ Date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

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SASSI

These items are taken from the Psychological Screening Inventory, Copyright 1990 by Richard L. Lanyon, Ph.D. and are used here by permission.

For each item below, circle the number which reflects how often you have experienced the situation described during:

- ☐ your entire life  
☐ the past six months  
☐ the six months before \_\_\_\_\_  
☐ the six months since \_\_\_\_\_

### ALCOHOL (FVA)

	Never	Once or Twice	Several Times	Repeatedly
1. Had drinks with lunch?	0	1	2	3
2. Taken a drink or drinks to help you express your feelings or ideas?	0	1	2	3
3. Taken a drink or drinks to relieve a tired feeling or give you energy to keep going?	0	1	2	3
4. Had more to drink than you intended to?	0	1	2	3
5. Experienced physical problems after drinking (e.g. nausea, seeing/hearing problems, dizziness, etc.)?	0	1	2	3
6. Gotten into trouble on the job, in school, or at home because of drinking?	0	1	2	3
7. Become depressed after having sobered up?	0	1	2	3
8. Argued with your family or friends because of your drinking?	0	1	2	3
9. Had the effects of drinking recur after not drinking for a while (e.g. flashbacks, hallucinations, etc.)?	0	1	2	3
10. Had problems in relationships because of your drinking (e.g. loss of friends, separation, divorce, etc.)?	0	1	2	3
11. Become nervous or had the shakes after having sobered up?	0	1	2	3
12. Tried to commit suicide while drunk?	0	1	2	3

### OTHER DRUGS (FVOD)

	Never	Once or Twice	Several Times	Repeatedly
1. Taken drugs to improve your thinking and feeling?	0	1	2	3
2. Taken drugs to help you feel better about a problem?	0	1	2	3
3. Taken drugs to become more aware of your senses (e.g. sight, hearing, touch, etc.)?	0	1	2	3
4. Taken drugs to improve your enjoyment of sex?	0	1	2	3
5. Taken drugs to help forget that you feel helpless and unworthy?	0	1	2	3
6. Taken drugs to forget school, work, or family pressures?	0	1	2	3
7. Gotten into trouble with the law because of drugs?	0	1	2	3
8. Gotten really stoned or wiped out on drugs (more than just high)?	0	1	2	3
9. Tried to talk a doctor into giving you some prescription drug (e.g. tranquilizers, pain killers, diet pills, etc.)?	0	1	2	3
10. Spent your spare time in drug-related activities (e.g. talking about drugs, buying, selling, taking, etc.)?	0	1	2	3
11. Used drugs and alcohol at the same time?	0	1	2	3
12. Continued to take a drug or drugs in order to avoid the pain of withdrawal?	0	1	2	3
13. Felt your drug use has kept you from getting what you want out of life?	0	1	2	3
14. Been accepted into a treatment program because of drug use?	0	1	2	3

Marital Status: ☐ Married or equivalent ☐ Never Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Disabled ☐ Retired  
 Employment Status: ☐ Full-time ☐ Part-time ☐ Not employed  
 Highest Grade Completed \_\_\_\_\_ Ethnic Origin \_\_\_\_\_

Weekly Family Take Home Income:

- ☐ Prefer not to answer  
☐ \$0  
☐ Less than \$200  
☐ \$200-300  
☐ \$301-400  
☐ \$401-500  
☐ \$501-600  
☐ \$601-700  
☐ \$701-800  
☐ \$801-900  
☐ \$901-1000  
☐ Over \$1000

Number of People in your Family: \_\_\_\_\_

Miscellaneous:

- ☐ A  
☐ B  
☐ C  
☐ D  
☐ E  
☐ F

S.A.S.S.

# BEE SERVICES, INC.

## CREDIT CARD AGREEMENT

I \_\_\_\_\_, wish to use my

(Printed Name)

Credit/Debit Card to pay for my Program with BEE SERVICES. By signing this form I am agreeing that **NO REFUNDS OR CHANGE OF DATES** will be allowed. If I do not show up for or miss a class (For Whatever Reason) there will be **NO REFUNDS** issued. A \$2.50 Convenience Fee is being added to **EACH** payment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Amount Charged

\_\_\_\_\_  
Program

# BEE SERVICES

## ZOOM RULES

- 1)Audio is to be on during ENTIRE class.
- 2)Video is to be on during the ENTIRE class.
- 3) ABSOLUTELY NO DRIVING WHILE DOING ANY PROGRAM YOU WILL BE REMOVED FROM CLASS.
- 4)NO chatting with other Students during class.
- 5)If given Book or Paperwork you will bring filled out and back to Office to receive Certificate.No copies will be given.
- 6)Test WILL be done during Final class or in Carrollton office within 2 days between 9AM and 1PM to receive Certificate.
- 7)If not in Waiting Room at start time of class you will not be admitted to class.We let you on 15 minutes Early.You will HAVE to Repay and Restart from day 1.For REPEAT DWI you will need to do a make-up Class.

SIGN \_\_\_\_\_ DATE \_\_\_\_\_