

# Bee Services Inc.

Today's Date: \_\_\_\_\_

Probation Officer : \_\_\_\_\_

County of Conviction/Arrest: \_\_\_\_\_

Probation County: \_\_\_\_\_

Case/Cause Number: \_\_\_\_\_

Probation Location(Office): \_\_\_\_\_

## Texas DWI Intervention Program Personal Data Form

Name(Last, First, M.I.): \_\_\_\_\_

Address(As shown on DL): \_\_\_\_\_

City/State/Zip-code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

DL or ID #: \_\_\_\_\_ State: \_\_\_\_\_ SS# \_\_\_\_\_

### **Demographics** (Circle one in each category)

Sex: Male Female Other  
Marital  
Status: Single Married Divorced Separate 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 drinking or drug's have 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  
Complete: None HS/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 starting with the present job. Give 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 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 or killed? #Injured \_\_\_\_\_ #Killed \_\_\_\_\_

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

Suspended Y / N Number of times \_\_\_\_\_ Reason \_\_\_\_\_

Revoked Y / N Number of times \_\_\_\_\_ Reason \_\_\_\_\_

Occupational Y / N 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 Did not have

Have you ever attended a 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 began drinking? \_\_\_\_\_

Age at first alcohol related arrest? \_\_\_\_\_ 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 friends and family Home by self Bar/Restaurant/Club

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

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

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

# CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_ authorize **BEE SERVICES INC.**  
(NAME)

to disclose to \_\_\_\_\_  
(name of person or organization to which disclosure is to be made)

the following information **attendance, participation and pre/post test**  
(information to be disclosed)

The Purpose of the disclosure authorized in this is to: Inform Probation/Lawyers of Course Progress/  
Completion. \_\_\_\_\_

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**

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

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

\_\_\_\_\_  
Signature of Parent, Guardian or Authorized  
Representative, where required

# Bee services

## Class Education Class Rules

1. You MUST attend all sessions on time in order to receive a certificate of completion. If you miss a class you must register for another class and re-pay the course fee.\*\*\*RDWI- 2 absences can be made up at a fee of \$60 per session
2. You agree to do all assigned homework and turn it in prior to the beginning of the next session(class day)
3. Students must make a score of 70% or higher on Post-test to receive a certificate of completion(when applicable)
4. Students are encouraged to take notes in the class and they can use them on the final test
5. Please do not work ahead in your workbook as this can become confusing
6. Exit interview may be required. 3 Interviews required in DWI -Intervention(Repeat)
7. Full payments should be made prior to the start of the first session
8. Students must be on time for all classes
9. Students must dress appropriately
10. All students must participate
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. Certificate can be picked up after completion of the class or mailed if requested.
16. If you lose your certificate you will be able to purchase a duplicate certificate for \$25.00 if the class was taken in the past three(3) years
17. Clients should not be under the influence of any illicit drugs or alcohol prior to and during class
18. ZOOM - Must be present throughout entire class time or risk expulsion from program.(Call office/instructor immediately if disconnected)
19. ZOOM - Keep all other activities to a minimum including driving gaming or working as you are still in class.
20. ZOOM - Please be on 10 minutes prior to class start to assure no technical difficulties as it may cause you to miss class

\_\_\_\_\_ Date:\_\_\_\_\_

Participant