

Bee Services Inc.

Today's Date: _____

Probation Officer : _____

County of Conviction/Arrest: _____

Probation County: _____

Case/Cause Number: _____

Probation Location(Office): _____

Texas DOEP 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 reason? _____

Dates of current and previous arrest and charges:

CHARGE

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

[illegible]

OK Revoked Suspended Occupational Did not have

were arrested for first drug related offense_____

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

Work or School _____ On the Street _____ Other _____

Friend Rehab Anonymous Psychologist

Agency(Name):_____Other(Name):_____

I understand that the information about me and my progress in the Drug Education program 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.

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

Drug Abuse Screening Test (DAST-10)

GENERAL INSTRUCTIONS

"Drug use" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any non-medical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). The questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

These questions refer to drug use in the past 12 months. Please answer No or Yes.

1. Have you used drugs other than those required for medical reasons?
No Yes
2. Do you use more than one drug at a time?
No Yes
3. Are you always able to stop using drugs when you want to?
No Yes
4. Have you had "blackouts" or "flashbacks" as a result of drug use?
No Yes
5. Do you ever feel bad or guilty about your drug use?
No Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?
No Yes
7. Have you neglected your family because of your use of drugs?
No Yes
8. Have you engaged in illegal activities in order to obtain drugs?
No Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
No Yes
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?
No Yes