

# ENTREVISTA INICIAL ALTO DUI PROGRAM

Nombre: \_\_\_\_\_ Fecha Inicial: \_\_\_\_\_

Domicilio: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Teléfono: (\_\_\_\_) \_\_\_\_\_ F.D.N: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Edad: \_\_\_\_\_ Sexo M / F

Origen Nacional: \_\_\_\_\_ Estado Civil: Soltero / Casado / Divorciado / Viudo (circule uno)

Nombre de Esposo/a: \_\_\_\_\_ Dependientes: \_\_\_\_\_

## **Información En Caso de Emergencia:**

Nombre: \_\_\_\_\_ Relación: \_\_\_\_\_

Domicilio: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Teléfono #: (\_\_\_\_) \_\_\_\_\_

## **Empleo y Educación:**

Empleador Actual: \_\_\_\_\_ Teléfono: (\_\_\_\_) \_\_\_\_\_

Domicilio: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Tiempo Completo/Horas: de \_\_\_\_ a \_\_\_\_ Medio Tiempo/Horas: de \_\_\_\_ a \_\_\_\_

Temporal /Horas: de \_\_\_\_ a \_\_\_\_ Sin Empleo/Estudiante

Podemos dejarle un mensaje en su trabajo?  Si  No

## **FOR OFFICE USE ONLY**

Case # \_\_\_\_\_

Program Contract Signed [ ]

Leave of Absence Policy Discussed [ ]

Violation Date \_\_\_\_\_

Confidentiality Form Signed [ ]

Program Rules Discussed [ ]

Conviction Date \_\_\_\_\_

Payment Agreement Signed [ ]

Suspension Policy Discussed [ ]

CDL# \_\_\_\_\_

Suspension Policy Signed [ ]

Late Fee Policy Discussed [ ]

Court Codes \_\_\_\_\_

Intake Date \_\_\_\_\_

Email: \_\_\_\_\_

### **Client Received Copies of:**

Program Contract [ ]

Confidentiality Form [ ]

Suspension Policy [ ]

Payment Agreement [ ]

### **Client Referred to Program Assistant to Schedule:**

Education Assignments [ ]

15-Minute Interviews [ ]

Fee Assessment [ ] (if requested)

AOD Assessment [ ] (18-mo. Only)