



Intake Date: _____

Client name: _____

I understand I am electing to enroll in the following ALTO Drinking Driver Program (circle one): WR/ 3MO/ 6MO/ 9MO/ 12MO/ 18MO.

I agree to pay for all services received as established in my Contract pertinent to this enrollment. I further understand that in the event I change to a different Drinking Driver Program, I will still be responsible for fees incurred.

I agree to inform the program immediately if any changes are needed in my DUI Program. Changes will take effect as of the date I inform ALTO Counseling Center.

I agree my initial DUI intake appointment; will be done via Telephone or Telehealth video session.

(Client signature)

(Staff signature)