

**Solutions Counseling**

**DRIVER'S RISK EDUCATION**

**APPLICATION**

Class Month Preferred: \_\_\_\_\_

Driver's Lic # \_\_\_\_\_ Last Four Digits of your SSN: ( \_\_\_\_\_ )

Name (First, Middle, Last) \_\_\_\_\_

Address (Street) \_\_\_\_\_ (City, State, Zip) \_\_\_\_\_

County of residence: \_\_\_\_\_ County of arrest: \_\_\_\_\_

D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex: Male Female Religious Affiliation: \_\_\_\_\_

Marital Status: Never Married Married Widowed Divorced Separated # of Marriages \_\_\_\_

# of Dependents \_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Race: African American Caucasian Hispanic Native American Asian Other \_\_\_\_\_

Employer \_\_\_\_\_ Job title \_\_\_\_\_ Income: \_\_\_\_\_

Full-Time Part-Time Disabled Unemployed Retired Student Self Employed

Employer's Address \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

**IN CASE OF EMERGENCY** Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**PARTICIPATION AGREEMENT**

1. I agree to be in attendance at 4 consecutive Driver's Risk Education (DRE) classes.
2. I agree to complete all assignments and requirements at Solutions DRE program.
3. I understand that I have a right to expect Solutions staff to make a reasonable response to any appropriate requests that I make. Appropriateness shall be determined by Solutions executive director.
4. I understand that I have the right to a private consultation with the executive director to discuss my program involvement
5. I understand that I have the right to privacy and respectfulness, as it is related to program participation.
6. I understand that I have the right to know by name and specialty, the staff member(s) responsible for coordination of my program involvement.
7. I understand that, upon successful completion of the Solutions DRE program, I will receive a certificate of completion. I agree to assume responsibility for notifying the referring court body and/or appropriate agencies.
8. I understand that the DRE course is (\$150.00). I understand a down payment of \$25.00 to reserve a place in the class is due at the time of registration.
9. Individuals requesting indigent status must prove their sources of income through pay stubs, unemployment checks, etc. at the time of DRE registration.
10. Completion of this form is consent for services.
11. I understand that no certificate of completion of will be provided to me until payment for services is made in full and all course criteria are met.,
- 12.

Client Signature

Date

Staff Signature

Date (01/17)