

**Attachment B –
Zona Seca, Inc. State Licensure
Application – Part I, II, III & V**



**PART I – DEPARTMENT FORMS TO BE
COMPLETED BY THE APPLICANT**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF HEALTH CARE SERVICES

APPLICATION FOR LICENSURE

County <u>Santa Barbara</u> License Number <u>42-003-01-100</u>	FOR DHCS USE ONLY Rec'd _____ Analyst _____ Renewal Issued _____
APPLICATION INFORMATION	
Applicant(s) Name: <u>Zona Seca, Inc.</u> Telephone: <u>(805)963-8961</u>	
Application Filed By: <input type="checkbox"/> Individual Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> County Operated <input type="checkbox"/> Other _____ <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Non Profit <input type="checkbox"/> Profit	
Applicant Mailing Address: <u>26 W. Figueroa Street</u>	
City: <u>Santa Barbara</u> State: <u>CA</u> Zip Code: <u>93101</u>	
Name(s) and location(s) of other licensed DUI programs owned or operated by the applicant(s) within the last five years: <u>N/A</u>	
PROGRAM INFORMATION	
Program Type(s): <input checked="" type="checkbox"/> W&R <input checked="" type="checkbox"/> First Offender <input checked="" type="checkbox"/> 6-Month <input checked="" type="checkbox"/> 9-Month <input type="checkbox"/> 18-Month <input type="checkbox"/> 30-Month	
Program Name: <u>Zona Seca, Inc.</u>	
Program Address: <u>Not know at this time.</u>	
City: _____ State: _____ Zip Code: _____	
Program Director: <u>Diana Banales</u> Telephone: <u>(805)963-8961</u>	
Note any fee, program, staff or other changes since last application submission.	
Signed: <u>Frank Banales</u>	Date: <u>02/11/2026</u>

EXHIBIT G

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF HEALTH CARE SERVICES

ADMINISTRATIVE INFORMATION

This page is for corporations only. Public agencies, partnerships, and other associations use page two.

INSTRUCTIONS: This form must be updated and submitted to the DEPARTMENT OF HEALTH CARE SERVICES each time there is a change in officers or change in the corporation.

CORPORATION				
(Attach a copy of approved incorporation papers from the Secretary of State)				
Name (as listed with the Secretary of State) <u>Zona Seca</u>				
Chief Executive Officer <u>Frank Banales</u>				
Incorporation Date <u>11/04/1970</u>				
Place of Incorporation <u>Santa Barbara, CA</u>				
Principal office of business: <u>Same as below</u>				
Address <u>26 W. Figueroa Street</u>				
City <u>Santa Barbara</u> State <u>CA</u> Zip Code <u>93101</u> Telephone <u>805-963-8961</u>				
Contact Person <u>Frank Banales</u> Title <u>Executive Director/CEO</u> Telephone <u>805-963-8961</u>				
Names and addresses of all persons who own ten per cent (10%) or more of stock in corporation.				
N/A				
Governing Board of Directors				
a. Number of Board Members <u>3</u>		b. Term of Office <u>Until Removal</u>		
c. Frequency of Meetings <u>Every 2 months</u>		d. Method of Selection <u>Appointment</u>		
Board Officers and Members USE A SEPARATE SHEET FOR ADDITIONAL NAMES				
Office	Name	Business Address, City, Zip Code	Telephone #	Term Expiration
President	Frank Banales	26 W. Figueroa Street Santa Barbara, CA 93101	(805)963-8961	Until Removal
Vice-President	None			
Secretary	Diana Banales	26 W. Figueroa Street Santa Barbara, CA 93101	(805)963-8961	Until Removal
Treasurer	Lisa C. Roberson	26 W. Figueroa Street Santa Barbara, CA 93101	(805)963-8961	Until Removal
Other				

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF HEALTH CARE SERVICES

County: Santa Barbara

Date: 02/11/2026

This form is for public agencies, partnerships, and other associations.

PUBLIC AGENCY

1. Check type of public agency: County City Other, specify below

2. Agency providing service

Name _____

Address _____ City _____ State _____ Zip Code _____

Contact Person _____ Title _____ Telephone _____

3. Attach a copy of Resolution or other legal document authorizing this application

PARTNERSHIPS

1. Attach a copy of the partnership agreement

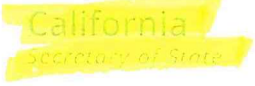
2. Partners	Type of Partnership	Name	Business Address City, State, Zip Code
1st Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		
2nd Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		
3rd Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		
4th Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		

Contact Person _____ Title _____ Telephone _____

OTHER ASSOCIATIONS

Other associations must also provide a list of all persons legally responsible for the organization, the contact person, and appropriate legal documents which set forth legal responsibility of the organization and accountability for opening the program.

USE THIS SPACE OR ATTACH A SEPARATE SHEET



Business UCC



Lisa C. Roberson
lisar@zonaseca.com

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ZONA SECA (610808)

Nonprofit Corporation - CA - Public Benefit



File Amendment



File Statement of Information



Request Certificate

Entity Information

Initial Filing Date

Status

ZONA SECA (610808)
Nonprofit Corporation - CA - Public Benefit

11/04/1970

Active

Initial Filing Date 11/04/1970

Status Active

Standing - SOS Good

Standing - FTB Good

Standing - Agent Good

Standing - VCFCF Good

Formed In CALIFORNIA

Entity Type Nonprofit Corporation - CA - Public Benefit

Principal Address 26 W. FIGUEROA STREET
SANTA BARBARA, CA 93101

Mailing Address 26 W. FIGUEROA STREET
SANTA BARBARA, CA 93101

Statement of Info Due Date 11/30/2026

Agent Individual
FRANK BANALES
932 SPRING STREET
SANTA BARBARA, CA 93103



View History



Manage User Access



California Secretary of State

Business Programs Division

1500 11th Street, Sacramento, CA 95814

ZONA SECA
26 W. FIGUEROA STREET
SANTA BARBARA, CA 93101

Business Amendment Filing Approved

November 20, 2024

Entity Name: ZONA SECA

Entity Type: Nonprofit Corporation - CA - Public Benefit

Entity No.: 610808

Document Type: Statement of Information

Document No.: BA20242041974

File Date: 11/20/2024

The above referenced document has been approved and filed with the California Secretary of State. To access free copies of filed documents, go to bizfileOnline.sos.ca.gov and enter the entity name or entity number in the Search module.

What's Next?

The most up to date records may be obtained by searching for the Entity Name or Entity Number in the Search module at bizfileOnline.sos.ca.gov.

For further assistance, contact us at (916) 657-5448 or visit bizfileOnline.sos.ca.gov.



Thank you for using [bizfile California](http://bizfileCalifornia), the California Secretary of State's business portal for online filings, searches, business records, and additional resources.



BA20242041974

B3206-5952 11/20/2024 11:01 AM Received by California Secretary of State



STATE OF CALIFORNIA
Office of the Secretary of State
STATEMENT OF INFORMATION
CA NONPROFIT CORPORATION
 California Secretary of State
 1500 11th Street
 Sacramento, California 95814
 (916) 657-5448

For Office Use Only
-FILED-
 File No.: BA20242041974
 Date Filed: 11/20/2024

Entity Details			
Corporation Name	ZONA SECA		
Entity No.	0610808		
Formed In	CALIFORNIA		
Street Address of California Principal Office of Corporation			
Street Address of California Office	26 W. FIGUEROA STREET SANTA BARBARA, CA 93101		
Mailing Address of Corporation			
Mailing Address	26 W. FIGUEROA STREET SANTA BARBARA, CA 93101		
Attention	Lisa C. Roberson		
Officers			
	Officer Name	Officer Address	Position(s)
	FRANK BANALES	932 SPRING STREET SANTA BARBARA, CA 93103	Chief Executive Officer
	Diana A. Banales	932 Spring Street Santa Barbara, CA 93103	Secretary
	Lisa C. Roberson	484 Linfield Place, Unit G Goleta, CA 93117	Chief Financial Officer
Additional Officers			
	Officer Name	Officer Address	Position
			Stated Position
None Entered			
Agent for Service of Process			
Agent Name	FRANK BANALES		
Agent Address	932 SPRING STREET SANTA BARBARA, CA 93103		
Email Notifications			
Opt-in Email Notifications	Yes, I opt-in to receive entity notifications via email.		
Electronic Signature			
<input checked="" type="checkbox"/> By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.			
	<i>Frank Banales</i>		<i>11/20/2024</i>
Signature		Date	

DESIGNATION OF ADMINISTRATIVE RESPONSIBILITY

Applicants/licensees who are corporations shall attach board resolutions authorizing a delegation to the Program Director/Administrator or other appropriate staff.

1. Applicant Name: Zona Seca, Inc.

2. Program Name: Same as above

3. Program Address: 26 W. Figueroa Street

4. City: Santa Barbara County: Santa Barbara Zip Code: 93101

5. Telephone: (805)963-8961

6. Diana Banales, Program Coordinator
(Name of person(s) authorized by applicant/licensee)

is hereby designated as administrator, program manager, or agent of the above-named program and is authorized to receive at the above-named program on my behalf, any documents including reports of inspections and consultations, accusations, and civil and administrative processes.

I WILL NOTIFY THE DEPARTMENT OF HEALTH CARE SERVICES, IN WRITING, WITHIN 10 DAYS OF ANY CHANGE IN THE ABOVE AUTHORIZATION.

7. Frank Banales
Signature of applicant(s)/licensee(s)

8. Title: Executive Director/CEO

9. Address: 26 W. Figueroa Street

10. City: Santa Barbara County: Santa Barbara Zip Code: 93101

EXHIBIT H

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF HEALTH CARE SERVICES

ADMINISTRATOR/DIRECTOR INFORMATION

IDENTIFYING INFORMATION				
NAME Diana Banales				
TITLE Program Coord. / Admin.			TELEPHONE NUMBER (805) 963-8961 x15	
ADDRESS 26 W. Figueroa Street, Santa Barbara, CA 93101				
OTHER NAME(S) USED BY ADMINISTRATOR/DIRECTOR				
EDUCATION				
EDUCATION CIRCLE THE HIGHEST GRADE YOU COMPLETED 1 2 3 4 5 6 7 8 9 10 11 (12)			HIGH SCHOOL GRADUATE PASSED HIGH SCHOOL	
EQUIVALENCY TESTS			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED SEMESTER QUARTER UNITS	DEGREE OBTAINED	DATE COMPLETED
Santa Barbara City Collge	AOD Counseling		A.A.	05/15/2004
	Office Mgmt.		A.S.	05/13/2017
MANAGEMENT EXPERIENCE				
Type	Title	Date Started	Date Ended	Reason for Leaving
Management	Program Coord./Admin.	04/08/2005	Present	N/A
DO YOU HAVE A PROFESSIONAL LICENSE OR CERTIFICATE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
IF YES, COMPLETE THE FOLLOWING				
Type	Period Held		Issuing Agency	
Certificate of Achievement	05/13/2017		Santa Barbara City College	
Certificate of Completion	05/15/2004		Santa Barbara City College	
WORK EXPERIENCE. BEGIN WITH YOUR MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCES AND PERIODS OF UNEMPLOYMENT IN THE LAST SEVEN YEARS. INCLUDE WORK EXPERIENCE FROM MORE THAN SEVEN YEARS IF NECESSARY (HIGHLIGHT EXPERIENCE IN ALCOHOL/DRUG FIELD).				
Dates	Name and Address of Employer	Duties	Reason for Leaving	
FROM	Nov. 2000 - Present Zona Seca, Inc. 26 W. Figueroa Street Santa Barbara, CA 93101	Program Coord. /Admin.	N/A	
TO				
FROM				
TO				
FROM				
TO				

Completed by Diana Banales

Date 02/11/2026

EXHIBIT H

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF HEALTH CARE SERVICES

ADMINISTRATOR/DIRECTOR INFORMATION

IDENTIFYING INFORMATION					
NAME Frank Banales					
TITLE Executive Director/CEO			TELEPHONE NUMBER (805) 963-8961		
ADDRESS 26 W. Figueroa Street, Santa Barbara, CA 93101					
OTHER NAME(S) USED BY ADMINISTRATOR/DIRECTOR					
EDUCATION					
EDUCATION CIRCLE THE HIGHEST GRADE YOU COMPLETED 1 2 3 4 5 6 7 8 9 10 11 (12)				HIGH SCHOOL GRADUATE PASSED HIGH SCHOOL	
EQUIVALENCY TESTS				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED SEMESTER QUARTER UNITS		DEGREE OBTAINED	DATE COMPLETED
Santa Barbara City College	Business	4	12		N/A
MANAGEMENT EXPERIENCE					
Type	Title	Date Started	Date Ended	Reason for Leaving	
Nonprofit Management	Executive Director	7/1972	N/A	N/A	
DO YOU HAVE A PROFESSIONAL LICENSE OR CERTIFICATE? YE <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
IF YES, COMPLETE THE FOLLOWING					
Type	Period Held		Issuing Agency		
WORK EXPERIENCE. BEGIN WITH YOUR MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCES AND PERIODS OF UNEMPLOYMENT IN THE LAST SEVEN YEARS. INCLUDE WORK EXPERIENCE FROM MORE THAN SEVEN YEARS IF NECESSARY (HIGHLIGHT EXPERIENCE IN ALCOHOL/DRUG FIELD).					
Dates	Name and Address of Employer	Duties		Reason for Leaving	
FROM	4/1/1992 to Present Zona Seca, Inc., 26 W. Figueroa St., Santa Barbara, CA 93101	Administration		N/A	
TO					
FROM					
TO					
FROM					
TO					

Completed by Frank Banales

Date 02/11/2026

EXHIBIT H

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF HEALTH CARE SERVICES

ADMINISTRATOR/DIRECTOR INFORMATION

IDENTIFYING INFORMATION				
NAME Lisa C. Roberson				
TITLE Finance & Human Resources Director			TELEPHONE NUMBER (805)963-8961	
ADDRESS 26 W. Figueroa Street, Santa Barbara, CA 93101				
OTHER NAME(S) USED BY ADMINISTRATOR/DIRECTOR				
EDUCATION				
EDUCATION CIRCLE THE HIGHEST GRADE YOU COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12				HIGH SCHOOL GRADUATE PASSED HIGH SCHOOL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
EQUIVALENCY TESTS				
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED SEMESTER QUARTER UNITS	DEGREE OBTAINED	DATE COMPLETED
Santa Barbara City College	Liberal Studies		A.A.	2001
MANAGEMENT EXPERIENCE				
Type	Title	Date Started	Date Ended	Reason for Leaving
Administration	Fin&HumResDir	7/01/2001	N/A	N/A
DO YOU HAVE A PROFESSIONAL LICENSE OR CERTIFICATE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
IF YES, COMPLETE THE FOLLOWING				
Type	Period Held		Issuing Agency	
Nonprofit Financial Mgmt. Certificate	Completed in 2001		UCSB Extension	
WORK EXPERIENCE. BEGIN WITH YOUR MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCES AND PERIODS OF UNEMPLOYMENT IN THE LAST SEVEN YEARS. INCLUDE WORK EXPERIENCE FROM MORE THAN SEVEN YEARS IF NECESSARY (HIGHLIGHT EXPERIENCE IN ALCOHOL/DRUG FIELD).				
Dates	Name and Address of Employer	Duties	Reason for Leaving	
FROM	6/17/1991 to Present Zona Sea, Inc., 26 W. Figueroa St., Santa Barbara, CA 93101	Finance & Human Resources/ Administration	N/A	
TO				
FROM				
TO				
FROM				
TO				

Completed by Lisa C. Roberson

Date 02/11/2026

DHCS/DUI 7800

(Rev 4/15)

EXHIBIT K

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF HEALTH CARE SERVICES

FINANCIAL STATEMENT

As of December _____, 2025

=====

PROGRAM NAME Zona Seca, Inc.

=====

ASSETS

Cash on hand		\$ 610
Checking accounts		\$ 4,542
Savings accounts		\$ 41,912
Time deposits		\$ 0
Notes and receivables (identify source) Client Fees Rec/Contracts Rec		\$ 168,853
Inventory		\$ 0
Real Estate (at market value):		\$ 0
Land		\$ 0
Buildings and Improvement		\$ 80,629
Equipment, Furniture and Furnishings		\$ 59,573
Other Investments or Assets (describe)		\$
Accumulated Depreciation		\$ (135,086)
Prepaid Expenses		\$ 17,895
A. Total Assets	\$	238,928

=====

LIABILITIES

Accounts Payable (include installment contracts and balance due)		\$ 23,337
Salaries and Wages Payable		\$ 43,553
Payroll Taxes Payable		\$ 5,721
Notes Payable (include personal notes). Show source and balance due.		\$
Small Business Administration-EIDL Loan		\$ 142,660
Real Estate Loans or Mortgages (balance due):		\$ 0
Other debts (describe):		\$ 0
B. Total Liabilities	\$	215,271

=====

OWNERSHIP (Equity)

C. Total Ownership (difference between A and B) \$ 23,657

=====

COMPLETED BY Lisa C. Roberson	TITLE Fin&HumResDir	DATE 02/11/2026
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EXHIBIT J

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF HEALTH CARE SERVICES

**DRIVING-UNDER-THE-INFLUENCE PROGRAM
STATEMENT OF COMPLIANCE/NONDISCRIMINATION/TRUTH**

Zona Seca, Inc. has the capability and agrees to comply with the following
(Name of Applicant)
Driving-Under-The-Influence (DUI) Program service requirements.

1. The program will provide the court, the Department of Motor Vehicles, and the participant with an immediate report of any failure of the participant to comply with the program's rules and policies.
2. The program will be self-supporting from participant fees.
3. The program will not use program fees for any purpose other than the operation of the program pursuant to Section 11837.4 (b)(2) of the Health and Safety Code.
4. The program will provide services to ethnic minorities, women, youth or any other group that has particular needs relating to the program.
5. The program will pay State licensing fees in accordance with instructions issued by the Department of Health Care Services.
6. The undersigned assures that the licensee and/or program will not discriminate in employment practices and provision of services on the basis of ethnic group identification, religion, age, sex, color, or disability pursuant to Title VI of the Civil Rights Act of 1964, (Section 2000d, Title 42, United States Code); the Americans with Disabilities Act of 1990 (Section 12132, Title 42, United States Code); Section 11135 of the California Government Code; and for recipients of financial assistance, the Rehabilitation Act of 1973 (Section 794, Title 29, United States Code) and Chapter 6 (commencing with Section 10800) Division 4, Title 9 of the California Code of Regulations.
7. The program will forward all substantive program changes, or changes to this application to the county alcohol and drug program administrator (CADPA) for review and to the Department of Health Care Services (DHCS) for approval.
8. The program will provide the CADPA and representatives from DHCS with access to all programmatic and fiscal records necessary to conduct county monitoring and State licensing activities, including evaluation, provided that such access does not conflict with any State or federal confidentiality regulations as stated in Title 9, Section 9866 (c) of the CCR.
9. The program will comply with all laws and regulations governing DUI programs.
10. The program will maintain services in accordance with its approved application per licensure and any amendments thereto.

Statement of Compliance/Nondiscrimination/Truth

- 11. The program will not accept any participant until licensure is granted to the program by the Department of Health Care Services as stated in Title 9, Section 9802 of the CCR.
- 12. The program will maintain participant files including completed copies of all required forms and records, for a minimum of 48 months after completion of services as stated in Title 9, Section 9866 of the CCR.
- 13. The program shall employ staff who meet the minimum qualifications as stated in Title 9, Section 9846 of the CCR.
- 14. The program will maintain confidentiality of participant records and information in accordance with Title 42, Code of Federal Regulations. A copy of the above regulations will be available at each program facility as stated in Title 9, Section 9866 (c), of the CCR.

The applicant declares under penalty of perjury that all information submitted to the Department of Health Care Services for the purpose of licensure is true and correct to the best of the applicant's knowledge.

Frank Banales, Executive Director/CEO

Type or Print Name of Authorized Representative and Title

Frank Banales
Signature

02/11/2026
Date

EXHIBIT L

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF HEALTH CARE SERVICES

DRIVING-UNDER-THE-INFLUENCE PROGRAM BUDGET SUMMARY

DATE: 02/11/2026

COUNTY: Santa Barbara

Driving-Under-the-Influence Program Name: Zona Seca, Inc. License #: -42-003-01-100

Address: Waiting upon approval to open a location in Santa Maria, CA

Corporate Name: Same as above

Fiscal Year: 2026/2027

	A	B	C	D
1) PROJECTED FEE ANALYSIS	NO FEE	INCOMPLETE FEE	FULL FEE	TOTAL
2) Number of Clients	2	54	484	540
3) % of Total Clients	0%	10%	90%	100%
4) Total Amount to be Collected	0	\$58,000	\$522,000	\$580,000
5) Average Fee to be Collected	0	\$4,835/Mo	\$43,500/Mo	\$48,335/Mo
6) ESTIMATED GROSS REVENUE				\$ 580,000

Cost Summary:

Amounts

7) PERSONAL SERVICES (from line 5, DHCS/DUI 7825)	\$ <u>442,000</u>
8) OPERATING EXPENSES (from DHCS/DUI 7830)	\$ <u>138,000</u>
9) EQUIPMENT DEPRECIATION (from line 2, DHCS/DUI 7835)	\$ <u>0</u>
10) FACILITY DEPRECIATION (from line 4, DHCS/DUI 7835)	\$ <u>0</u>
11) ESTIMATED GROSS BUDGET	\$ <u>580,000</u>
12) Profit/Surplus	\$ <u>0</u>

Bookkeeper: Lisa C. Roberson

Auditor: Form 990/Jeffrey A. Hill, CPA

Telephone: (805)963-8961

Telephone: (310)749-1014

Accountant: Tony Vallejo, CPA

Telephone: (805)969-9662

**DRIVING-UNDER-THE-INFLUENCE PROGRAM
PERSONAL SERVICES BUDGET**

1) PERSONAL SERVICES:

A	B	C	D	E	F
POSITION CLASSIFICATION	SALARY RANGE	# OF MONTH/ WEEKS/ HOURS	ANNUAL SALARY	DUI PROGRAM PERCENT OF TIME	DUI PROGRAM ANNUAL SALARY
Program Coord	\$ <u>92,000</u> - \$ <u>97,000</u>	40	97,000	50%	48,500
Lead Couns/Inst	\$ <u>55,000</u> - \$ <u>60,000</u>	32	55,000	100%	55,000
Counselor/Instruct	\$ <u>50,000</u> - \$ <u>55,000</u>	32	50,000	100%	50,000
Couns/Inst (2 PT)	\$ <u>50,000</u> - \$ <u>55,000</u>	20 EA	25,000X2	100%	50,000
Office Manager	\$ <u>45,000</u> - \$ <u>50,000</u>	32	45,000	100%	45,000
Admin Assistant	\$ <u>42,000</u> - \$ <u>45,000</u>	32	42,000	100%	42,000
Executive Director	\$ <u>95,000</u> - \$ <u>100,000</u>	16	50,000	30%	15,000
Fin & Hum Res Dir	\$ <u>92,000</u> - \$ <u>97,000</u>	38	97,000	30%	29,100
2) TOTAL SALARIES			\$ <u>334,600</u>		

3) STAFF BENEFITS

a) Social Security (OASDI)	\$ <u>26,768</u>
b) Unemployment Insurance	\$ <u>1,074</u>
c) Health Insurance	\$ <u>70,966</u>
d) Worker's Compensation	\$ <u>2,148</u>
e) Other (specify) 403(b) Match	\$ <u>6,444</u>

4) TOTAL STAFF BENEFITS

(please indicate the %, if used) 32 % \$ 107,400

5) TOTAL PERSONAL SERVICES

(Enter on DHCS/DUI 7820R, Line 7)

\$ 442,000

NOTE: LINE ITEMS LISTED FOR STAFF BENEFITS ARE SAMPLES ONLY. APPLICANT IS TO LIST ONLY THE APPLICABLE STAFF BENEFITS.

DRIVING-UNDER-THE-INFLUENCE PROGRAM OPERATING EXPENSES BUDGET

ANNUAL COST

Rental of Space = \$ <u>24</u> /sq. ft. x <u>2,047</u> sq. ft. x <u>1</u> Year (time)	\$ <u>49,128</u>
(If owned, use Depreciation Schedule instead)	
Utilities (Gas, Elec., Water, Scavenger)	\$ <u>6,250</u>
Telephone/Internet	\$ <u>3,470</u>
Insurance	\$ <u>5,785</u>
Overhead	\$ <u>0</u>
Maintenance & Repair of Buildings (Routine)	\$ <u>3,500</u>
Maintenance & Repair Office Equipment	\$ <u>3,520</u>
Maintenance of Automobile Equipment	\$ <u>0</u>
Maintenance & Repair other Equipment	\$ <u>0</u>
Cleaning & Janitorial Supplies/Services	\$ <u>5,500</u>
Contractor:	\$ <u>0</u>
Service :	\$ _____
Contractor:	\$ <u>0</u>
Service :	\$ _____
Printing & Reproduction Services	\$ <u>860</u>
Postage	\$ <u>825</u>
Stationery & Office Supplies	\$ <u>3,000</u>
Rental of Equipment	\$ <u>6,485</u>
Educational Materials	\$ <u>0</u>
Travel	\$ <u>3,500</u>
Staff Education/Training	\$ <u>580</u>
Professional Services (Legal, CPA, Med., Consulting Fees)	\$ <u>7,100</u>
County Program Monitor Costs	\$ <u>16,200</u>
State Program Monitor/Approval Costs	\$ <u>9,180</u>
Interest Paid - Loan	\$ <u>5,055</u>
Property Taxes	\$ <u>0</u>
Other Taxes (specify)	\$ <u>0</u>
Other (specify) Bank Charges	\$ <u>8,062</u>

TOTAL OPERATING EXPENSES: **\$ 138,000**
 (enter on DHCS/DUI 7820, line 8)

**DRIVING-UNDER-THE-INFLUENCE PROGRAM
EQUIPMENT AND FACILITY DEPRECIATION SCHEDULE
BUDGET**

1) EQUIPMENT:

A	B	C	D	E	F	G	H
TOTAL NO	ITEM	NEW/USED	COST EACH	TOTAL COST	LIFE YEARS	YEAR OF DEP. LIFE	TOTAL YEAR DEP. \$
N/A	To Be Purchased Upon Approval						0

2) **TOTAL EQUIPMENT (DEPRECIATION) COSTS:** \$ 0
 (Enter on DHCS/DUI 7820, Line 9)

3) FACILITY DEPRECIATION:

A	B	C	D	E	F	G
FACILITY LOCATION	DATE OF PURCHASE	COST	DEPREC. COST	LIFE YEARS	ACCUMULATE DEP. LIFE	CURRENT YR. DEP.
N/A	Will be leasing					0

4) **TOTAL FACILITY (DEPRECIATION) COSTS:** \$ 0

**DRIVING-UNDER-THE-INFLUENCE PROGRAM
BUDGET JUSTIFICATION
Zona Seca, Inc.**

DUI Client Fees Revenue: We have anticipated a total number of DUI clients in Santa Maria to be 540, which is approximately 80% of the number of DUI clients in Santa Barbara. We anticipate annual revenue for FY2026/2027 to be \$580,000.

Salaries/ Benefits: Zona Seca, Inc would pay Santa Maria office staff salaries that are comparable to employees at our Santa Barbara office. The Program Coordinator would spend 50% of her time on the DUI Program in Santa Maria. The Executive Director and Finance & Human Resources Director percentages were based on the anticipated amount of time that will be spent on the DUI program in Santa Maria, which is 30%. Benefits at 32% are justified, as we have a substantial benefits package. We cover 100% of health/dental/vision/hospital/life insurance premiums for our full-time employees and provide a 403-b match of 25%.

Rent/Utilities/Phone/Building Maintenance/Janitorial Services&Supplies/Insurance: Zona Seca, Inc. does not currently have a facility in Santa Maria. We have found a potential building for lease that is located close to Santa Maria Superior Court and public transportation. It is a 2,047 square foot building at \$24/square foot. Utilities/phone/building maintenance/janitorial services&supplies were based on similar expenses at our Santa Barbara facility. Insurance expense would be at 42% of the total cost of Commercial General & Social Service Professional Liability/Auto Liability/D&O policies.

Equipment Rental/Maintenance: Equipment Rental would consist of a phone system at \$3,505/year, a copy/fax machine at \$2,100/year and a postage machine at \$880/year (quotes obtained for phone system and copy/fax machine. Postage machine would be equivalent to what we have at our Santa Barbara office). Equipment maintenance and repair would be for computer equipment/phone system/copy/fax machines, and similar to our Santa Barbara office.

Office Supplies/Printing/Postage: These costs are similar to our Santa Barbara office.

Travel/Staff Training: Travel would consist of mileage paid to the DUI Program Coordinator for traveling to the Santa Maria office 2-3 times per month and travel to the CADTP Spring Conference. Training would consist of sending 2 staff members to the CADTP Spring Conference.

Professional Services: These costs consist of 2 CPA's, computer/IT service fees and payroll processing fees.

County/State Monitoring Fees: Monitoring fees were calculated based on the anticipated amount of DUI enrollments in Santa Maria. County Fees: 540 clients X \$30/enrollment=\$16,200
State Fees: 540 clients X \$17/enrollment=\$9,180.

Interest Paid: Zona Seca, Inc. anticipates taking out a loan for \$100,000 to cover costs of opening a new office in Santa Maria. Loan amount was amortized over 5 years with a 5.5% interest rate.

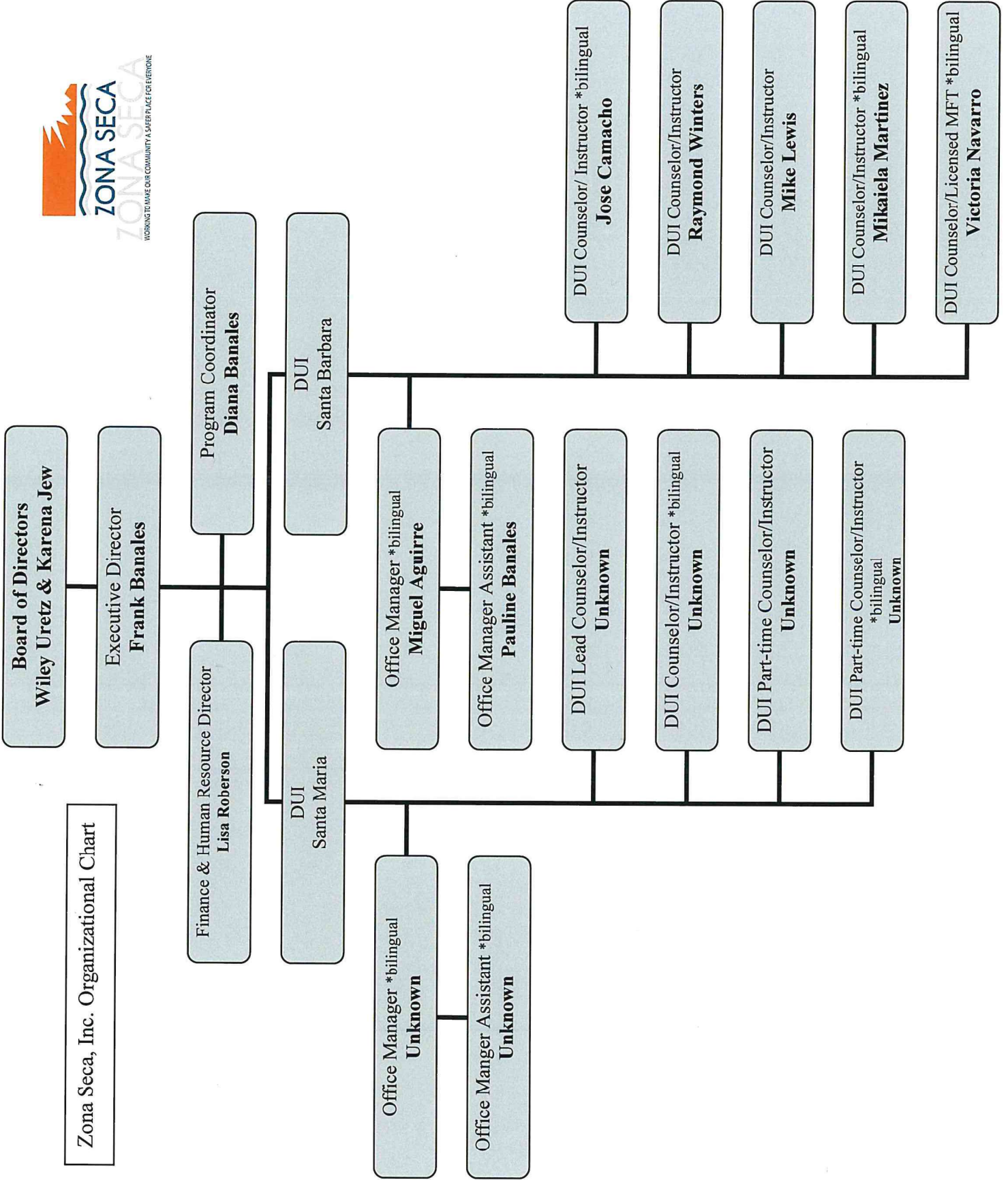
Bank Charges: Zona Seca, Inc. takes credit cards as a form of payment from clients. These are charges for credit card processing, as well as monthly bank fees.



PART II – GENERAL INFORMATION TO BE SUBMITTED BY THE APPLICANT



Zona Seca, Inc. Organizational Chart



City of Santa Barbara CA 2026 Business Tax Certificate

EXPIRES DECEMBER 31, 2026

Date Issued: 12/10/2025

Certificate Number: 9925054609

Issued to: ZONA SECA
DBA ZONA SECA
26 W FIGUEROA ST
SANTA BARBARA, CA 93101-3104

Account No: 728258

Location: 26 W FIGUEROA ST
SANTA BARBARA, CA 93101-3104

The certificate holder named herein is authorized to do business at the above specified business location as provided for in the schedules listed below:

<u>Schedule</u>	<u>Description</u>	<u>Units</u>
998.00	TAX-EXEMPT	

THIS BUSINESS TAX CERTIFICATE DOES NOT PERMIT BUSINESS OPERATION UNLESS YOUR BUSINESS IS PROPERLY ZONED, AND/OR IN COMPLIANCE WITH ALL APPLICABLE LAWS/RULES.

This is NOT A BILL.

This certificate must be posted.

Avenu

Issuing Authority

Questions regarding this business tax certificate should be addressed to Avenu at (800) 556-7274



**PART III – WRITTEN PLAN OF
OPERATION TO BE SUBMITTED BY
THE APPLICANT**



Location And Services to be Provided

Zona Seca, Inc.

Address To Be Determined

Hours:

Of Operation: Tues. – Thurs. 9am-5pm, Fri. 9am – 4pm

Phone hours: Tues.-Thurs. 9am-445pm, Fri. 9am-345pm

Available by appointment only: Mondays

Classes: TBD

Closed: Saturday and Sunday

Program Services: Wet Reckless, 3 Month, 6 Month, and 9 Month

Our facility design and operational plan are configured to ensure full compliance with the California Code of Regulations Title 9 requirements for participant capacity, privacy and safety. Educational session, maximum capacity of 35 individuals. Zona Seca, Inc. will designate one primary space as the educational classroom that is engineered to comfortably accommodate the maximum allowed. This will be based on standard classroom density guidelines (15-20 square feet per person), this room will provide approximately 700 square feet. The layout of the room will feature a lecture-style or U-shaped seating arrangement to maximize participant sightlines to the instructor and presentation materials while maintaining clear aisle space for safety. The space will be equipped with a television, whiteboard and high-speed internet access to facilitate the required informational and instructional content for individuals attending in-person or virtually. The room will have adequate lighting, ventilation (HVAC), and comfortable, ergonomic seating suitable for sessions up to two hours in length.

Group Counseling Sessions, maximum capacity of 15 individuals, Zona Seca, Inc. will allocate multiple dedicated rooms for smaller, more intimate group counseling sessions. Capacity and size, Zona Seca will maintain multiple group counseling rooms, each strictly limited to a maximum capacity of 15 participants, in compliance with CCR Title 9, 9854 (g). These rooms will utilize a circular or semi-circular seating arrangement with comfortable, non-fixed chairs. This layout is specifically chosen to foster open communication and supportive environment required for effective counseling, allowing participants to face one another directly. All counseling rooms are treated with sound-dampening materials, sound machines right outside the doors, to ensure strict auditory privacy and confidentiality, a foundational requirement for therapeutic group work. Rooms will be situated in a quiet section of the facility, away from high-traffic administrative areas. All group and education spaces will be fully ADA-compliant, ensuring full access for all participants, including those with mobility impairments.

Zona Seca, Inc.

26 W. Figueroa St.
Santa Barbara, CA 93101
(805) 963-8961 x24

DUI License # 42-003-01-100

[] Non-Court Referred [] Court Referred

WET RECKLESS/DRY RECKLESS PROGRAM EXPECTATIONS

The Wet/Dry Reckless Program is a six week program that also includes a chemical assessment. Classes will be held once a week for 2 hours. Attendance, punctuality (cannot be late to any activities) and participation are mandatory. Since the Wet/Dry Reckless Program is a short program, make sure you choose a class you can commit to since only two absences are allowed.

CHEMICAL DEPENDENCY ASSESSMENT:

Within the 60 days of my program enrollment, a required chemical dependency assessment will be made concerning my personal use of alcohol and/ or other drugs. The results of this assessment will be disclosed only in accordance with title 42 sections 2.1-2.67(1), Code of Federal Regulations governing confidentiality of records and information pertaining to alcohol and drug programs. No other disclosure will be made to anyone unless I have given my explicit consent in writing to the program

The **fee for the program is \$407** which must be paid at enrollment. If you are unable to pay the \$407 at that time, you may request a financial assessment and must bring in documentation (paycheck stubs, financial aid received, rent receipts, etc.) If you qualify for an extended payment plan \$203.50 is required at the time of enrollment, the remaining balance must be paid by the date agreed upon at the time of enrollment (noted on 2nd page). If the remaining balance is not paid by the due date, we will suspend you from all services. Payments can be made by cash, money order or credit card. **NO CHECKS ACCEPTED.** If you miss an activity, a \$20 charge will be billed to your account for each absence. **Counseling and class activities** may be re-scheduled to avoid the \$20.00 charge, to do this you must reschedule **24 hours** prior to your **counseling and/or class activities.**

Clients who choose a payment plan will not be placed into a consecutive weekly class schedule. Classes will be scheduled according to payment due dates. You must contact your counselor to schedule the remaining classes after making a payment.

All program fees are due and payable on the date agreed as indicated above. I understand the following additional fees will be assessed whenever the following occurs:

- \$65.00 (sixty-five dollars) for each program transfer out
- \$40.00 (forty dollars) for each Leave of Absence
- \$25.00 (twenty-five dollars) for each re-instatement
- \$20.00 (twenty dollars) for each missed activity
- \$20.00 (twenty dollars) for each rescheduling of activities
- \$30.00 (thirty dollars) for each Alcohol/Drug Screening (positive result)

Program sobriety will be enforced at all times. We require that you do not consume any drugs, alcohol, and/or alcohol products (cough syrup) 24 hours prior to your class.

Dismissal from the program will occur whenever any of the following has taken place:

1. Exceeds the **2 absences allowed** (includes make-up classes)
2. Failure to participate in required program activities within 21 days of transfer to another program licensed by the Department of Alcohol and Drug Programs.
3. Failure to maintain program sobriety.
4. Failure to comply with Drinking Driver Program rules.
5. Unable to attend any scheduled program services for 21 or more consecutive days (phone calls, emails, voicemails and payments ARE NOT scheduled program activities, you must attend a class or counseling appointment).
6. Is physically or verbally abusive to program staff or other program participants.
7. Fails to obtain a leave of absence when the participant is unable to attend any scheduled program services for 21 days from the last program activity (phone calls and payments ARE NOT program activity).
8. Falsifying and/or forging documentation and/or asking a participant to falsify or forge any documentation.

| Clients Initials: _____ Date: _____

Reinstatement into the First Offender Program is as follows:

- a. If the participant was attending the program as a condition of probation or in accordance with a court order, the DUI program shall notify the court that the participant was dismissed from the program. The DUI program shall also notify the Department of Motor Vehicles if the participant has been issued a DL107. (Proof of Enrollment Certificate)
- b. If the participant is not attending the program as a condition of probation or in accordance with a court order, the DUI program may reinstate the participant in accordance with the DUI program’s written policy, which is included below:
 - **Thirty (30) days after the date of first dismissal;**
 - Sixty (60) days after the date of second dismissal, and
 - Ninety (90) days after the date of third or subsequent dismissal
- c. Prior to processing a participant’s request for reinstatement to the program following a dismissal, voluntary withdrawal, or transfer, the DUI program may require the participant to pay his/her assessed program fee due for services provided by the DUI program, and any additional fees assessed in accordance with the provisions of this regulation.
- d. The DUI program may refuse to reinstate a participant if the participant was dismissed because he/she was physically or verbally abusive to DUI program staff or other DUI program participants. The DUI program shall document in the participant’s record the circumstances under which the participant was dismissed.

GRIEVANCE PROCEDURE:

- 1) If any participant believes that services have been denied because of ethnicity, religion, gender, sexual orientation, mental or physical handicap, or if any participant has complaints concerning policies, procedures, facilities or staff conduct, notification of any grievances may be addressed in writing to the Program Director of the First Offender DUI Program; 26 W. Figueroa St, Santa Barbara, CA 93101.
- 2) Further resources available by writing to:
 - a. Santa Barbara County Department of Behavioral Wellness; 300 N. San Antonio Rd. Bldg 3, Santa Barbara CA 93110 or by calling (805) 681-5440, Attention: Drinking Driver Program Coordinator.
 - b. Department of Health Care Services Substance Use Disorder Compliance Division – DUI Section, P.O. Box 997413, MS 2602, Sacramento, CA 95899; phone (916)322-2964, email duiproviders@dhcs.ca.gov

Participant Signature _____ Date _____

Counselor Signature _____ Date _____

Class starts _____ Time _____ Room _____ Day _____

Assessment appointment date _____ Time _____

Total Program Fee \$ _____ Payment Due Date _____

Down Payment \$ _____ Payment Due Date _____

Balance Due \$ _____ Payment Due Date _____

Monthly Payments of \$ _____

| Clients Initials: _____ Date: _____



EL PROGRAMA DE SEIS SEMANAS DE ZONA SECA

Requisitos De Participación:

Tiene que completar seis (6) sesiones, una vez a la semana para dos horas. Es obligatorio asistir a clases y participar en todas las actividades del programa.

Cobro Del Programa:

El costo del programa es \$407 y es requerido por la agencia al tiempo de su registración al programa. Si no puede pagar los \$407 (comprobante de recibos de renta, talones de cheques de su trabajo, etc...) Si usted paga solo los \$203.50 el balance lo pagara a la fecha indicada de su contrato.

OTROS CARGOS:

- \$20 por cada sesión (individual, grupo o educación) que necesite reponer
- \$65 por cada cambio a otra agencia
- \$25 por cada vez que reingrese al programa después de ser expulsado/a del programa
- \$40 por cada permiso de ausencia
- \$20 por cada cambio de clases
- \$30 por cada examen de alcohol o drogas

NORMAS DE ASISTENCIA RESPECTO A CLASES FALLADAS

*Faltar a clases es algo muy serio que podría llevarte a ser suspendido del programa. Solamente será justificable cosos de emergencia.

*Solo encarcelamiento, intercambio para el programa de SWAP, o una emergencia médica son consideradas ausencias justificadas. Usted deberá comprobar su ausencia con documentos, tales como (una nota escrita por su médico, documentación de la cárcel, etc.) dentro de un periodo de 72 horas a partir de la primera ausencia. No obstante, las clases falladas deberán ser asistidas después.

Por cada falta hay un cobro de \$20 dólares si no está justificada y deberá ser pagada antes de asistir a otra clase. (Sin excepciones más que las antes mencionadas)

La expulsión del programa ocurrirá cuando suceda cualquiera de los siguientes puntos:

- Faltas en exceso a clases o individuales sesiones. **Dos (2) es lo permitido**, sin tener aprobación para estar fuera del programa.
- Si no comienza las actividades dentro de los 21 días a partir de su cambio de un programa aprobado.
- Si la persona viene en estado inapropiado como es estar bajo la influencia de alcohol o drogas a su programa.
- Si se rehúsa a someterse a un examen de Alcohol o Drogas conforme a la Sección 23157, del Código de Vehículos de California.
- Si no cumple con las regulaciones del programa.
- Si esta fuera de contacto con el Programa por 21 días o más sin haber solicitado autorización para estar ausente del Programa.
- Actos de violencia, amenazas, y actividades ilegales de cualquier clase con los participantes o el personal.

Iniciales del Cliente _____ **Fecha** _____

Titulo 9 sección 9886 explica que podemos regresar el cliente al programa después de ser expulsado no menos de:

- Treinta (30) días después de la primera expulsión
- Sesenta (60) días después de la segunda expulsión, y
- Noventa (90) días después de la tercera o siguiente expulsiones

Si el participante no está de acuerdo con los resultados de la evaluación financiera, el participante puede solicitar por escrito que el Departamento de servicios de atención médica Revise la evaluación. Se debe proporcionar una documentación de ingresos al programa. La solicitud debe ser enviada a:

Santa Barbara County Department of Behavioral Wellness; 300 N. San Antonio Rd. Bldg 3, Santa Barbara CA 93110 o llamando al (805) 681-5440, Attention: Drinking Driver Program Coordinator

Department of Health Care Services Substance Use Disorder Compliance Division – DUI Section
P.O. Box 997413, MS 2602, Sacramento, California 95899 o llamando al (916) 322-2964 o por correo electrónico duiproviders@dhcs.ca.gov

6 Semanas cada _____
(días de semana)

1 Cita con el consejero _____
(fecha)

Sus clases empiezan el _____ de _____ a las _____
(día) (mes) (hora)

Todas sus clases serán en Zona Seca, 26 W. Figueroa.

Plan De Pagos

Cobro Total	\$ _____	1. Pago Vencido el _____ de _____
Pago Inicial	\$ _____	2. Pago Vencido el _____ de _____
Balance	\$ _____	3. Pago Vencido el _____ de _____

Firma Del Cliente Fecha

Firma De Consejero/a Fecha

POR FAVOR SI TIENE PREGUNTAS HABLE A TU CONSEJERO: El número es 805-963-8961.

Iniciales del Cliente _____ **Fecha** _____

02/13/2025 revision

ZONA SECA

DUI License # 42-003-01-100

26 W. Figueroa St.
Santa Barbara, CA 93101
(805) 963-8961 Ext. 24

[] Non – Court Referred [] Court Referred

Three Month Driving Under the Influence Program PARTICIPANT CONTRACT

I, _____, agree and understand that as a condition of my probation, the court has directed me to participate in the First Offender Three Month Driving Under the Influence Program with Zona Seca, a state licensed service provider, in the County of Santa Barbara. I understand that if I choose not to enroll, or, having enrolled, fail to comply with the program rules and regulations, *that my restricted driver's license (if eligible) will be revoked and that this will delay when I am eligible to have my license reinstated.*

I AGREE and UNDERSTAND that the following rules and regulations must be met by me in order to successfully complete the program. *Completion of the program means completion of all required educational sessions, group-counseling sessions, face to face interviews and program fees.* This contract will address the following areas:

- I. **Goals and Objectives**
- II. **Requirements of Participation**
- III. **Attendance and Dismissal Policy**
- IV. **Program fee and Payment Schedule**
- V. **Statement about Sobriety**
- VI. **Chemical Dependency Assessment**
- VII. **Grievance Procedure**

I. GOALS AND OBJECTIVES:

- 1. The goals and objectives of the program are two-fold:
 - a) To provide an atmosphere that can permit you to discuss and objectively examine the legal aspects of driving under the influence, the physiological effects of alcohol, the disease of alcoholism and local community resources dedicated to the prevention and treatment of alcohol or drug related problems.
 - b) To provide accurate and relevant information through education, group awareness and individual counseling.

II. PROGRAM REQUIREMENTS:

- 1. Attend sixteen (16) hours of alcohol education sessions, of which, any one session shall not exceed two (2) hours in length. To begin _____/_____/_____ at _____. Unless previously notified, sessions will meet at Zona Seca at 26 W. Figueroa Street.

Alternative Class Location _____

- 2. Attend fourteen (14) hours of group counseling sessions, of which any one (1) session shall not exceed two (2) hours in length. To begin _____/_____/_____ at _____. These classes will meet at the same location specified for your education sessions unless otherwise notified.

- 3. Attend one (1) assessment for one hour, shall occur within sixty (60) days of program enrollment, scheduled for _____/_____/_____, three (3) face to face individual sessions, of which any one (1) session shall not be less than fifteen (15) minutes in length. The first individual session shall occur within twenty-one (21) days of program enrollment, and is scheduled for _____/_____/_____ at _____. The second session scheduled for _____/_____/_____ at _____. The third session is your final interview and will be scheduled

Clients Initials _____ Date _____

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later with your counselor. The assessment and Individual sessions will meet at Zona Seca, Inc. at 26 W. Figueroa Street.

III. ATTENDANCE/DISMISSAL/LEAVE OF ABSENCE POLICY

1. Attendance, punctuality (cannot be late to any activities) and participation are mandatory at all assigned program activities. **You must attend and commence a program activity within 21 days from your date of enrollment or notice of non-compliance will be sent to the Department of Motor Vehicles.** You are allowed to miss up to 5 program activities (classes and/or counseling appointments). All must be made up, and a fee of \$20.00 is charged for each missed activity. **Counseling, education, and group appointments** may be re-scheduled; to avoid the \$20.00 charge, you must reschedule **24 hours** prior to your session. **6 absences and notice of non-compliance will be sent to the Department of Motor Vehicles.** There are **NO EXCEPTIONS.** If you are not in attendance with the program for more than 21 days, we will send notice of non-compliance to the Department of Motor Vehicles (phone calls, e-mails, voicemails, and payments ARE NOT attendance, you must physically attend and participate in a required class and/or counseling appointment). If you are disqualified for non-compliance (terminated) and wish to re-enroll in the program, you will be responsible for the balance due plus a \$25.00 re-instatement fee.

2. **The program requires that a participant request a written request for a leave of absence when ever the participant is unable to attend any scheduled program activities for 21 days or longer from their last program activity/attendance.** The cost of a Leave of Absence is \$40.00. A leave of absence may be requested for absences less than 21 days. In order to request a leave of absence, the participant shall pay the required fee; submit to the program a **written request for a leave of absence, and any documentation substantiating the need for a leave.** **Approval for each leave of absence shall be obtained by the participant prior to the first date of the leave of absence.** If the participant is unable to obtain prior leave of absence, the participant shall be required to explain in writing the circumstances that prevented the participant from obtaining prior approval. Leave of absences can only be approved for the following reasons:
 - a) Military personnel whose orders or responsibilities require an extended absence
 - b) Participants whose work requires travel for an extended period of time
 - c) Participants who are absent due to their own extended illness, or medical treatment, or that of a family member
 - d) Participants who are incarcerated or participating in a residential alcohol/drug abuse recovery or treatment program
 - e) Participants who cannot participate in program services due to extreme personnel hardship or family emergency
 - f) Pre-planned vacation. This will be granted only if absences are made up and outstanding fees paid

All missed activity must be made up prior to setting a completion appointment. Time missed while on a leave of absence cannot be counted as participation time.

3. **Dismissal** from the program will occur whenever any of the following has taken place;
 - a) Exceeds the 5 absences allowed (this includes absences from classes, individual counseling sessions and make-ups)
 - b) Failure to participate in required program activities within **21 days** of transfer to another program licensed by the Department of Health Care Services.
 - c) Failure to maintain program sobriety.
 - d) **Failure to submit** to a chemical test pursuant to section 23157 of the California Vehicle Code.
 - e) Failure to comply with "Drinking Driver Program" rules.
 - f) Participant is unable to attend any scheduled program services for **21 or more consecutive days** (phone calls, emails, voicemails, and payments **ARE NOT** contact, must physically attend a class or counseling appointment).

Client's Initials _____ Date _____

02/13/2025 revision

- g) Is **physically** or **verbally** abusive and/or threatening to program staff or other program participants.
- h) Falsifying or forging documentation and/or asking a participant to forge or falsify documentation.

4. **Reinstatement** into the First Offender Program is as follows:

- a) If the participant was attending the program as a condition of probation or in accordance with a court order, the DUI program shall notify the court that the participant was dismissed from the program. The DUI program shall also notify the Department of Motor Vehicles if the participant has been issued a DL107. (Proof of Enrollment Certificate)
- b) If the participant is not attending the program as a condition of probation or in accordance with a court order, the DUI program may reinstate the participant in accordance with the DUI program's written policy, which is included below:
 - **Thirty (30) days after the date of first dismissal.**
 - Sixty (60) days after the date of second dismissal, and
 - Ninety (90) days after the date of third or subsequent dismissal
- c) Prior to processing a participant's request for reinstatement to the program following a dismissal, voluntary withdrawal, or transfer, the DUI program may require the participant to pay his/her assessed program fee due for services provided by the DUI program, and any additional fees assessed in accordance with the provisions of this regulation.
- d) The DUI program may refuse to reinstate a participant if the participant was dismissed because he/she was physically or verbally abusive to DUI program staff or other DUI program participants. The DUI program shall document in the participant's record the circumstances under which the participant was dismissed.

IV. PROGRAM FEE AND PAYMENT SCHEDULE:

1. The program fee that Zona Seca charges for the First Offender Three-Month Program is \$977 (Nine hundred seventy-seven dollars).
2. Fifty percent is due at enrollment for any person who does not qualify for an extended payment plan.
3. An extended payment schedule is made available to any participant who can document that their gross monthly income is equal to or less than 35% of the monthly median family income for the county (Santa Barbara County Median Family Income \$6,283.33 six thousand, two hundred, eight-three dollars, thirty-three cents), but greater than the general assistance benefit level for the county (Santa Barbara County General Relief Benefit \$300.00 three hundred dollars, 1993).
4. You must make your request for an extended payment plan in writing. An extended payment plan may be requested at any time during your program involvement
 - Upon your request
 - If two or more consecutive payments are missed, or
 - Prior to dismissal from the program for failure to pay the program fee.
5. A written request for an extended payment plan is done by completing the appropriate forms and must be requested from the Program Director or authorized personal.
6. Under State Law, any person determined to be unable to pay for program services can not be denied services. In order to qualify for an extended payment plan you must demonstrate:
 - Eligibility for receipt of general assistance
 - Total monthly income which is equal to, or less than the county general assistance benefit level of \$300.00

Clients Initials _____ *Date* _____

02/13/2025 revision

- 7. Should the participant disagree with the results of the financial assessment, the participant may request in writing that the Department of Health Care Services review the assessment. A documentation of income must be provided to the program. The request should be sent to the:

Department of Health Care Services
 Substance Use Disorder Compliance Division – DUI Section
 P.O. Box 997413, MS 2602
 Sacramento, California 95899
 (916) 322-2964

- 8. Your program fee is assessed at: \$ _____, and is payable in the following manner:

A down payment of \$ _____, due by _____; and Monthly payments of \$ _____ per month, beginning on _____. Each payment is due on the _____ of each month and the final payment of \$ _____, due on: _____ or by the final appointment; *whichever comes first.*

PERSONAL CHECKS NOT ACCEPTED

- 9. I understand that the agency will need to be informed immediately of ANY change in my income that would affect my ability to pay the program fee as agreed above. I agree to give the agency a minimum of 30-day notice to set up a new program fee payment schedule for me. I also agree to provide necessary documentation that may be needed to verify my change in income before a change in payment schedule can be made. **ANY CHANGE TO PAYMENT OF PROGRAM FEES WILL BE INCORPORATED BY ADDENDUM, AND WILL SUPERCEDE PRIOR ADDENDUMS IDENTIFIED BY DATE PRIOR TO MOST RECENT ADDENDUM ATTACHED TO THIS CONTRACT.**

- 10. All program fees are due and payable on the date agreed as indicated above. I understand the following additional fees will be assessed when ever the following occurs:

- \$65.00 (sixty five dollars) for each program transfer out
- \$40.00 (forty dollars) for each Leave of Absence
- \$25.00 (twenty five dollars) for each re-instatement
- \$20.00 (twenty dollars) for each missed activity
- \$20.00 (twenty dollars) for each rescheduling of activities
- \$30.00 (thirty dollars) for each Alcohol/Drug Screening (positive result)
- \$12.00 (twelve dollars) for each duplicate DL101 Certificate (research)

- 11. I understand that I am free to terminate my participation in this program at any time. I also understand that any termination of my participation will result in notice sent to the Department of Motor Vehicles for further action. Any program fees that I may have paid in advance of services rendered will be returned. The program staff will prepare a closing statement for me, and within 90 days of my termination I will receive a refund for those amounts paid in advance. For those amounts still due, *I agree and understand that full payment is required by the program prior to the program issuing a completion certificate.*

Clients Initials _____ Date _____

02/13/2025 revision

V. STATEMENT ABOUT SOBRIETY:

- 1. The Driving Under the Influence Program will encourage complete abstinence from the use of alcohol or drugs during the course of your program involvement. Program sobriety will be strictly enforced at all times. You may not attend any program activity if there is an odor of an alcoholic beverage on your breath or smell of drug on your body or while under the influence of alcohol, any drugs, and alcohol products (mouthwash, cold medicines, prescription drugs, etc.). **Consequence is immediate termination of program services.**

VI. CHEMICAL DEPENDENCY ASSESSMENT:

- 1. Within the 60 days of my program enrollment, a required chemical dependency assessment will be made concerning my personal use of alcohol and/ or other drugs. The results of this assessment will be disclosed only in accordance with Title 42 sections 2.1-2.67(1), Code of Federal Regulations governing confidentiality of records and information pertaining to alcohol and drug programs. No other disclosure will be made to anyone unless I have given my explicit consent in writing to the program.

VII. GRIEVANCE PROCEDURE:

- 1) If any participant believes that services have been denied because of ethnicity, religion, gender, sexual orientation, mental or physical handicap, or if any participant has complaints concerning policies, procedures, facilities or staff conduct, notification of any grievances may be addressed in writing to the Program Director of the First Offender DUI Program; 26 W. Figueroa St, Santa Barbara, CA 93101.
- 2) Further resources available by writing:
 - a) Santa Barbara County Department of Behavioral Wellness; 300 N. San Antonio Rd. Bldg 3, Santa Barbara CA 93110 or by calling (805) 681-5440, Attention: Drinking Driver Program Coordinator.
 - b) Department of Health Care Services Substance Use Disorder Compliance Division – DUI Section, P.O. Box 997413, MS 2602, Sacramento, CA 95899; phone (916)322-2964, email duiproviders@dhcs.ca.gov

I hereby acknowledge that I have read this contract in its entirety. I also acknowledge that the program staff has reviewed this contract with me. They have answered all the questions that I may have had regarding this contract. I freely and knowingly agree to the conditions of this contract. I further understand that any changes made to the terms and conditions set forth in this contract for payment of program fees will require my consent and will be established by addendum to this contract.

Participant Signature

Date

Program Representative

Date

Clients Initials _____

Date _____

.,ZONA SECA

Programa de manejando de bajo la influencia

 Corte Referred

 Non-Corte Referid

**PROGRAMA DE PRIMERA OFENSA CONTRATO DEL PARTICIPANTE
PARA EL PROGRAMA DE TRES MESES**

Yo _____, estoy de acuerdo y comprendo que como un alternativo a perder mí licencia de manejar y/o como condición de mi probación, la corte (tribunal) me ha ordenado participar en el Programa de Primera Ofensa con Zona Seca. Un programa aprobado por el estado para el condado de Santa Bárbara. Yo comprendo que si escojo no inscribirme, o si después de ver inscribió falto en cumplir con las reglas y requerimientos del programa, esto determinada cuando yo pueda ser elijable para volver obtener a mi licencia de manejar.

Yo estoy de acuerdo y comprendo, que las siguientes regulaciones y requerimientos se necesitan completar por mí, para poder completar el programa. Completar el programa se refiere a que yo complete todas las sesiones de grupo, individual, y de educación que se han exigido. Este contrato se referirá a las siguientes áreas:

1. Metas y Objetivos
2. Requisitos de Participación
3. Reglas Sobre Su Asistencia/Desperdician
4. Cuota del Programa y Plan de Pagos
5. Declaración Sobre la Sobriedad
6. Evaluación Sobre la Dependencia Química
7. Los Derechos del Cliente/Procedimiento Para Quejas

1. METAS Y OBJETIVOS:

Las metas del Programa de Primera Ofensa son establecer un ambiente que permite a los participantes encarar con éxito el problema de abuso o de alcoholismo; eliminar cualquier dependencia a las bebidas alcohólicas y/o otras drogas; y para proteger la salud y seguridad del publico sobre los caminos.

Los objetivos del programa incluyen pero no se limitan a los siguientes:

1. Proveer educación a cada participante información sobre la dependencia química, los efectos del alcohol y otras drogas en el individuo, a la familia y la comunidad.
2. Animar y motivar cada participante a evaluar y entender la necesidad y aceptar la responsabilidad de su decisión individual de continuar usando y/o abusando del alcohol y/o otras drogas.
3. Proveer apoyo y modelos que puedan ayudar cada participante a hacer cambios de vida apropiados y permanentes para prevenir más problemas relacionados con el alcohol o las drogas.

2. REQUISITOS DE PARTICIPACION:

1. Participar en el Programa de Primera Ofensa por no menos que 3 meses en duración.
2. Asistir a 8 sesiones de educación. Cada sesión no excederán 2 horas en duración. Empezaran el _____ a las _____. y reunirán una vez por semana. Cada sesión se reunirán en Zona Seca.

Iniciales del cliente: _____ *fecha:* _____

ZONA SECA

Programa de manejo de bajo la influencia

3. Asistir a 7 sesiones de grupo. Cada sesión es 2 horas en duración. Empezaran el _____ a las _____, y se reunirán una vez por semana. Cada sesión se reunirán en Zona Seca.
4. Asistir a 4 sesiones individuales. La primera sesión es para un asesso de substancias que se dara acabo el _____.La segunda sesión es para el _____ a las _____. La tercer sesión es para el _____ a las _____.Su sesión final se hace después que acabe con sus clases. Cada sesión se reunirán en Zona Seca.

3. REGLAS SOBRE LA ASISTENCIA/DESPEDICION:

1. Es requisito que usted asiste a todas las sesiones a menos que:
 - Usted se ha comunicado con el programa y ha hecho algunos otros arreglos para asistir a las sesiones del programa a otro tiempo, o
 - El programa ha aprobado su ausencia
2. **No se permitirá más que cinco (5) ausencias** por cada periodo de matriculación al programa.
3. Es requisito que usted haga una petición al programa para obtener aprobación por ausencias del programa más que 21 días en duración. También es necesario obtener aprobación por ausencias menos que 21 días.
4. Aprobación para la ausencia se necesita obtener anteriormente del primer día de la ausencia. Si usted falta en obtener la aprobación anteriormente del primer día de la ausencia, necesita dar una explicación por escrito, la razón que usted no cumplió con este requisito.
5. Aprobación para ausencias solamente se puede dar por las siguientes razones:
 - Si necesita cumplir con su obligación militar
 - Si su trabajo requiere que usted viaje por periodos de tiempo
 - Si esta ausencia es causa de alguna enfermedad o bajo la dirección de un medico o un miembro de su familia esta enfermo y requiere su ayuda
 - Si esta encarcelado o esta internado en un programa para el tratamiento del alcoholismo y/o de droga
 - Si no puede participar en las sesiones del programa debido a una situación de opresión extremo o emergencia de familia
 - Si ha pedido aprobación para ausencia por la razón de vacaciones (por favor de notar que no se puede aprobar la ausencia si esta delincuente en reponer alguna ausencias anteriores) o si no esta al corriente con las cuotas del programa
6. Antes que pueda completar el programa, se necesita que reponer cualquier sesión que usted ha faltado.
7. Tiempo afuera del programa por parte de la aprobación de ausencia, no se puede contar contra el tiempo para completar el programa.

Iniciales del cliente: _____ *fecha:* _____

ZONA SECA

Programa de manejo de bajo la influencia

- 8. La expulsión del programa ocurría cuando suceden cualquier de las siguiente cosas:**
- **Ausencias en exceso de 5**, lo permitido, sin tener aprobación para estar afuera del programa
 - Si no comienza las actividades dentro de los 21 días a partir de su cambio de un programa aprobado
 - Si no mantiene la sobriedad mientras que este matriculado en el programa
 - Si se rehúsa a someterse a un examen de sustancias químicas conforme con la Sección 23157, del Código de Vehículos de California
 - Si no cumple con las reglas del programa
 - Si falta de mantener contacto con el programa por 21 días o mas sin haber obtenido aprobación de ser ausente
 - Actos de violencia, amenazas y/o actividad ilegal del cualquier clases con los participantes o el personal

4. COSTO DEL PROGRAMA Y PLAN DE PAGOS:

- El costo del programa es **\$977**, 50 por ciento del costo del programa es requerido por la agencia al tiempo de su matriculación al programa.
- Un plan de pagos es disponible su puede documentar que sus ingresos brutos no son más que el 35 por ciento de la tabla de ingresos medianos familiares, pero mas del nivel de asistencia general del Condado de Santa Bárbara.
- Para obtener un plan de pagos, necesita hacer una solicitud por escrito. Después de su matriculación al programa, su puede hacer una solicitud para un horario de pagos cuando usted:
 - Ha faltado mas que dos veces en cumplir con su plan de pagos o
 - Antes de ser descalificado del programa por falta de cumplir con su plan de pagos
- **BAJO MANDATOS DE LA LEY, SERVICIOS DEL PROGRAMA NO SERAN NEGADOS A NADIE SI DEMUESTRA SU INABILIDAD DE PAGAR.** Para calificar para el renuncio de cuotas del programa, se necesita demostrar lo siguiente:
 - Su calificación para recibir asistencia general
 - Sus ingresos brutos mensuales no son mas del nivel de asistencia general del condado
- Si no esta de acuerdo con los resultados de evaluación financiero, y ha presentado documentación de su ingreso, puede por escrito pedir que el Departamento de Servicios de Atención de la Salud revise las decisiones del programa. Su petición se puede mandar al:

Department of Health Care Services
Substance Use Disorder Compliance Division – DUI Section
P.O. Box 997413, MS 2602
Sacramento, California 95899
(916) 322-2964

Iniciales del cliente: _____ *fecha:* _____

ZONA SECA

Programa de manejo de bajo la influencia

- Su costo de su programa se ha calculado en: \$ _____, y es pagado de la siguiente manera:

Un pago adelantado de \$ _____, para entregar el día _____, y
 Pagos mensuales de \$ _____, empezando el _____.
 Cada pago es pagado el día _____, de cada mes, y un pago final de \$ _____. El pago final, y todo los costos que debe a la agencia, tendrán que ser pagados antes de completar el curso de este programa.

- Yo comprendo que yo debo informar a la agencia inmediatamente de cualquier cambio en mis entradas que afectaría mi habilidad de pagar el costo del programa para dar a la agencia amplio tiempo para arreglar un plan de pagos nuevo. Estoy de acuerdo en proveer la documentación que se necesita para verificar mi cambio de ingresos para hacerse otro plan de pagos. Cambios según mi plan de pagos se incluirán en adición a este contrato y tomaran la significación de un entendimiento y acuerdo nuevo. Además entiendo y estoy de acuerdo que cualquier otro plan pagos antes de este acuerdo nuevo no continuara valido.
- Todos los costos del programa se vencen y son pagados en las fechas indicado arriba. Yo comprendo que si el pago no se recibe dentro de 30 días de la fecha convenida arriba, la agencia puede suponer que yo me rehusé a pagar, y puede tomar medidas para expulsar mi caso.
- Yo comprendo que habrá lo siguientes costos cuando ocurra lo siguiente:
 - \$20 por cada sesión (individual, grupo, o educación) que se necesite reponer
 - \$65 por cada cambio de programa
 - \$40 por cada vacación a cuenta propia
 - \$20 por cada reprogramación de clases
 - \$30 por cada resultado positivo de detección de drogas alcohol
 - \$25 por cada ves que regrese al programa después de ser expulsado del programa
- Yo comprendo, que soy libre a terminar mi participación en el programa en cualquier momento. También comprendo que la terminación de mi participación en el programa resultara en un noticiero al Departamento de Motores y Vehículos. Comprendo que el personal del programa preparara una cuenta de lo que todavía debo o de dinero que yo pague por adelante y dentro de 30 días, recibiré reembolso de la cantidad pagada por adelantado. **Entiendo que si fallo en pagar la cuota entera, el programa no me dará el certificado de terminación.**

5. DECLARACION SOBRE LA SOBRIEDAD:

1. Las metas y objetivos del programa están claramente indicados arriba y se alcanzan mediante la participación y buena voluntad del participante.
2. El personal del programa cree que la realización de las metas y objetivos del programa empieza cuando el participante puede enfocar objetivamente los temas relacionados con problemas del alcohol o de las drogas en su vida personal. La experiencia a demostrado que para exista la objetividad, deber haber un estado de completa abstinencia o de continuar la abstinencia de toda substancia química. Por lo tanto, el personal del programa cree que la total abstinencia esta asegurada como un fin del programa. Se entiende por sobriedad la abstinencia de cualquier cantidad apreciable de alcohol o de otras drogas de parte de los participantes en el programa cuando manejan un vehículo o cuando asistan a cualquier actividad relacionada con el programa.
3. El personal del programa tomara acción cuando esta en violación de mantener la sobriedad del programa.

Iniciales del cliente: _____ *fecha:* _____

ZONA SECA

Programa de manejo de bajo la influencia

6. EVALUACION SOBRE LA DEPENDENCIA A SUBSTANCIAS QUIMICAS:

1. Yo comprendo que dentro los primeros 30 días de mi matriculación en el programa, se hará una evaluación obligatoria a sustancias químicas tocante a mi uso del alcohol y de otras drogas. Los resultados de esta evaluación se discutirán conmigo personalmente y formarán parte oficial de mi archivo y para usarse en el desarrollo de un programa apropiado y/o de un plan de tratamiento en mi beneficio. Esta evaluación será revelada solamente en conformidad con el Título 42, Secciones 2.1-2.67(1), Código de Regulaciones Federales, que regulan la confidencialidad de archivos y información que se refieren a los programas del alcohol y de las drogas. No se hará ninguna otra revelación a nadie, a menos que yo haya dado mi consentimiento explícito por escrito al programa.

7. LOS DERECHOS DEL CLIENTE/PROCEDIMIENTO PARA QUEJAS:

1. Cada persona participando en este programa tiene los siguientes derechos:
 - De ser tratado con respeto y dignidad en sus relaciones por todo el personal de este programa
 - De ser proveído con facilidades y equipos que son seguros, saludables, y cómodos
 - De no ser sometido a ningún castigo, humillación ni abuso mental
 - De recibir servicios sin discriminación basada en su genero, raza, color, origen nacional, incapacidad física o mental, o otra característica
 - De ser siempre tratado de una manera considerada y respetuosa
 - De que todos los documentos y comunicaciones como participante de este programa sean tratados de una manera confidencial a excepción de las condiciones escritas en su Consentimiento para Revelar Información

2. Si usted piensa que no le hayan tratado de una manera justa o apropiada, tome los siguientes pasos:
 - Primero, trate de resolver el asunto por discutirlo con su consejera/o
 - Si este paso no resuelve la situación a su satisfacción, debe de ponerse en contacto con el supervisor de su consejera o con el director del programa
 - Si todavía no le gustan los resultados, favor de ponerse en contacto con:

Santa Barbara County Department of Behavioral Wellness; 300 N. San Antonio Rd. Bldg 3, Santa Barbara CA 93110 o llamando al (805) 681-5440, Attention: Drinking Driver Program Coordinator

Department of Health Care Services Substance Use Disorder Compliance Division – DUI Section
P.O. Box 997413, MS 2602, Sacramento, California 95899 o llamando al (916) 322-2964 o por correo electrónico duiproviders@dhcs.ca.gov

Yo por este medio reconozco que he leído este contrato en su totalidad, y que el personal del programa ha revisado este contrato conmigo, ha respondido mis preguntas y me ha dado información que yo pudiera no haber entendido. Yo libremente y con conocimiento de causa estoy de acuerdo en los términos y condiciones esbozadas arriba. Yo reconozco que he recibido una copia de este contrato.

Firma del Participante Fecha

Firma del Representante del Programa Fecha

Iniciales del cliente: _____ *fecha:* _____

Revised 02/13/2025

DUI License # 42-003-01-100

[] Non-Court Referred [] Court Referred

ZONA SECA

26 W.Figueroa St.

Santa Barbara, CA 93101

(805) 963-8961 X24

Six Month Driving Under the Influence Program PARTICIPANT CONTRACT

I, _____, agree and understand that as a condition of my probation, the court has directed me to participate in the First Offender Six Month Drinking Driver Program with Zona Seca, a state licensed service provider, in the County of Santa Barbara. I understand that if I choose not to enroll, or, having enrolled, fail to comply with the program rules and regulations, that this will delay when I am eligible to have my license reinstated.

I AGREE and UNDERSTAND that the following rules and regulations must be met by me in order to successfully complete the program. Completion of program means completion of all required educational sessions, group-counseling sessions and face to face interviews. This contract will address the following areas:

- | | |
|---|---|
| I. Goals and Objectives | V. Statement about Sobriety |
| II. Requirements of Participation | VI. Chemical Dependency Assessment |
| III. Attendance and Dismissal Policy | VII. Grievance Procedure |
| IV. Program fee and Payment Schedule | |

I. GOALS AND OBJECTIVES:

1. The goals and objectives of the program are two fold:
 - a) To provide an atmosphere that can permit you to discuss and objectively examine the legal aspects of driving under the influence, the physiological effects of alcohol, the disease of alcoholism and local community resources dedicated to the prevention and treatment of alcohol or drug related problems.
 - b) To provide accurate and relevant information through education, group awareness and individual counseling.

II. PROGRAM REQUIREMENTS:

1. Attend twelve (12) hours of alcohol education sessions, of which, any one session shall not exceed two (2) hours in length. To begin _____/_____/_____ at _____. Unless previously notified, sessions will meet at Zona Seca at 26 W. Figueroa Street.

Alternative Class Location _____

2. Attend thirty four (34) hours of group counseling sessions, of which any one (1) session shall not exceed two (2) hours in length. To begin _____/_____/_____ at _____. These classes will meet at the same location specified for your education sessions.

Date: _____ | Initials _____

3. Attend one (1) assessment for one (1) hour, five (f) face to face individual sessions, of which anyone (1) session shall not be less than fifteen (15) minutes in length. The assessment shall occur within twenty-one (21) days of program enrollment, and is scheduled for _____/_____/_____ at _____. The first face-to-face session scheduled for _____/_____/_____ at _____. The second face-to-face session scheduled for _____/_____/_____ at _____. The third face-to-face session scheduled for _____/_____/_____ at _____. The fourth face-to-face sessions scheduled for _____/_____/_____ at _____. The fifth session is your final interview and will be scheduled later with your counselor. Unless previously notified, sessions will meet at Zona Seca at 26 W. Figueroa Street.

III. ATTENDANCE/DISMISSAL/LEAVE OF ABSENCE POLICY

1. Attendance, punctuality (cannot be late to any activities) and participation are mandatory at all assigned program activities. **You must attend and commence a program activity within 21 days from your date of enrollment or notice of non-compliance will be sent to the Department of Motor Vehicles.** You are allowed to miss up to 7 program activities (classes and/or counseling appointments). All must be made up, and a fee of **\$20.00** is charged for each missed activity. **Counseling, education, and group appointments** may be re-scheduled, to avoid the \$20.00 charge, you must reschedule **24 hours** prior to your session. **8 absences and notice of non-compliance will be sent to the Department of Motor Vehicles.** There are **NO EXCEPTIONS.** If you are not in attendance with the program for more than 21 days, we will send notice of non-compliance to the Department of Motor Vehicles (phone calls, e-mails, voicemails, and payments ARE NOT attendance, you must physically attend and participate in a required class and/or counseling appointment). If you are disqualified for non-compliance (terminated) and wish to re-enroll in the program, you will be responsible for the balance due plus a **\$25.00** reinstatement fee.

2. **The program requires that a participant request a leave of absence whenever the participant is unable to attend any scheduled program activities for 21 days or longer from their last program activity/attendance.** The cost of a Leave of Absence is \$40.00. A leave of absence may be requested for absences less than 21 days. In order to request a leave of absence, the participant shall pay the required fee; submit to the program a **written request for a leave of absence, and any documentation substantiating the need for a leave.** **Approval for each leave of absence shall be obtained by the participant prior to the first date of the leave of absence.** If the participant is unable to obtain prior leave of absence, the participant shall be required to explain in writing the circumstances that prevented the participant from obtaining prior approval. Leave of absences can only be approved for the following reasons:
 - a) Military personnel who's orders or responsibilities require an extended absence
 - b) Participants who's work requires travel for an extended period of time
 - c) Participants who are absent due to their own extended illness, or medical treatment, or that of a family member
 - d) Participants who are incarcerated or participating in a residential alcohol/drug abuse recovery or treatment program
 - e) Participants who cannot participate in program services due to extreme personnel hardship or family emergency
 - f) Pre-planned vacation. This will be granted only if absences are made up and outstanding fees paid

All misses must be made up prior to setting completion appointment. Time missed while on leave can not be counted as participation time.

3. **Dismissal** from the program will occur whenever any of the following has taken place;
 - a) Exceeds the 7 absences allowed (includes absences from classes, individual counseling sessions and make ups)

Date: _____ | Initials _____

- b) Failure to participate in required program activities within **21 days** of transfer to another program licensed by the Department of Alcohol and Drug programs.
- c) Failure to maintain program sobriety.
- d) **Failure to submit** to a chemical test pursuant to section 23157 of the California Vehicle Code.
- e) Failure to comply with "Drinking Driver Program" rules.
- f) Participant is unable to attend any scheduled program services for **21 or more consecutive days** (phone calls, emails, voicemails and payments **ARE NOT** contact, must physically attend a class or counseling appointment).
- g) Is **physically** or **verbally** abusive and/or threatening to program staff or other program participants.
- h) Falsifying or forging documentation and/or asking a participant to forge or falsify documentation.

4. **Reinstatement** into the First Offender Program is as follows:

- a) If the participant was attending the program as a condition of probation or in accordance with a court order, the DUI program shall notify the court that the participant was dismissed from the program. The DUI program shall also notify the Department of Motor Vehicles if the participant has been issued a DL107. (Proof of Enrollment Certificate)
- b) If the participant is not attending the program as a condition of probation or in accordance with a court order, the DUI program may reinstate the participant in accordance with the DUI program's written policy, which is included below:
 - **Thirty (30) days after the date of first dismissal;**
 - **Sixty (60) days after the date of second dismissal, and**
 - **Ninety (90) days after the date of third or subsequent dismissal**
- c) Prior to processing a participant's request for reinstatement to the program following a dismissal, voluntary withdrawal, or transfer, the DUI program may require the participant to pay his/her assessed program fee due for services provided by the DUI program, and any additional fees assessed in accordance with the provisions of this regulation.
- d) The DUI program may refuse to reinstate a participant if the participant was dismissed because he/she was physically or verbally abusive to DUI program staff or other DUI program participants. The DUI program shall document in the participant's record the circumstances under which the participant was dismissed.

IV. PROGRAM FEE AND PAYMENT SCHEDULE:

- 1. The program fee that Zona Seca charges for the First Offender Six-Month Program is \$1,255 (one thousand two hundred fifty-five).
- 2. Fifty percent is due at enrollment for any person who does not qualify for a fee waiver or extended payment plan.
- 3. An extended payment schedule is made available to any participant who can document that their gross monthly income is equal to or less than 35% of the monthly median family income for the county (Santa Barbara County Median Family Income \$6,283.33 six thousand, two hundred, eight-three dollars, thirty-three cents), but greater than the general assistance benefit level for the county (Santa Barbara County General Relief Benefit \$300.00 three hundred dollars, 1993).
- 4. You must make your request for an extended payment plan in writing. An extended payment plan may be requested at any time during your program involvement

Date: _____ | Initials _____

- a) Upon your request
 - b) If two or more consecutive payments are missed, or
 - c) Prior to dismissal from the program for failure to pay the program fee.
5. A written request for an extended payment plan is done by completing the appropriate form, and must be requested from the Program Director.
6. Under State Law, any person determined to be unable to pay for program services can not be denied services. In order to qualify for an extended payment plan you must demonstrate:
- Eligibility for receipt of general assistance
 - Total monthly income which is equal to, or less than the county general assistance benefit level of \$300.00
7. Should the participant disagree with the results of the financial assessment, the participant may request in writing that the Department of Health Care Services review the assessment. A documentation of income must be provided to the program. The request should be sent to the:

Department of Health Care Services
 Substance Use Disorder Compliance Division – DUI Section
 P.O. Box 997413, MS 2602
 Sacramento, California 95899
 (916) 322-2964

8. Your program fee is assessed at: \$ _____, and is payable in the following manner:
- a) A down payment of \$ _____, due by _____; and monthly payments of \$ _____ per month, beginning on _____. Each payment is due on the _____ of each month and the final payment of \$ _____, due on: _____.
9. I understand that the agency will need to be informed immediately of ANY change in my income that would affect my ability to pay the program fee as agreed above. I agree to give the agency a minimum of 30-day notice to set up a new program fee payment schedule for me. I also agree to provide necessary documentation that may be needed to verify my change in income before a change in payment schedule can be made. **ANY CHANGE TO PAYMENT OF PROGRAM FEES WILL BE INCORPORATED BY ADDENDUM, AND WILL SUPERCEDE PRIOR ADDENDUMS IDENTIFIED BY DATE PRIOR TO MOST RECENT ADDENDUM ATTACHED TO THIS CONTRACT.**
10. All program fees are due and payable on the date agreed as indicated above. I understand the following additional fees will be assessed when ever the following occurs:

- \$65.00 (sixty five dollars) for each program transfer out
- \$40.00 (forty dollars) for each Leave of Absence
- \$25.00 (twenty five dollars) for each re-instatement
- \$20.00 (twenty dollars) for each missed activity
- \$20.00 (twenty dollars) for each rescheduling of activities
- \$30.00 (thirty dollars) for each Alcohol/Drug Screening (positive result)
- \$12.00 (twelve dollars) for each duplicate DL101 Certificate (research)

Date: _____ | Initials _____

- 11. I understand that I am free to terminate my participation in this program at any time. I also understand that any termination of my participation will result in notice sent to the Department of Motor Vehicles for further action. Any program fees that I may have paid in advance of services rendered will be returned. The program staff will prepare a closing statement for me, and within 90 days of my termination I will receive a refund for those amounts paid in advance. For those amounts still due, I agree and understand that full payment is required by the program prior to the program issuing a completion certificate.

V. STATEMENT ABOUT SOBRIETY:

- 1. The Driving Under the Influence Program will encourage complete abstinence from the use of alcohol or drugs during the course of your program involvement. Program sobriety will be strictly enforced at all times. You may not attend any program activity if there is an odor of an alcoholic beverage on your breath or smell of drug on your body or while under the influence of alcohol, any drugs, and alcohol products (mouthwash, cold medicines, prescription drugs, etc.). **Consequence is immediate termination of program services.**

VI. CHEMICAL DEPENDENCY ASSESSMENT:

- 1. Within the 60 days of my program enrollment, a required chemical dependency assessment will be made concerning my personal use of alcohol and/ or other drugs. The results of this assessment will be disclosed only in accordance with title 42 sections 2.1-2.67(1), Code of Federal Regulations governing confidentiality of records and information pertaining to alcohol and drug programs. No other disclosure will be made to anyone unless I have given my explicit consent in writing to the program.

VII. GRIEVANCE PROCEDURE:

- 1) If any participant believes that services have been denied because of ethnicity, religion, gender, sexual orientation, mental or physical handicap, or if any participant has complaints concerning policies, procedures, facilities or staff conduct, notification of any grievances may be addressed in writing to the Program Director of the First Offender DUI Program; 26 W. Figueroa St, Santa Barbara, CA 93101.
- 2) Further resources available by writing:
 - a) Santa Barbara County Department of Behavioral Wellness; 300 N. San Antonio Rd. Bldg 3, Santa Barbara CA 93110 or by calling (805) 681-5440, Attention: Drinking Driver Program Coordinator.
 - b) Department of Health Care Services Substance Use Disorder Compliance Division – DUI Section, P.O. Box 997413, MS 2602, Sacramento, CA 95899; phone (916)322-2964, email duiproviders@dhcs.ca.gov

I hereby acknowledge that I have read this contract in its entirety. I also acknowledge that the program staff has reviewed this contract with me. They have answered all the questions that I may have had regarding this contract. I freely and knowingly agree to the conditions of this contract. I further understand that any changes made to the terms and conditions set forth in this contract for payment of program fees will require my consent and will be established by addendum to this contract.

Participant Signature

Date

Program Representative

Date

Date: _____ | Initials _____

ZONA SECA

Programa de manejo de bajo la influencia

___ Court Referred

___ Non-Court Referred

**PROGRAMA DE PRIMERA OFENSA CONTRATO DEL PARTICIPANTE
PARA EL PROGRAMA DE SEIS MESES**

Yo _____, estoy de acuerdo y comprendo que como un alternativo a perder mi licencia de manejar y/o como condición de mi probación, la corte (tribunal) me ha ordenado participar en el Programa de Primera Ofensa con Zona Seca. Un programa aprobado por el estado para el condado de Santa Bárbara. Yo comprendo que si escojo no inscribirme, o si después de ver inscrito falto en cumplir con las reglas y requerimientos del programa, esto determinada cuando yo pueda ser elijable para volver obtener a mi licencia de manejar.

Yo estoy de acuerdo y comprendo, que las siguientes regulaciones y requerimientos se necesitan completar por mí, para poder completar el programa. Completar el programa se refiere a que yo complete todas las sesiones de grupo, individual, y de educación que se han exigido. Este contrato se referirá a las siguientes áreas:

1. Metas y Objetivos
2. Requisitos de Participación
3. Reglas Sobre Su Asistencia/Desperdicio
4. Cuota del Programa y Plan de Pagos
5. Declaración Sobre la Sobriedad
6. Evaluación Sobre la Dependencia Química
7. Los Derechos del Cliente/Procedimiento Para Quejas

1. METAS Y OBJETIVOS:

Las metas del Programa de Primera Ofensa son establecer un ambiente que permite a los participantes encarar con éxito el problema de abuso o de alcoholismo; eliminar cualquier dependencia a las bebidas alcohólicas y/o otras drogas; y para proteger la salud y seguridad del público sobre los caminos.

Los objetivos del programa incluyen, pero no se limitan a los siguientes:

1. Proveer educación a cada participante información sobre la dependencia química, los efectos del alcohol y otras drogas en el individuo, a la familia y la comunidad.
2. Animar y motivar cada participante a evaluar y entender la necesidad y aceptar la responsabilidad de su decisión individual de continuar usando y/o abusando del alcohol y/o otras drogas.
3. Proveer apoyo y modelos que puedan ayudar cada participante a hacer cambios de vida apropiados y permanentes para prevenir más problemas relacionados con el alcohol o las drogas.

2. REQUISITOS DE PARTICIPACION:

1. Participar en el Programa de Primera Ofensa por no menos que 6 meses en duración.
2. Asistir a 6 sesiones de educación. Cada sesión no excederán 2 horas en duración. Empezaran el _____ a las _____, y reunirán una vez por semana. Cada sesión se reunirán en Zona Seca.

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3. Asistir a 17 sesiones de grupo. Cada sesión es 2 horas en duración. Empezaran el _____ a las _____, y se reunirán una vez por semana. Cada sesión se reunirán en Zona Seca.
4. Asistir a 5 sesiones individuales. La primera sesión es para el _____ a las _____. La segunda sesión es para el _____ a las _____. La tercera sesión es para _____ a las _____. La cuarta sesión es para _____ a las _____. La quinta sesión es para _____ a las _____. Su sesión final se hace después que acabe con sus clases. Cada sesión se reunirán en Zona Seca.

3. REGLAS SOBRE LA ASISTENCIA/DESPEDICION:

1. Es requisito que usted asiste a todas las sesiones a menos que:
 - Usted se ha comunicado con el programa y ha hecho algunos otros arreglos para asistir a las sesiones del programa a otro tiempo, o
 - El programa ha aprobado su ausencia
2. **No se permitirá más que siete ausencias** por cada periodo de matriculación al programa.
3. Es requisito que usted haga una petición al programa para obtener aprobación por ausencias del programa más que 21 días en duración. También es necesario obtener aprobación por ausencias menos que 21 días.
4. Aprobación para la ausencia se necesita obtener anteriormente del primer día de la ausencia. Si usted falta en obtener la aprobación anteriormente del primer día de la ausencia, necesita dar una explicación por escrito, la razón que usted no cumplió con este requisito.
5. Aprobación para ausencias solamente se puede dar por las siguientes razones:
 - Si necesita cumplir con su obligación militar
 - Si su trabajo requiere que usted viaje por periodos de tiempo
 - Si esta ausencia es causa de alguna enfermedad o bajo la dirección de un medico o un miembro de su familia esta enfermo y requiere su ayuda
 - Si esta encarcelado o esta internado en un programa para el tratamiento del alcoholismo y/o de droga
 - Si no puede participar en las sesiones del programa debido a una situación de opresión extremo o emergencia de familia
 - Si ha pedido aprobación para ausencia por la razón de vacaciones (por favor de notar que no se puede aprobar la ausencia si esta delincuente en reponer alguna ausencias anteriores) o si no esta al corriente con las cuotas del programa
6. Antes que pueda completar el programa, se necesita que reponer cualquier sesión que usted ha faltado.
7. Tiempo afuera del programa por parte de la aprobación de ausencia, no se puede contar contra el tiempo para completar el programa.

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- 8. La expulsión del programa ocurría cuando suceden cualquier de las siguiente cosas:**
- **Ausencias en exceso de 7**, lo permitido, sin tener aprobación para estar afuera del programa
 - Si no comienza las actividades dentro de los 21 días a partir de su cambio de un programa aprobado
 - Si no mantiene la sobriedad mientras que este matriculado en el programa
 - Si se rehúsa a someterse a un examen de sustancias químicas conforme con la Sección 23157, del Código de Vehículos de California
 - Si no cumple con las reglas del programa
 - Si falta de mantener contacto con el programa por 21 días o mas sin haber obtenido aprobación de ser ausente
 - Actos de violencia, amenazas y/o actividad ilegal del cualquier clases con los participantes o el personal

4. COSTO DEL PROGRAMA Y PLAN DE PAGOS:

1. El costo del programa es \$1,255 por ciento del costo del programa es requerido por la agencia al tiempo de su matriculación al programa.
2. Un plan de pagos es disponible su puede documentar que sus ingreso brutos no son mas que el 35 por ciento de la tabla de ingresos medianos familiares, pero mas del nivel de asistencia general del Condado de Santa Bárbara.
3. Para obtener un plan de pagos, necesita hacer una solicitud por escrito. Después de su matriculación al programa, su puede hacer una solicitud para un horario de pagos cuando usted:
 - Ha faltado mas que dos veces en cumplir con su plan de pagos o
 - Antes de ser descalificado del programa por falta de cumplir con su plan de pagos
4. **BAJO MANDATOS DE LA LEY, SERVICIOS DEL PROGRAMA NO SERAN NEGADOS A NADIE SI DEMUESTRA SU INABILIDAD DE PAGAR.** Para calificar para el renuncio de cuotas del programa, se necesita demostrar lo siguiente:
 - Su calificación para recibir asistencia general
 - Sus ingresos brutos mensuales no son mas del nivel de asistencia general del condado
5. Si no esta de acuerdo con los resultados de evaluación financiero, y ha presentado documentación de su ingreso, puede por escrito pedir que el Departamento de Servicios de Atención de la Salud revise las decisiones del programa. Su petición se puede mandar al:

Department of Health Care Services
Substance Use Disorder Compliance Division – DUI Section
P.O. Box 997413, MS 2602
Sacramento, California 95899
(916) 322-2964

ZONA SECA

Programa de manejo de bajo la influencia

6. Su costo de su programa se ha calculado en: \$ _____, y es pagado de la siguiente manera:
- Un pago adelantado de \$ _____, para entregar el día _____, y Pagos mensuales de \$ _____, empezando el _____. Cada pago es pagado el día _____, de cada mes, y un pago final de \$ _____.
7. Yo comprendo que yo debo informar a la agencia inmediatamente de cualquier cambio en mis entradas que afectaría mi habilidad de pagar el costo del programa para dar a la agencia amplio tiempo para arreglar un plan de pagos nuevo. Estoy de acuerdo en proveer la documentación que se necesita para verificar mi cambio de ingresos para hacerse otro plan de pagos. Cambios según mi plan de pagos se incluirán en adición a este contrato y tomaran la significación de un entendimiento y acuerdo nuevo. Además entiendo y estoy de acuerdo que cualquier otro plan pagos antes de este acuerdo nuevo no continuara valido.
8. Todos los costos del programa se vencen y son pagados en las fechas indicado arriba. Yo comprendo que si el pago no se recibe dentro de 30 días de la fecha convenida arriba, la agencia puede suponer que yo me rehusó a pagar, y puede tomar medidas para expulsar mi caso.
9. Yo comprendo que habrá lo siguientes costos cuando ocurra lo siguiente:
- \$20 por cada sesión (individual, grupo, o educación) que se necesite reponer
 - \$65 por cada cambio de programa
 - \$25 por cada vez que regrese al programa después de ser expulsado del programa
 - \$40 por cada vacaciones a cuenta propia
 - \$30 por cada resultado positivo de detección de drogas alcohol
 - \$20 por cada reprogramación de clases
10. Yo comprendo, que soy libre a terminar mi participación en el programa en cualquier momento. También comprendo que la terminación de mi participación en el programa resultara en un noticiero al Departamento de Motores y Vehículos. Comprendo que el personal del programa preparara una cuenta de lo que todavía debo o de dinero que yo pague por adelante y dentro de 30 días, recibiré reembolso de la cantidad pagada por adelantado. **Entiendo que si fallo en pagar la cuota entera, el programa no me dará el certificado de completacion.**

5. DECLARACION SOBRE LA SOBRIEDAD:

1. Las metas y objetivos del programa están claramente indicados arriba y se alcanzan mediante la participación activa y buena voluntad del participante.
2. El personal del programa cree que la realización de las metas y objetivos del programa empieza cuando el participante puede enfocar objetivamente los temas relacionados con problemas del alcohol o de las drogas en su vida personal. La experiencia a demostrado que para exista la objetividad, deber haber un estado de completa abstinencia o de continuar la abstinencia de toda substancia química. Por lo tanto, el personal del programa cree que la total abstinencia esta asegurada como un fin del programa. Se entiende por sobriedad la abstinencia de cualquier cantidad apreciable de alcohol o de otras drogas de parte de los participantes en el programa cuando manejan un vehículo o cuando asistan a cualquier actividad relacionada con el programa.
3. El personal del programa tomara acción cuando esta en violación de mantener la sobriedad del programa.

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Programa de manejo de bajo la influencia

6. EVALUACION SOBRE LA DEPENDENCIA A SUBSTANCIAS QUIMICAS:

1. Yo comprendo que dentro los primeros 30 días de mi matriculación en el programa, se hará una evaluación obligatoria a sustancias químicas tocante a mi uso del alcohol y de otras drogas. Los resultados de esta evaluación se discutirán conmigo personalmente y formaran parte oficial de mi archivo y para usarse en el desarrollo de un programa apropiado y/o de un plan de tratamiento en mi beneficio. Esta evaluación será revelada solamente en conformidad con el Titulo 42, Secciones 2.1-2.67(1), Código de Regulaciones Federales, que regulan la confidencialidad de archivos y información que se refieren a los programas del alcohol y de las drogas. No se hará ninguna otra revelación a nadie, a menos que yo haya dado mi consentimiento explícito por escrito al programa.

7. LOS DERECHOS DEL CLIENTE/PROCEDIMIENTO PARA QUEJAS:

1. Cada persona participando en este programa tiene los siguientes derechos:
 - De ser tratado con respeto y dignidad en sus relaciones por todo el personal de este programa
 - De ser proveído con facilidades y equipos que son seguros, saludables, y cómodos
 - De no ser sometido a ningún castigo, humillación ni abuso mental
 - De recibir servicios sin discriminación basada en su genero, raza, color, origen nacional, incapacidad física o mental, o otra característica
 - De ser siempre tratado de una manera considerada y respetuosa
 - De que todos los documentos y comunicaciones como participante de este programa sean tratados de una manera confidencial a excepción de las condiciones escritas en su Consentimiento para Revelar Información

2. Si usted piensa que no le hayan tratado de una manera justa o apropiada, tome los siguientes pasos:
 - Primero, trate de resolver el asunto por discutirlo con su consejera/o
 - Si este paso no resuelve la situación a su satisfacción, debe de ponerse en contacto con el supervisor de su consejera o con el director del programa
 - Si todavía no le gustan los resultados, favor de ponerse en contacto con:

Santa Barbara County Department of Behavioral Wellness; 300 N. San Antonio Rd. Bldg 3, Santa Barbara CA 93110 o llamando al (805) 681-5440, Attention: Drinking Driver Program Coordinator

Department of Health Care Services Substance Use Disorder Compliance Division – DUI Section
P.O. Box 997413, MS 2602, Sacramento, California 95899 o llamando al (916) 322-2964 o por correo electrónico duiproviders@dhcs.ca.gov

Yo por este medio reconozco que he leído este contrato en su totalidad, y que el personal del programa ha revisado este contrato conmigo, ha respondido mis preguntas y me ha dado información que yo pudiera no haber entendido. Yo libremente y con conocimiento de causa estoy de acuerdo en los términos y condiciones esbozadas arriba. Yo reconozco que he recibido una copia de este contrato.

Firma del Participante Fecha

Firma del Representante del Programa Fecha

Revised 02/13/2025

DUI License # 42-003-01-100

[] Non-Court Referred [] Court Referred

ZONA SECA

26 W.Figueroa St.

Santa Barbara, CA 93101

(805) 963-8961 X24

Nine Month Driving Under the Influence Program PARTICIPANT CONTRACT

I, _____, agree and understand that as a condition of my probation, the court has directed me to participate in the First Offender Nine Month Driving Under the Influence Program (AB1353) with Zona Seca, a state licensed service provider, in the County of Santa Barbara. I understand that if I choose not to enroll, or, having enrolled, fail to comply with the program rules and regulations, *that my restricted driver's license (if eligible) will be revoked and that this will delay when I am eligible to have my license reinstated.*

I AGREE and UNDERSTAND that the following rules and regulations must be met by me in order to successfully complete the program. Completion of program means completion of all required educational sessions, group-counseling sessions and face to face interviews. This contract will address the following areas:

- I. **Goals and Objectives**
- II. **Requirements of Participation**
- III. **Attendance and Dismissal Policy**
- IV. **Program fee and Payment Schedule**
- V. **Statement about Sobriety**
- VI. **Chemical Dependency Assessment**
- VII. **Grievance Procedure**

I. GOALS AND OBJECTIVES:

1. The goals and objectives of the program are two fold:
 - a) To provide an atmosphere that can permit you to discuss and objectively examine the legal aspects of driving under the influence, the physiological effects of alcohol, the disease of alcoholism and local community resources dedicated to the prevention and treatment of alcohol or drug related problems.
 - b) To provide accurate and relevant information through education, group awareness and individual counseling.

II. PROGRAM REQUIREMENTS:

1. **Attend twelve (12) hours of alcohol education sessions,** of which, any one session shall not exceed two (2) hours in length. To begin _____/_____/_____ at _____. Unless previously notified, sessions will meet at Zona Seca at 26 W. Figueroa Street.

Alternative Class Location _____

Clients Initials _____ Date _____

2. **Attend forty-six (46) hours of group counseling sessions**, of which any one (1) session shall not exceed two (2) hours in length. To begin _____/_____/_____ at _____. These classes will meet at the same location specified for your education sessions.

3. **Attend** one (1) assessment/face-to-face for one (1) hour, six (6) face to face monthly individual sessions, and one (1) final interview, of which any one (1) session shall not be less than twenty (20) minutes in length. The first face-to-face shall occur within twenty-one (21) days of enrollment, session scheduled for _____/_____/_____ at _____. The assessment shall occur within sixty (60) days of enrollment, and is scheduled for _____/_____/_____ at _____. The second face-to-face session scheduled for _____/_____/_____ at _____. The third face-to-face session scheduled for _____/_____/_____ at _____. The fourth face-to-face sessions scheduled for _____/_____/_____ at _____. The fifth face-to-face session scheduled for _____/_____/_____ at _____. The sixth face-to-face session scheduled for _____/_____/_____ at _____. The last session is your final interview and will be scheduled later with your counselor. The assessment and individual sessions will meet at Zona Seca at 26 W. Figueroa Street.

III. ATTENDANCE/DISMISSAL/LEAVE OF ABSENCE POLICY

1. Attendance, **punctuality (cannot be late to any activities)** and participation are mandatory at all assigned program activities. **You must commence and attend program services within 21 days from your date of enrollment or notice of non-compliance will be sent to the Department of Motor Vehicles.** You are allowed to miss up to 7 program activities (classes and/or counseling appointments). All must be made up, and a fee of **\$20.00** is charged for each miss. **All counseling appointments, classes and/or groups** may be re-scheduled but to avoid the \$20.00 charge, you must **reschedule 24 hours prior** to your individual session. **8 absences and notice of non-compliance will be sent to the Department of Motor Vehicles.** There are **NO EXCEPTIONS.** If you are not in a required program activity for more than 21 days (three consecutive missed classes in a row), we will send notice of non-compliance to the Department of Motor vehicles. If you are disqualified for non-compliance and wish to re-enroll in the program, you will be responsible for the balance due plus a **\$25.00** reinstatement fee.

2. **The program requires that a participant request a written request for a leave of absence when ever the participant is unable to attend any scheduled program activities for 21 days or longer.** A leave of absence may be requested for absences less than 21 days (2 or more classes). In order to request a leave of absence, the participant shall submit to the program, **a written request for a leave of absence**, and any documentation substantiating the need for a leave. **Approval for each leave of absence shall be obtained by the participant prior to the first date of the leave of absence.** If the participant is unable to obtain prior leave of absence, the participant shall be required to explain in writing the circumstances that prevented the participant from obtaining prior approval. Leave of absences can only be approved for the following reasons:
 - a) Military personnel who's orders or responsibilities require an extended absence
 - b) Participants who's work requires travel for an extended period of time
 - c) Participants who are absent due to their own extended illness, or medical treatment, or that of a family member
 - d) Participants who are incarcerated or participating in a residential alcohol/drug abuse recovery or treatment program
 - e) Participants who cannot participate in program services due to extreme personnel hardship or family emergency
 - f) Pre-planned vacation. This will be granted only if absences are made up and outstanding fees paid

All misses/absences must be made up prior to setting a completion appointment. Time missed while on a leave of absence cannot be counted as participation time.

3. **Dismissal** from the program will occur whenever any of the following has taken place;

- a) Exceeds the 7 absences allowed (includes absences from classes, individual counseling sessions and make ups)
- b) Failure to participate in required program activities within 21 days of transfer to another program licensed by the Department of Alcohol and Drug programs.
- c) Failure to maintain program sobriety.
- d) Failure to submit to a chemical test pursuant to section 23157 of the California Vehicle Code.
- e) Failure to comply with "Driving Under the Influence Program" rules.
- f) Participant is unable to attend any scheduled program services for 21 or more consecutive days.(phone calls, emails, voicemails and payments ARE NOT activities, must physically attend a required scheduled class/group or counseling appointment).
- g) Is physically or verbally abusive to program staff or other program participants.

4. **Reinstatement** into the First Offender Program is as follows:

- a) If the participant was attending the program as a condition of probation or in accordance with a court order, the DUI program shall notify the court that the participant was dismissed from the program. The DUI program shall also notify the Department of Motor Vehicles if the participant has been issued a DL107. (Proof of Enrollment Certificate)
- b) If the participant is not attending the program as a condition of probation or in accordance with a court order, the DUI program may reinstate the participant in accordance with the DUI program's written policy, which is included below:
 - Thirty (30) days after the date of first dismissal;
 - Sixty (60) days after the date of second dismissal, and
 - Ninety (90) days after the date of third or subsequent dismissal
- c) Prior to processing a participant's request for reinstatement to the program following a dismissal, voluntary withdrawal, or transfer, the DUI program may require the participant to pay his/her assessed program fee due for services provided by the DUI program, and any additional fees assessed in accordance with the provisions of this regulation.
- d) The DUI program may refuse to reinstate a participant if the participant was dismissed because he/she was physically or verbally abusive to DUI program staff or other DUI program participants. The DUI program shall document in the participant's record the circumstances under which the participant was dismissed.

IV. PROGRAM FEE AND PAYMENT SCHEDULE:

1. The program fee that Zona Seca charges for the First Offender Nine-Month Program is \$2,136 (Two thousand one hundred thirty-six dollars).
2. Fifty percent is due at enrollment for any person who does not qualify for an extended payment plan.
3. An extended payment schedule is made available to any participant who can document that their gross monthly income is equal to or less than 35% of the monthly median family income for the county (Santa Barbara County Median Family Income \$6,283.33 six thousand, two hundred, eight-three dollars, thirty-three cents), but greater than the general assistance benefit level for the county (Santa Barbara County General Relief Benefit \$300.00 three hundred dollars, 1993).

Clients Initials _____ Date _____

- 4. You must make your request for an extended payment plan in writing. An extended payment plan may be requested at any time during your program involvement
 - a) Upon your request
 - b) If two or more consecutive payments are missed, or
 - c) Prior to dismissal from the program for failure to pay the program fee.
- 5. A written request for an extended payment plan is done by completing the appropriate forms, and must be requested from the Program Director or authorized personal.
- 6. Under State Law, any person determined to be unable to pay for program services cannot be denied services. In order to qualify for an extended payment plan you must demonstrate:
 - Eligibility for receipt of general assistance
 - Total monthly income which is equal to, or less than the county general assistance benefit level of \$300.00
- 7. Should the participant disagree with the results of the financial assessment, the participant may request in writing that the Department of Health Care Services review the assessment. A documentation of income must be provided to the program. The request should be sent to the:

Department of Health Care Services
 Substance Use Disorder Compliance Division – DUI Section
 P.O. Box 997413, MS 2602
 Sacramento, California 95899
 (916) 322-2964

- 8. Your program fee is assessed at: \$ _____, and is payable in the following manner:

 A down payment of \$ _____, due by _____; and Monthly payments of \$ _____ per month, beginning on _____. Each payment is due on the _____ of each month and the final payment of \$ _____, due on: _____ or by the final appointment; *whichever comes first.*

PERSONAL CHECKS NOT ACCEPTED

- 9. I understand that the agency will need to be informed immediately of ANY change in my income that would affect my ability to pay the program fee as agreed above. I agree to give the agency a minimum of 30-day notice to set up a new program fee payment schedule for me. I also agree to provide necessary documentation that may be needed to verify my change in income before a change in payment schedule can be made. **ANY CHANGE TO PAYMENT OF PROGRAM FEES WILL BE INCORPORATED BY ADDENDUM, AND WILL SUPERCEDE PRIOR ADDENDUMS IDENTIFIED BY DATE PRIOR TO MOST RECENT ADDENDUM ATTACHED TO THIS CONTRACT.**
- 10. All program fees are due and payable on the date agreed as indicated above. I understand the following additional fees will be assessed when ever the following occurs:

- \$65.00 (sixty-five dollars) for each program transfer out
- \$40.00 (forty dollars) for each Leave of Absence
- \$25.00 (twenty-five dollars) for each re-instatement
- \$20.00 (twenty dollars) for each missed activity
- \$20.00 (twenty dollars) for each rescheduling of activities

Clients Initials _____ Date _____

\$30.00 (thirty dollars) for each Alcohol/Drug Screening (positive result)

\$12.00 (twelve dollars) for each duplicate DL101 Certificate (research)

11. I understand that I am free to terminate my participation in this program at any time. I also understand that any termination of my participation will result in notice sent to the Department of Motor Vehicles for further action. Any program fees that I may have paid in advance of services rendered will be returned. The program staff will prepare a closing statement for me, and within 90 days of my termination I will receive a refund for those amounts paid in advance. For those amounts still due, I agree and understand that full payment is required by the program prior to the program issuing a completion certificate.

V. STATEMENT ABOUT SOBRIETY:

1. The Driving Under the Influence Program will encourage complete abstinence from the use of alcohol or drugs during the course of your program involvement. Program sobriety will be strictly enforced at all times. You may not attend any program activity if there is an odor of an alcoholic beverage on your breath or smell of drug on your body or while under the influence of alcohol, any drugs, and alcohol products (mouthwash, cold medicines, prescription drugs, etc.). **Consequence is immediate termination of program services.**

VI. CHEMICAL DEPENDENCY ASSESSMENT:

1. Within the 60 days of my program enrollment, a required chemical dependency assessment will be made concerning my personal use of alcohol and/ or other drugs. The results of this assessment will be disclosed only in accordance with title 42 sections 2.1-2.67(1), Code of Federal Regulations governing confidentiality of records and information pertaining to alcohol and drug programs. No other disclosure will be made to anyone unless I have given my explicit consent in writing to the program.

VII. GRIEVANCE PROCEDURE:

1. If any participant believes that services have been denied because of ethnicity, religion, gender, sexual orientation, mental or physical handicap, or if any participant has complaints concerning policies, procedures, facilities or staff conduct, notification of any grievances may be addressed in writing to the Program Director of the First Offender DUI Program; 26 W. Figueroa St, Santa Barbara, CA 93101.

2. Further resources available by writing:

a. Santa Barbara County Department of Behavioral Wellness; 300 N. San Antonio Rd. Bldg 3, Santa Barbara CA 93110 or by calling (805) 681-5440, Attention: Drinking Driver Program Coordinator.

b. Department of Health Care Services Substance Use Disorder Compliance Division – DUI Section, P.O. Box 997413, MS 2602, Sacramento, CA 95899; phone (916)322-2964, email duiproviders@dhcs.ca.gov

I hereby acknowledge that I have read this contract in its entirety. I also acknowledge that the program staff has reviewed this contract with me. They have answered any questions that I may have had regarding this contract. I freely and knowingly agree to the conditions of this contract. I further understand that any changes made to the terms and conditions set forth in this contract for payment of program fees will require my consent, and will be established by addendum to this contract.

Participant Signature

Date

Program Representative

Date

Clients Initials _____ Date _____

Zona Seca, Inc. 26 W. Figueroa Street Santa Barbara, CA 93101 (805) 963-8961 X24

Numero de DUI Licencia #42-003-01-100

 Court Referred Non-Court Referred

**PROGRAMA DE PRIMERA OFENSA CONTRATO DEL PARTICIPANTE
PARA EL PROGRAMA DE NUEVE MESES**

Yo _____, estoy de acuerdo y comprendo que como un alternativo a perder mi licencia de manejar y/o como condición de mi probación, la corte (tribunal) me ha ordenado participar en el Programa de Primera Ofensa con Zona Seca. Un programa aprobado por el estado para el condado de Santa Bárbara. Yo comprendo que si escojo no inscribirme, o si después de ver inscrito falto en cumplir con las reglas y requerimientos del programa, esto determinada cuando yo pueda ser elijable para volver obtener a mi licencia de manejar.

Yo estoy de acuerdo y comprendo, que las siguientes regulaciones y requerimientos se necesitan completar por mí, para poder completar el programa. Completar el programa se refiere a que yo complete todas las sesiones de grupo, individual, y de educación que se han exigido. Este contrato se referirá a las siguientes áreas:

1. Metas y Objetivos
2. Requisitos de Participación
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4. Cuota del Programa y Plan de Pagos
5. Declaración Sobre la Sobriedad
6. Evaluación Sobre la Dependencia Química
7. Los Derechos del Cliente/Procedimiento Para Quejas

1. METAS Y OBJETIVOS:

Las metas del Programa de Primera Ofensa son establecer un ambiente que permite a los participantes encarar con éxito el problema de abuso o de alcoholismo; eliminar cualquier dependencia a las bebidas alcohólicas y/o otras drogas; y para proteger la salud y seguridad del publico sobre los caminos.

Los objetivos del programa incluyen pero no se limitan a los siguientes:

1. Proveer educación a cada participante información sobre la dependencia química, los efectos del alcohol y otras drogas en el individuo, a la familia y la comunidad.
2. Animar y motivar cada participante a evaluar y entender la necesidad y aceptar la responsabilidad de su decisión individual de continuar usando y/o abusando del alcohol y/o otras drogas.
3. Proveer apoyo y modelos que puedan ayudar cada participante a hacer cambios de vida apropiados y permanentes para prevenir más problemas relacionados con el alcohol o las drogas.

2. REQUISITOS DE PARTICIPACION:

1. Participar en el Programa de Primera Ofensa por no menos que 9 meses en duración.
2. Asistir a 6 sesiones de educación. Cada sesión no excederán 2 horas en duración. Empezaran el _____ a las _____, y reunirán una vez por semana. Cada sesión se reunirán en Zona Seca.

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3. Asistir a 23 sesiones de grupo. Cada sesión es 2 horas en duración. Empezaran el _____ a las _____, y se reunirán una vez por semana. Cada sesión se reunirán en Zona Seca.
4. Asistir a 8 sesiones individuales y cada sesión no será menos que 20 minutos en duración. La primera sesión es para el _____ a las _____. La segunda sesión es para el _____ a las _____. La tercera sesión es para _____ a las _____. La cuarta sesión es para _____ a las _____. La quinta sesión es para _____ a las _____. La sexta sesión es para _____ a las _____. La séptima sesión es para _____ a las _____. Su sesión final se hace después que acabe con sus clases. Cada sesión se reunirán en Zona Seca.

3. REGLAS SOBRE LA ASISTENCIA/DESPEDICION:

1. Es requisito que usted asiste a todas las sesiones a menos que:
 - Usted se ha comunicado con el programa y ha hecho algunos otros arreglos para asistir a las sesiones del programa a otro tiempo, o
 - El programa ha aprobado su ausencia
2. **No se permitirá más que siete ausencias** por cada periodo de matriculación al programa.
3. Es requisito que usted haga una petición al programa para obtener aprobación por ausencias del programa más que 21 días en duración. También es necesario obtener aprobación por ausencias menos que 21 días.
4. Aprobación para la ausencia se necesita obtener anteriormente del primer día de la ausencia. Si usted falta en obtener la aprobación anteriormente del primer día de la ausencia, necesita dar una explicación por escrito, la razón que usted no cumplió con este requisito.
5. Aprobación para ausencias solamente se puede dar por las siguientes razones:
 - Si necesita cumplir con su obligación militar
 - Si su trabajo requiere que usted viaje por periodos de tiempo
 - Si esta ausencia es causa de alguna enfermedad o bajo la dirección de un medico o un miembro de su familia esta enfermo y requiere su ayuda
 - Si esta encarcelado o esta internado en un programa para el tratamiento del alcoholismo y/o de droga
 - Si no puede participar en las sesiones del programa debido a una situación de opresión extremo o emergencia de familia
 - Si ha pedido aprobación para ausencia por la razón de vacaciones (por favor de notar que no se puede aprobar la ausencia si esta delinciente en reponer alguna ausencias anteriores) o si no esta al corriente con las cuotas del programa
6. Antes que pueda completar el programa, se necesita que reponer cualquier sesión que usted ha faltado.
7. Tiempo afuera del programa por parte de la aprobación de ausencia, no se puede contar contra el tiempo para completar el programa.

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8. La expulsión del programa ocurría cuando suceden cualquier de las siguiente cosas:

- Ausencias en exceso de 7, lo permitido, sin tener aprobación para estar afuera del programa
- Si no comienza las actividades dentro de los 21 días a partir de su cambio de un programa aprobado
- Si no mantiene la sobriedad mientras que este matriculado en el programa
- Si se rehúsa a someterse a un examen de sustancias químicas conforme con la Sección 23157, del Código de Vehículos de California
- Si no cumple con las reglas del programa
- Si falta de mantener contacto con el programa por 21 días o mas sin haber obtenido aprobación de ser ausente
- Actos de violencia, amenazas y/o actividad ilegal del cualquier clases con los participantes o el personal

4. COSTO DEL PROGRAMA Y PLAN DE PAGOS:

1. El costo del programa es \$2,136.00 por ciento del costo del programa es requerido por la agencia al tiempo de su matriculación al programa.
2. Un plan de pagos es disponible su puede documentar que sus ingreso brutos no son mas que el 35 por ciento de la tabla de ingresos medianos familiares, pero mas del nivel de asistencia general del Condado de Santa Bárbara.
3. Para obtener un plan de pagos, necesita hacer una solicitud por escrito. Después de su matriculación al programa, su puede hacer una solicitud para un horario de pagos cuando usted:
 - Ha faltado mas que dos veces en cumplir con su plan de pagos o
 - Antes de ser descalificado del programa por falta de cumplir con su plan de pagos
4. BAJO MANDATOS DE LA LEY, SERVICIOS DEL PROGRAMA NO SERAN NEGADOS A NADIE SI DEMUESTRA SU INABILIDAD DE PAGAR. Para calificar para el renuncio de cuotas del programa, se necesita demostrar lo siguiente:
 - Su calificación para recibir asistencia general
 - Sus ingresos brutos mensuales no son mas del nivel de asistencia general del condado
5. Si no esta de acuerdo con los resultados de evaluación financiero, y ha presentado documentación de su ingreso, puede por escrito pedir que el Departamento de Servicios de Atención de la Salud revise las decisiones del programa. Su petición se puede mandar al:

Department of Health Care Services
Substance Use Disorder Compliance Division – DUI Section
P.O. Box 997413, MS 2602
Sacramento, California 95899
(916) 322-2964

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6. Su costo de su programa se ha calculado en: \$ _____, y es pagado de la siguiente manera:
- Un pago adelantado de \$ _____, para entregar el día _____, y Pagos mensuales de \$ _____, empezando el _____. Cada pago es pagado el día _____, de cada mes, y un pago final de \$ _____.
7. Yo comprendo que yo debo informar a la agencia inmediatamente de cualquier cambio en mis entradas que afectaría mi habilidad de pagar el costo del programa para dar a la agencia amplio tiempo para arreglar un plan de pagos nuevo. Estoy de acuerdo en proveer la documentación que se necesita para verificar mi cambio de ingresos para hacerse otro plan de pagos. Cambios según mi plan de pagos se incluirán en adición a este contrato y tomarán la significación de un entendimiento y acuerdo nuevo. Además entiendo y estoy de acuerdo que cualquier otro plan pagos antes de este acuerdo nuevo no continuara valido.
8. Todos los costos del programa se vencen y son pagados en las fechas indicado arriba. Yo comprendo que si el pago no se recibe dentro de 30 días de la fecha convenida arriba, la agencia puede suponer que yo me rehusó a pagar, y puede tomar medidas para expulsar mi caso.
9. Yo comprendo que habrá lo siguientes costos cuando ocurra lo siguiente:
- \$20 por cada sesión (individual, grupo, o educación) que se necesite reponer
 - \$65 por cada cambio de programa
 - \$25 por cada vez que regrese al programa después de ser expulsado del programa
 - \$40 por cada vacaciones a cuenta propia
 - \$30 por cada resultado positivo de detección de drogas alcohol
 - \$20 por cada reprogramación de clases
10. Yo comprendo, que soy libre a terminar mi participación en el programa en cualquier momento. También comprendo que la terminación de mi participación en el programa resultara en un noticiero al Departamento de Motores y Vehículos. Comprendo que el personal del programa preparara una cuenta de lo que todavía debo o de dinero que yo pague por adelante y dentro de 30 días, recibiré reembolso de la cantidad pagada por adelantado. **Entiendo que si fallo en pagar la cuota entera, el programa no me dará el certificado de completión.**

5. DECLARACION SOBRE LA SOBRIEDAD:

1. Las metas y objetivos del programa están claramente indicados arriba y se alcanzan mediante la participación activa y buena voluntad del participante.
2. El personal del programa cree que la realización de las metas y objetivos del programa empieza cuando el participante puede enfocar objetivamente los temas relacionados con problemas del alcohol o de las drogas en su vida personal. La experiencia a demostrado que para exista la objetividad, deber haber un estado de completa abstinencia o de continuar la abstinencia de toda substancia química. Por lo tanto, el personal del programa cree que la total abstinencia esta asegurada como un fin del programa. Se entiende por sobriedad la abstinencia de cualquier cantidad apreciable de alcohol o de otras drogas de parte de los participantes en el programa cuando manejan un vehículo o cuando asistan a cualquier actividad relacionada con el programa.
3. El personal del programa tomara acción cuando esta en violación de mantener la sobriedad del programa.

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Programa de manejo de bajo la influencia

6. EVALUACION SOBRE LA DEPENDENCIA A SUBSTANCIAS QUIMICAS:

1. Yo comprendo que dentro los primeros 30 días de mí matriculación en el programa, se hará una evaluación obligatoria a sustancias químicas tocante a mi uso del alcohol y de otras drogas. Los resultados de esta evaluación se discutirán conmigo personalmente y formaran parte oficial de mi archivo y para usarse en el desarrollo de un programa apropiado y/o de un plan de tratamiento en mi beneficio. Esta evaluación será revelada solamente en conformidad con el Título 42, Secciones 2.1-2.67(1), Código de Regulaciones Federales, que regulan la confidencialidad de archivos y información que se refieren a los programas del alcohol y de las drogas. No se hará ninguna otra revelación a nadie, a menos que yo haya dado mi consentimiento explícito por escrito al programa.

7. LOS DERECHOS DEL CLIENTE/PROCEDIMIENTO PARA QUEJAS:

1. Cada persona participando en este programa tiene los siguientes derechos:
 - De ser tratado con respeto y dignidad en sus relaciones por todo el personal de este programa
 - De ser proveído con facilidades y equipos que son seguros, saludables, y cómodos
 - De no ser sometido a ningún castigo, humillación ni abuso mental
 - De recibir servicios sin discriminación basada en su genero, raza, color, origen nacional, incapacidad física o mental, o otra característica
 - De ser siempre tratado de una manera considerada y respetuosa
 - De que todos los documentos y comunicaciones como participante de este programa sean tratados de una manera confidencial a excepción de las condiciones escritas en su Consentimiento para Revelar Información
2. Si usted piensa que no le hayan tratado de una manera justa o apropiada, tome los siguientes pasos:
 - Primero, trate de resolver el asunto por discutirlo con su consejera/o
 - Si este paso no resuelve la situación a su satisfacción, debe de ponerse en contacto con el supervisor de su consejera o con el director del programa
 - Si todavía no le gustan los resultados, favor de ponerse en contacto con:

Santa Barbara County Department of Behavioral Wellness; 300 N. San Antonio Rd. Bldg 3, Santa Barbara CA 93110 o llamando al (805) 681-5440, Attention: Drinking Driver Program Coordinator

Department of Health Care Services Substance Use Disorder Compliance Division – DUI Section
P.O. Box 997413, MS 2602, Sacramento, California 95899 o llamando al (916) 322-2964 o por correo electrónico duiproviders@dhcs.ca.gov

Yo por este medio reconozco que he leído este contrato en su totalidad, y que el personal del programa ha revisado este contrato conmigo, ha respondido mis preguntas y me ha dado información que yo pudiera no haber entendido. Yo libremente y con conocimiento de causa estoy de acuerdo en los términos y condiciones esbozadas arriba. Yo reconozco que he recibido una copia de este contrato.

Firma del Participante

Fecha

Firma del Representante del Programa

Fecha



Virtual Services Contract (VSC)

The Department of Health Care Services (DHCS) allows for the provision of both in-person and virtual services or a hybrid of both per BHIN No:24-012 guidelines. Should a client choose to participate in Virtual Services, it will be conducted via a Secure Platform: Zoom.

Privacy Policy for Remote Client Services

Zona Seca, Inc. will provide Remote Client Services via a virtual meeting platform (Zoom). Some personal information, such as your name, email address, and computer IP address, will be shared with Zoom. Additionally, some meetings may be recorded and uploaded to a cloud for documentation of session completion. To participate in Zoom meetings, you must read and agree to the Virtual Services Contract (VSC).

Zona Seca, Inc. will continue to maintain confidentiality as stated in our Confidentiality Policy. Clients will also be held to the Confidentiality Agreement signed upon enrollment.

To participate in Virtual Services, sign the virtual service contract (VSC) below.

Virtual Services will enable you to continue your required activities with a certified counselor via a virtual meeting platform (Zoom). To participate in Virtual Services, you must:

- Sign the contract below stating that you would like to participate via virtual services.
- You must have either a computer, tablet, or phone with a working microphone, speakers, and a camera (for video meetings) with a secure network connection.
- You must also be able to download the free Zoom software onto your device.
- You must have a registered account with the secure platform (its FREE): Zoom, prior to attending any scheduled activities and be signed into your registered Zoom account before you can use any links sent to you from Zona Seca, Inc.

GUIDELINES: To receive credit for the session, you must:

- Sign in and have with your full complete legal name displayed (first and last name). Abbreviations, initials, incomplete names and nicknames will not be accepted, and no credit will be given.
- Have a working/live camera and speaker/microphone that must be ON during the entire session. (IF Zona Seca, Inc. staff cannot hear or see you (LIVE), then you will not be allowed to stay in the session and will be removed without credit).
- Virtual and blurred backgrounds are prohibited/not allowed and must be removed.
- Attend the session in a private room free of distractions (cannot be in a public setting or have others in the background, no driving, taking a walk, cooking, exercising, smoking, eating, or laying down while attending virtual services).
- Stay for the entire session. If you lose connection, you will be allowed a 2–3-minute grace period to reconnect and still receive credit. If you have repeated disconnections (more than once), this will result in no credit. If you leave prior to the session ending, you will not receive credit.
- Alcohol/drug use before or during virtual services is NOT ALLOWED. If a client exhibits behavior that identifies with alcohol/drug impairment, they will be removed and terminated from the program.
- Be able to use DocuSign to gather your e-signature at the beginning of each class/group for attendance documentation. Failure to gather your e-signature will result in no credit.

It is important to log in 15 minutes prior to the session to address any issues with attendance/connectivity. Please contact the assigned instructor/counselor.

Diana Banales	dbanales@zonaseca.com	805-963-8961 x15
Raymond Winters	rwinters@zonaseca.com	805-963-8961 x14
Jose Camacho	jcamacho@zonaseca.com	805-963-8961 x20
Mike Lewis	mike.lewis@zonaseca.com	805-963-8961 x25
Victoria Navarro	vnavarro@zonaseca.com	
Mia Casino	mia.casino@zonaseca.com	805-963-8961 x23
Juan Donato	juan.donato@zonaseca.com	
Mikaiela Martinez	mikaiela.martinez@zonaseca.com	805-963-8961 x21

- By checking the box, I declare that I DO agree to participate via Live Virtual Services and that I agree to the guidelines above. I have access to internet services and appropriate equipment (i.e. computer, phone or tablet with video and audio capabilities and internet connection).
- By checking the box, I declare that I DO NOT agree to participate via Live Virtual Services and will attend all my program requirements in person.

CLIENT PRINT NAME

SIGNATURE

DATE

COUNSELOR SIGNATURE

DATE



AGENCY TO MAKE LOCAL COMMUNITY A SAFE PLACE FOR RESIDING

Alcohol and Drug Program Client Rights (NON-DMC)

This service is funded under a contract with the County of Santa Barbara Behavior Wellness Alcohol, Drug, & Mental Health Services. This agency is required to make every effort to ensure that client rights are protected. Each person participating in a county-funded program shall have and may exercise the following right:

You have the right:

1. To be treated with respect and dignity in your interactions with all staff of this program.
2. To be provided safe, healthful, and comfortable accommodations, furnishings, and equipment.
3. Not to be subjected to any sort of punishment, humiliation, or mental abuse.
4. To receive services with no discrimination based on gender, race, color, national origin, handicap, disability, marital status, sexual orientation, religion, or any other protected characteristic.
5. To refuse consent to any religious activity required by any County funded ADP program, and to be referred to a non-religious program (charitable choice).
6. To have access to your treatment files in accordance with Executive Order #B -22/76.
7. To the confidential treatment of all communications and records regarding your participation in the program. Any exceptions to this are described in your consent to treatment.
8. To be informed about available HIV testing and counseling services.
9. You are to be aware of the fact that sexual contact between you and any members of the treatment program staff, including members of the Board of Directors of the agency which provides treatment for you, is strictly prohibited by Law.

If you think you are not being treated fairly or improperly, or believe there is a counselor misconduct, take the following steps:

1. First try to resolve the matter by discussing it with your counselor.
2. If that step does not resolve the situation to your satisfaction, you should contact your counselor's supervisor or the program manager.
3. If you are still not pleased with the outcome, please contact SB County Behavioral Wellness Program Manager at (805)884-1623 or for reporting a counselor misconduct complaint, you can call the Toll Free Complaint Number: (877)685.8333.
4. If your complaint has not been properly resolved at this level, you may contact Santa Barbara County Behavioral Wellness Administrator and/or his/her designee at 315 Camino del Remedio, Santa Barbara, CA 93110-1316, telephone (805) 681.5220; or
5. You may file a written complaint with:

County of Santa Barbara Equal Employment Opportunity Manager 105 E. Anapamu Street Room 104 Santa Barbara, CA 93101 805.568.3410 www.countyofsb.org/eeo	Department of Health Care Services SUD Compliance Division 1501 Capital Avenue MS2600 2 nd Floor Sacramento, CA 95899-7413 916.322.2911 www.dhcs.ca.gov	U.S. Department of Health and Human Services Office of Civil Rights 200 Independence Avenue, S.W. Room 509F, HHH Building Washington, DC 20201 202.619.0403 www.hhs.gov/ocr
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Please circle your answers:

- | | | |
|--|-----|----|
| 1. Did you received a copy of this Client Rights Statement? | Yes | No |
| 2. Did anyone employed here discuss these rights with you? | Yes | No |
| 3. Do you feel that you understand your rights and responsibilities? | Yes | No |

Client's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____

ZONA SECA, INC

ALCOHOL-DRUG ABUSE-PREVENTION-EDUCATION SERVICES

**DRINKING DRIVER PROGRAM
PARTICIPANT CONSENT FOR INFORMATION DISCLOSURE**

I understand, that record of my participation in the Drinking Driver Program is confidential. As such, the Program Staff will take the necessary measures required under Title 42, section 2.1 thru 2.67(1), code of Federal Regulations, "Confidentiality of Alcohol and Drug Patient Records" to maintain the confidentiality of any records or information concerning my program involvement.

I _____, hereby authorize Zona Seca to disclose information obtained in the course of my program involvement for alcohol or drug abuse to:

(IMPORTANT: Complete separate release for each person or organization to which disclosure is made)

The disclosure of information contained in my records authorized herein shall be limited to:

- * Program Hours Attended and Completed
- * Confirmation of Program Compliance
- * Chemical Dependency Assessment
- * Program Opinions, Observations or Recommendations
- * Violation of Any Program Rules or Regulations

Disclosure of the above information will be made to:

- * Court of Jurisdiction
- * Department of Motor Vehicles
- * Department of Behavioral Wellness (County agency)
- * Department of Health Care Services (State agency)

Release of information and records without your written consent, except when required by law is prohibited, unless:

- * When ordered by the court.
- * To medical personnel in a medical emergency.
- * Whenever a crime has been committed by you either while attending program activities or against any person who works for the program or about any threat to commit a crime.
- * Whenever suspected or observed child, dependent adult or elder abuse occurs, shall be reported to appropriate State or local authorities.

This consent is subject to revocation by you at any time except to the extent that action has been taken in reliance hereon; and if not earlier revoked, it shall terminate on: _____ without express revocation.

Participant Date

Program Representative Date

ZONA SECA, INC. ALCOHOL-DRUG ABUSE-PREVENTION-EDUCATION SERVICES

NO PRIOR DRIVING UNDER THE INFLUENCE CONVICTIONS

At this time it is important to disclose any prior driving under the influence (DUI) convictions. If any, we are requesting to know the year and locations of arrest. It is in your best interest to provide this information so we know whether or not you are in the correct program. If you are unsure of the date of any prior DUI, you need to contact the Department of Motor Vehicles (DMV) for a report of your driving record.

My signature below verifies that I have no prior driving under the influence convictions.

_____ Date _____ Date _____
Client Signature Program Representative



Por favor déjenos saber si tiene previo arresto por manejar bajo la influencia de alcohol. Es importante que nos de esta información. Necesitamos la fecha y localidad del arresto. Así podemos ponerlo en el programa correcto para usted. Si no sabe los datos de su previo arresto el Departamento de Motores y Vehículos le puede ayudar.

Mi firma verifica que no tengo arresto previo de manejar bajo la influencia.

_____ Fecha _____ Fecha _____
Firma Firma de Representante

ZONA SECA, INC.

ALCOHOL-DRUG ABUSE-PREVENTION-EDUCATION SERVICES

WET RECKLESS BREAKDOWN OF FEES

I HAVE BEEN ADVISED THAT IF I DROP OUT OF THE PROGRAM OR IF THE PROGRAM IS TERMINATED/DELETED I WILL BE CHARGED FOR WHATEVER I HAVE COMPLETED.

REGISTRATION	\$177.00
(INCLUDES COUNTY AND STATE FEE)	
01 ALCOHOL ASSESSMENT	\$ 50.00
06 CLASSES @ \$30 (EDUCATION)	<u>\$180.00</u>
TOTAL:	<u>\$407.00</u>

OTHER FEES:

LEAVE OF ABSENCE: \$40

RESCHEDULING: \$20

DUPLICATE DL101: \$12

ALCOHOL/DRUG SCREENING (DRUG TEST POSITIVE RESULT): \$30

TRANSFER OUT: \$65

REINSTATEMENT: \$25

MISSED ACTIVITY(EDUCATION/GROUP/COUNSELING): \$20

SIGNED _____

DATE _____

Zona Seca, Inc. ADP License # 42-003-01-100

MISSING CLASS POLICY

*YOU MAY NOT BE LATE TO ANY ACTIVITIES.

*Missing classes are discouraged and should only be missed for emergencies.

*ONLY **Jail Time, SWAP** or **Medical Emergency** are considered **EXCUSED** absences. You must show proof (i.e. Dr's note; jail documentation, etc.) within a 72 hour period from the first absence. These classes still must be made up.

*Each missed class is \$20.00 if not excused and must be paid for before a Make Up is scheduled, **no exceptions** (other than above).

1. **Call and/or email the office** to inform us that you plan on missing a class, counseling appointment and/or group **24 hours in advance to avoid a \$20 missed activity fee and an absence.** It is best to ask for your Counselor on the phone to set make-ups for you.
2. **You must be signed up to attend. No crashing classes.** Each missed Make Up class is \$20.00 **no exceptions.**
3. If you have several activities to complete and wait until the end, then you risk pushing your completion date back.

Clients Initials _____ Date _____

NORMAS DE ASISTENCIA RESPECTO A CLASES FALLADAS

*ES POSIBLE QUE NO LLEGUE TARDE A NINGUNA ACTIVIDAD.

*Se desalentó faltar a clases ya que es algo muy serio y solamente es justificable en dado caso de emergencia.

*Solo encarcelamiento, intercambio para el programa de SWAP, o una emergencia médica son consideradas ausencias justificadas. Usted deberá comprobar su ausencia con documentos, tales como (una nota escrita por su médico, documentación de la cárcel, etc.) dentro de un periodo de 72 horas a partir de la primera ausencia. No obstante las clases falladas deberán ser asistidas después.

Por cada clase ausente hay un cobro de \$20 dólares si no está justificada y deberá ser pagada antes de obtener otra clase. (¡Sin excepciones más que las antes mencionadas!).

1. Favor de llamar a la oficina 24 horas de anticipación para informarnos si usted planea faltar a clase o a una cita con su consejero. Es mejor si usted hace el cambio de su clase/cita con su consejero/a por teléfono.
2. Usted deberá estar en la lista para poder quedarse en la clase. No puede colarse para retomar la clase/s. Por cada clase retomada que usted falte se le cobrara \$20.00 dólares.
3. Registra miento para las clases retomadas puede demorar hasta un mes. Si usted tiene varias clases que completar y se espera hasta el último momento, corre el riesgo de aplazar la fecha de conclusión.
4. Si usted tiene varias actividades para completar y esperar hasta el final, entonces corre el riesgo de empujar a que fecha de finalización de vuelta.

Iniciales del Cliente _____ Fecha _____



Cell Phone Policy

- DO** keep your phone off or on silent while attending any program activities.
- DO** wait until after program activities are complete to check your phone for messages or notifications.
- DO NOT** let your phone interfere with your focus during program activities.
- DO NOT** distract others with your phone.
- DO NOT** go to the bathroom during program activities to check your phone.
- DO NOT** leave the premises (walk out the back or front door) during program activities to check your phone.

Failure to adhere to these rules will result in the removal of the program activity that you are attending, no credit will be received, and you will be marked absent and charged a \$20 absence fee. You will have to make up the activity at a later date.

Date _____ Client Signature _____

Reglas de Teléfono Celular

- Mantenga** su teléfono apagado o en silencio mientras asiste a las actividades del programa.
- DEBE** esperar hasta que se completen las actividades del programa para revisar su teléfono en busca de mensajes o notificaciones.
- NO** permita que su teléfono interfiera con su enfoque durante las actividades del programa.
- NO** distraiga a otros con su teléfono.
- NO** vaya al baño durante las actividades del programa para revisar su teléfono.
- NO** salga de las instalaciones (salga por la puerta trasera o delantera) durante las actividades del programa para revisar su teléfono.

El incumplimiento de estas reglas dará como resultado la eliminación de la actividad del programa a la que asiste, no se recibirá ningún crédito y se lo marcará como ausente y se le cobrará una tarifa de ausencia de \$20. Tendrá que recuperar la actividad en una fecha posterior.

Fecha _____ Firma del Cliente _____



Derechos del Cliente del Programa de Alcohol y Drogas (NO-DMC)

Este servicio se financia bajo un contrato con el Condado de Santa Bárbara Behavior Wellness Alcohol, Drug, & Mental Health Services. Esta agencia está obligada a hacer todo lo posible para garantizar que los derechos de los clientes estén protegidos. Cada persona que participe en un programa financiado por el condado tendrá y podrá ejercer el siguiente derecho:

Usted tiene derecho a:

1. Ser tratado con respeto y dignidad en sus interacciones con todo el personal de este programa.
2. Se le proporcionará alojamiento, mobiliario y equipo seguros, saludables y cómodos.
3. No ser sometido a ningún tipo de castigo, humillación o abuso mental.
4. Recibir servicios sin discriminación por motivos de género, raza, color, origen nacional, discapacidad, estado civil, orientación sexual, religión o cualquier otra característica protegida.
5. Rechazar el consentimiento a cualquier actividad religiosa requerida por cualquier programa de ADP financiado por el Condado, y ser referido a un programa no religioso (elección caritativa).
6. Para tener acceso a sus archivos de tratamiento de acuerdo con la Orden Ejecutiva #B -22/76.
7. Al tratamiento confidencial de todas las comunicaciones y registros relativos a su participación en el programa. Cualquier excepción a esto se describe en su consentimiento para el tratamiento.
8. Estar informado sobre los servicios disponibles de asesoramiento y pruebas del VIH.
9. Usted debe ser consciente del hecho de que el contacto sexual entre usted y cualquier miembro del personal del programa de tratamiento, incluidos los miembros de la Junta Directiva de la agencia que le proporciona tratamiento, está estrictamente prohibido por la ley.

Si cree que no está recibiendo un trato justo o inadecuado, o cree que hay una mala conducta del consejero, siga estos pasos:

1. Primero try para resolver el asunto discutiendo con su consejero.
2. Si ese paso no resuelve la situación a su satisfacción, debe comunicarse con el supervisor de su consejero o el gerente del programa.
3. Si aún no está satisfecho con el resultado, comuníquese con el Gerente del Programa de Bienestar Conductual del Condado de SB al (805) 884-1623 o para reportar una queja de mala conducta del consejero, puede llamar al Número gratuito de queja: (877) 685.8333.
4. Si su queja no se ha resuelto adecuadamente en este nivel, puede comunicarse con el Administrador de Bienestar Conductual del Condado de Santa Bárbara y / o su designado en 315 Camino del Remedio, Santa Bárbara, CA 93110-1316, teléfono (805) 681.5220; o
5. Puede presentar una queja por escrito ante:

County of Santa Barbara Equal Employment Opportunity Manager 105 E. Anapamu Street Room 104 Santa Barbara, CA 93101 805.568.3410 www.countyofsb.org/eoo	Department of Health Care Services SUD Compliance Division 1501 Capital Avenue MS2600 2 nd Floor Sacramento, CA 95899-7413 916.322.2911 www.dhcs.ca.gov	U.S. Department of Health and Human Services Office of Civil Rights 200 Independence Avenue, S.W. Room 509F, HHH Building Washington, DC 20201 202.619.0403 www.hhs.gov/ocr
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Please circle your answers:

- | | | |
|--|----|----|
| 1. ¿Recibió una copia de esta Declaración de derechos del cliente? | Si | No |
| 2. ¿Alguien empleado aquí discutir estos derechos con usted? | Si | No |
| 3. ¿Sientes que entiendes tus derechos y responsabilidades? | Si | No |

Firma del cliente: _____

fecha: _____

Firma del Consejero: _____

fecha: _____



**Respuesta del nuevo coronavirus (COVID-19)
Servicios de cliente remoto**

Estimado cliente,

Como saben, el nuevo coronavirus (COVID-19) ha impactado la vida cotidiana de todos los Californianos. Todas las escuelas y algunos negocios están cerrados y cada día se ven más afectados. La última dirección del Departamento de Servicios de Atención Médica (DHCS) permite la provisión de Servicios de Cliente Remoto temporales también conocidos como tele salud.

Para evitar una demora en completar su DUI, Zona Seca, Inc. comenzará a ofrecer Servicios de Cliente Remoto el 1 de abril de 2020.

Remota Cliente Servicios le permitirá continuar sus clases de Intervención de DUI con un consejero certificado a través de una plataforma de reunión virtual (Zoom) temporalmente durante la crisis de COVID-19. Para participar en los Servicios de cliente remoto, debe:

- Firme la Carta del Cliente y devuélvala a Zona Seca, Inc. por correo electrónico, jcamacho@zonaseca.com.
- Regístrese con anticipación para la sesión a través de un enlace de correo electrónico que se le enviará antes de la sesión programada.
- Para recibir crédito por la sesión, debe:
 - o Asista a la sesión en una sala privada, sin distracciones.
 - o Quédate toda la sesión.
 - o No estar bajo la influencia del alcohol u otras drogas durante la sesión.

Se requiere cierta tecnología para participar en este programa. Debe tener una computadora, tableta o teléfono con un micrófono, parlantes y una cámara que funcionen (para videoconferencias). También debe poder descargar el software Zoom gratuito en una computadora o descargar la aplicación Zoom en una tableta o teléfono.

Para aprovechar esta oportunidad única y mantener su programa de tratamiento de DUI en marcha, lea la política de privacidad en la página siguiente y firme donde se indica. Devuelva la página firmada por correo electrónico a: Zona Seca, Inc. jcamacho@zonaseca.com

Si tiene alguna pregunta, comuníquese con Zona Seca, Inc.

Sinceramente,

Jose Camacho



**Respuesta del nuevo coronavirus (COVID-19)
Servicios de cliente remoto**

Política de privacidad para servicios de clientes remotos

Zona Seca, Inc. proporcionará servicios de cliente remoto (telesalud) utilizando la plataforma de reunión virtual Zoom. Parte de la información personal, como su nombre, dirección de correo electrónico y dirección IP de la computadora, se compartirá con Zoom. Además, algunas reuniones pueden grabarse y cargarse en una nube para documentar la finalización de la sesión. Para participar en las reuniones de Zoom, debe leer y aceptar la Política de privacidad de Zoom.

Zona Seca, Inc. continuará manteniendo la confidencialidad como se establece en nuestra Política de confidencialidad. El cliente también estará sujeto al acuerdo de confidencialidad firmado al momento de la inscripción.

Para participar en los Servicios de cliente remoto temporales, firme el comunicado a continuación y envíe la página firmada por correo electrónico a: jcamacho@zonaseca.com

Lanzamiento de servicios de cliente remoto

Yo (imprimo su nombre) _____, acepto participar en los Servicios de Cliente Remoto (Telesalud) temporales en Zona Seca, Inc. Entiendo que se requiere tecnología específica para participar y certifico que tengo acceso a la tecnología requerida. Además, he leído y entiendo la política de privacidad de Zoom. Entiendo que los Servicios de Cliente Remoto se ofrecen de manera temporal debido a la pandemia de Coronavirus (COVID-19), y que una vez que se elimine la amenaza, los servicios de cliente estarán disponibles solo en la ubicación del DUI. Para recibir crédito por la sesión, entiendo que debo:

- o Asista a la sesión en una sala privada, sin distracciones.
- o Quédate toda la sesión.
- o No estar bajo la influencia del alcohol u otras drogas durante la sesión.

Entiendo que las tarifas por los servicios del DUI se aplicarán durante este tiempo, y que Zona Seca, Inc. me proporcionará opciones y métodos de pago alternativos durante el período de Servicios de Cliente Remoto.

He leído y acepto Zona Seca, Inc. y la Política de privacidad de Zoom.

Nombre - Fecha impresa

Nombre - Firma Fecha



CONSENTIMIENTO PARA REVELAR INFORMACION
PROGRAMA DE PRIMERA OFENSA

Yo comprendo que toda información dada por mí al personal de Primera Ofensa es confidencial. Además comprendo, que el personal de Zona Seca me asegura la confidencialidad de toda información de mi archivo durante mi participación en el Programa de Primera Ofensa con Zona Seca en conformidad con el Título 42, Secciones 2.1-2.67(1), del Código de Reglamentos Federales.

Yo de esta manera autorizo al programa de Primera Ofensa de Zona Seca, para que revele cualquiera o toda información de mis archivos con relación a mi participación en el Programa a la siguiente persona o personas u organización:

_____ (nombre de la persona u organización a la cual se hará la revelación)

Comprendo que la revelación de la información de mis archivos autorizada aquí mismo es con el fin de verificar mi cumplimiento de los requisitos del programa de Primera Ofensa. La revelación de la información de mí archivo será limitado a lo siguiente:

- * Horas de actividades del Programa a que he asistido
- * Participación en el programa
- * Confirmación de matrícula, suspensión o descalificación del programa
- * Evaluación de dependencia a sustancias químicas
- * Recomendaciones con respecto a mi participación en el programa

Tal relevación será hecha a las siguientes organizaciones:

- * Corte
- * Departamento de Motores y Vehículos
- * Departamento de Bienestar Conductual
- * Departamento de Servicios de Atención de la Salud

IMPORTANTE: Toda información de los archivos del programa será confidencial y no será relevada sin su consentimiento escrito, EXCEPTO cuando,

- * Lo ordene la corte
- * Lo requiera una emergencia médica
- * Cuando la persona interesada cometa un crimen mientras asiste a las actividades del programa, o si amenaza cometer un crimen. Cuando hay sospecha de abuso de un menor, de un adulto con adicción o de un anciano, deberá reportarse a las autoridades del estado.

Este consentimiento está sujeto a revocación por el suscrito en cualquier momento y si no se ha revocado anteriormente, terminara en fecha _____.

Firma del participante

Fecha

Representante del programa

Fecha

ZONA SECA, INC.

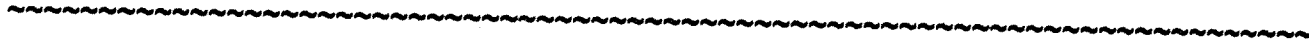
ALCOHOL-DRUG ABUSE-PREVENTION-EDUCATION SERVICES

NO PRIOR DRIVING UNDER THE INFLUENCE CONVICTIONS

At this time it is important to disclose any prior driving under the influence (DUI) convictions. If any, we are requesting to know the year and locations of arrest. It is in your best interest to provide this information so we know whether or not you are in the correct program. If you are unsure of the date of any prior DUI, you need to contact the Department of Motor Vehicles (DMV) for a report of your driving record.

My signature below verifies that I have no prior driving under the influence convictions.

Client Signature Date _____ Program Representative Date _____



Por favor déjenos saber si tiene previo arresto por manejar bajo la influencia de alcohol. Es importante que nos de esta información. Necesitamos la fecha y localidad del arresto. Así podemos ponerlo en el programa correcto para usted. Si no sabe los datos de su previo arresto el Departamento de Motores y Vehículos le puede ayudar.

Mi firma verifica que no tengo arresto previo de manejar bajo la influencia.

Firma Fecha _____ Firma de Representante Fecha _____

ZONA SECA, INC.

ALCOHOL-DRUG ABUSE-PREVENTION-EDUCATION SERVICES

Computación de Cargos del Programa de Wet & Reckless

SE ME HA INFORMADO QUE TENGO QUE PAGAR SI ME SALGO DEL PROGRAMA O SI MI PROGRAMA ES DESCONTINUADO, YO SERE RESPONSABLE DE PAGAR LOS CARGOS DE LOS SERVICIOS QUE HE RECIBIDO

REGISTRACIÓN	\$177.00
(Incluye cargos para el condado y para el estado)	
1 ASESORAMIENTO	\$ 50.00
6 CLASES- cada clase @ \$30 (EDUCACION)	\$180.00
<u>TOTAL</u>	<u>\$407.00</u>

OTRA CARGOS:

- \$20 por cada sesión (individual, grupo o educación) que necesite reponer
- \$65 por cada cambio a otra agencia
- \$25 por cada vez que reingrese al programa después de de ser expulsado/a del programa
- \$40 por cada permiso de ausencia
- \$20 por cada cambio de clases
- \$30 por cada examen de alcohol o drogas

FIRMA _____

FECHA _____

Zona Seca, Inc. ADP License # 42-003-01-100

MISSING CLASS POLICY

*Missing classes are discouraged and should only be missed for emergencies.

***ONLY Jail Time, SWAP or Medical Emergency** are considered **EXCUSED** absences. You must show proof (i.e. Dr's note; jail documentation, etc.) within a 72 hour period from the first absence. These classes still must be made up.

*Each missed class is \$20.00 if not excused and must be paid for before a Make Up is scheduled, **no exceptions** (other than above).

1. Please **call the office** to inform us that you plan on missing a class, counseling appointment and/or group **24 hours in advance**. It is best to ask for your Counselor on the phone to set make-ups for you.
2. **You must be signed up to attend. No crashing make up classes.** Each missed Make Up class is \$20.00 **no exceptions**.
3. If you have several activities to complete and wait until the end, then you risk pushing you completion date back.

Clients Initials _____ Date _____

NORMAS DE ASISTENCIA RESPECTO A CLASES FALLADAS

*Se desalentá faltar a clases ya que es algo muy serio y solamente es justificable en dado caso de emergencia.

*Solo encarcelamiento, intercambio para el programa de SWAP, o una emergencia médica son consideradas ausencias justificadas. Usted deberá comprobar su ausencia con documentos, tales como (una nota escrita por su médico, documentación de la cárcel, etc.) dentro de un periodo de 72 horas a partir de la primera ausencia. No obstante las clases falladas deberán ser asistidas después.

Por cada clase ausente hay un cobro de \$20 dólares si no está justificada y deberá ser pagada antes de obtener otra clase. (Sin excepciones más que las antes mencionadas!).

1. Favor de llamar a la oficina 24 horas de anticipación para informarnos si usted planea faltar a clase o a una cita con su consejero. Es mejor si usted hace el cambio de su clase/cita con su consejero/a por teléfono.
2. Usted deberá estar en la lista para poder quedarse en la clase. No puede colarse para retomar la clase/s. Por cada clase retomada que usted falte se le cobrara \$20.00 dólares.
3. Registrar miento para las clases retomadas puede demorar hasta un mes. Si usted tiene varias clases que completar y se espera hasta el último momento, corre el riesgo de aplazar la fecha de conclusión.
4. Si usted tiene varias actividades para completar y esperar hasta el final, entonces corre el riesgo de empujar a que fecha de finalización de vuelta.

Iniciales del Cliente _____ **Fecha** _____



Cell Phone Policy

- DO** keep your phone off or on silent while attending any program activities.
- DO** wait until after program activities are complete to check your phone for messages or notifications.
- DO NOT** let your phone interfere with your focus during program activities.
- DO NOT** distract others with your phone.
- DO NOT** go to the bathroom during program activities to check your phone.
- DO NOT** leave the premises (walk out the back or front door) during program activities to check your phone.

Failure to adhere to these rules will result in the removal of the program activity that you are attending, no credit will be received, and you will be marked absent and charged a \$20 absence fee. You will have to make up the activity at a later date.

Date _____ Client Signature _____

Reglas de Teléfono Celular

- Mantenga** su teléfono apagado o en silencio mientras asiste a las actividades del programa.
- DEBE** esperar hasta que se completen las actividades del programa para revisar su teléfono en busca de mensajes o notificaciones.
- NO** permita que su teléfono interfiera con su enfoque durante las actividades del programa.
- NO** distraiga a otros con su teléfono.
- NO** vaya al baño durante las actividades del programa para revisar su teléfono.
- NO** salga de las instalaciones (salga por la puerta trasera o delantera) durante las actividades del programa para revisar su teléfono.

El incumplimiento de estas reglas dará como resultado la eliminación de la actividad del programa a la que asiste, no se recibirá ningún crédito y se lo marcará como ausente y se le cobrará una tarifa de ausencia de \$20. Tendrá que recuperar la actividad en una fecha posterior.

Fecha _____ Firma del Cliente _____



Virtual Services Contract (VSC)

The Department of Health Care Services (DHCS) allows for the provision of both in-person and virtual services or a hybrid of both per BHIN No:24-012 guidelines. Should a client choose to participate in Virtual Services, it will be conducted via a Secure Platform: Zoom.

Privacy Policy for Remote Client Services

Zona Seca, Inc. will provide Remote Client Services via a virtual meeting platform (Zoom). Some personal information, such as your name, email address, and computer IP address, will be shared with Zoom. Additionally, some meetings may be recorded and uploaded to a cloud for documentation of session completion. To participate in Zoom meetings, you must read and agree to the Virtual Services Contract (VSC).

Zona Seca, Inc. will continue to maintain confidentiality as stated in our Confidentiality Policy. Clients will also be held to the Confidentiality Agreement signed upon enrollment.

To participate in Virtual Services, sign the virtual service contract (VSC) below.

Virtual Services will enable you to continue your required activities with a certified counselor via a virtual meeting platform (Zoom). To participate in Virtual Services, you must:

- Sign the contract below stating that you would like to participate via virtual services.
- You must have either a computer, tablet, or phone with a working microphone, speakers, and a camera (for video meetings) with a secure network connection.
- You must also be able to download the free Zoom software onto your device.
- You must have a registered account with the secure platform (its FREE): Zoom, prior to attending any scheduled activities and be signed into your registered Zoom account before you can use any links sent to you from Zona Seca, Inc.

GUIDELINES: To receive credit for the session, you must:

- Sign in and have with your full complete legal name displayed (first and last name). Abbreviations, initials, incomplete names and nicknames will not be accepted, and no credit will be given.
- Have a working/live camera and speaker/microphone that must be ON during the entire session. (IF Zona Seca, Inc. staff cannot hear or see you (LIVE), then you will not be allowed to stay in the session and will be removed without credit).
- Virtual and blurred backgrounds are prohibited/not allowed and must be removed.
- Attend the session in a private room free of distractions (cannot be in a public setting or have others in the background, no driving, taking a walk, cooking, exercising, smoking, eating, or laying down while attending virtual services).
- Stay for the entire session. If you lose connection, you will be allowed a 2–3-minute grace period to reconnect and still receive credit. If you have repeated disconnections (more than once), this will result in no credit. If you leave prior to the session ending, you will not receive credit.
- Alcohol/drug use before or during virtual services is NOT ALLOWED. If a client exhibits behavior that identifies with alcohol/drug impairment, they will be removed and terminated from the program.
- Be able to use DocuSign to gather your e-signature at the beginning of each class/group for attendance documentation. Failure to gather your e-signature will result in no credit.

It is important to log in 15 minutes prior to the session to address any issues with attendance/connectivity. Please contact the assigned instructor/counselor.

Diana Banales	dbanales@zonaseca.com	805-963-8961 x15
Raymond Winters	rwinters@zonaseca.com	805-963-8961 x14
Jose Camacho	jcamacho@zonaseca.com	805-963-8961 x20
Mike Lewis	mike.lewis@zonaseca.com	805-963-8961 x25
Victoria Navarro	vnavarro@zonaseca.com	
Juan Donato	juan.donato@zonaseca.com	
Mikaela Martinez	mikaela.martinez@zonaseca.com	805-963-8961 x21

- By checking the box, I declare that **I DO** agree to participate via Live Virtual Services and that I agree to the guidelines above. I have access to internet services and appropriate equipment (i.e. computer, phone or tablet with video and audio capabilities and internet connection).
- By checking the box, I declare that **I DO NOT** agree to participate via Live Virtual Services and will attend all my program requirements in person.

CLIENT PRINT NAME

SIGNATURE

DATE

COUNSELOR SIGNATURE

DATE

ZONA SECA, INC.

ALCOHOL-DRUG ABUSE-PREVENTION-EDUCATION SERVICES

ANY PRIOR DRIVING UNDER THE INFLUENCE CONVICTIONS

At this time it is important to disclose any prior driving under the influence (DUI) convictions within 10 years of your current offense. If any, we are requesting to know the year and location of arrest. It is in your best interest to provide this information, so we know whether you are in the correct program. If you are unsure of the date of any prior DUI, you need to contact the Department of Motor Vehicles (DMV) for a report of your driving record.

My signature below verifies that I have no prior driving under the influence convictions.

_____ Date _____ Date _____
Client Signature Program Representative



NO HAY CONDENAS PREVIAS POR CONDUCIR BAJO LA INFLUENCIA

Por favor déjenos saber si tiene previo arresto por manejar bajo la influencia de alcohol. Es importante que nos de esta información. Necesitamos la fecha y localidad del arresto. Así podemos ponerlo en el programa correcto para usted. Si no sabe los datos de su previo arresto el Departamento de Motores y Vehículos le puede ayudar.

Mi firma verifica que no tengo arresto previo de manejar bajo la influencia.

_____ Fecha _____ Fecha _____
Firma Firma de Representante

ZONA SECA, INC

ALCOHOL-DRUG ABUSE-PREVENTION-EDUCATION SERVICES

**DRINKING DRIVER PROGRAM
PARTICIPANT CONSENT FOR INFORMATION DISCLOSURE**

I understand, that record of my participation in the Drinking Driver Program is confidential. As such, the Program Staff will take the necessary measures required under Title 42, section 2.1 thru 2.67(1), code of Federal Regulations, "Confidentiality of Alcohol and Drug Patient Records" to maintain the confidentiality of any records or information concerning my program involvement.

I _____, hereby authorize Zona Seca to disclose information obtained in the course of my program involvement for alcohol or drug abuse to:

(IMPORTANT: Complete separate release for each person or organization to which disclosure is made)

The disclosure of information contained in my records authorized herein shall be limited to:

- * Program Hours Attended and Completed
- * Confirmation of Program Compliance
- * Chemical Dependency Assessment
- * Program Opinions, Observations or Recommendations
- * Violation of Any Program Rules or Regulations

Disclosure of the above information will be made to:

- * Court of Jurisdiction
- * Department of Motor Vehicles
- * Department of Behavioral Wellness (County monitoring agency)
- * Department of Health Care Services (State monitoring agency)

Release of information and records without your written consent, except when required by law is prohibited, unless:

- * When ordered by the court.
- * To medical personnel in a medical emergency.
- * Whenever a crime has been committed by you either while attending program activities or against any person who works for the program or about any threat to commit a crime.
- * Whenever suspected or observed child, dependent adult or elder abuse occurs, shall be reported to appropriate State or local authorities.

This consent is subject to revocation by you at any time except to the extent that action has been taken in reliance hereon; and if not earlier revoked, it shall terminate on: _____ without express revocation.

Participant Date

Program Representative Date



Alcohol and Drug Program Client Rights (NO-DMC)

This service is funded under a contract with Santa Barbara County Behavior Wellness Alcohol, Drug, & Mental Health Services. This agency is obliged to do everything possible to ensure that clients' rights are protected. Each person participating in a county-funded program shall have and may exercise the following right:

You have the right to:

1. Be treated with respect and dignity in their interactions with all staff in this program.
2. You will be provided with safe, healthy and comfortable accommodation, furniture and equipment.
3. Not to be subjected to any kind of punishment, humiliation or mental abuse.
4. Receive services without discrimination based on gender, race, color, national origin, disability, disability, marital status, sexual orientation, religion, or any other protected characteristic.
5. Refuse consent to any religious activity required by any County-funded ADP program and be referred to a non-religious program (charitable choice).
6. To access your treatment files in accordance with Executive Order #B-22/76.
7. To the confidential treatment of all communications and records relating to your participation in the program. Any exceptions to this are described in your consent to the processing.
8. Be informed about available HIV counselling and testing services.
9. You should be aware of the fact that sexual contact between you and any member of the treatment program staff, including members of the Board of Directors of the agency providing your treatment, is strictly prohibited by law.

If you believe you are not being treated fairly or inadequately, or you believe there is counselor misconduct, follow these steps:

1. First try to resolve the matter by discussing it with your counselor.
2. If that step does not resolve the situation to your satisfaction, you should contact your counselor's supervisor or program manager.
3. If you are still not satisfied with the outcome, contact the SB County Behavioral Wellness Program Manager at (805) 884-1623 or to report a counselor misconduct complaint, you can call the Toll-Free Complaint Number: (877) 685.8333.
4. If your complaint has not been properly resolved at this level, you may contact the Santa Barbara County Behavioral Wellness Manager and/or his designee at 315 Camino del Remedio, Santa Barbara, CA 93110-1316, telephone (805) 681.5220; or

You may file a written complaint with: County of Santa Barbara Equal Employment Opportunity Manager 105 E. Anapamu Street Room 104 Santa Barbara, CA 93101 805.568.3410 www.countyofsb.org/eo	Department of Health Care Services SUD Compliance Division 1501 Capital Avenue MS2600 2 nd Floor Sacramento, CA 95899-7413 916.322.2911 www.dhcs.ca.gov	U.S. Department of Health and Human Services Office of Civil Rights 200 Independence Avenue, S.W. Room 509F, HHH Building Washington, DC 20201 202.619.0403 www.hhs.gov/ocr
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Please circle your answers:

- | | | |
|--|-----|----|
| 1. Did you receive a copy of your Clients Rights? | Yes | No |
| 2. Has anyone discussed these rights with you? | Yes | No |
| 3. Do you feel that you understand your rights and responsibilities? | Yes | No |

Client signature: _____

Date: _____

Counselor Signature: _____

Date: _____

ZONA SECA, INC.

ALCOHOL-DRUG ABUSE-PREVENTION-EDUCATION SERVICES

3 MONTH BREAKDOWN OF FEES

I HAVE BEEN ADVISED THAT IF I DROP OUT, TRANSFER OUT OF THE PROGRAM OR IF THE PROGRAM IS TERMINATED/DELETED I WILL BE CHARGED FOR WHATEVER I HAVE COMPLETED.

REGISTRATION (INCLUDES COUNTY AND STATE FEE)	\$372.00
01 ALCOHOL ASSESMENT	\$ 50.00
FACE-TO-FACE & MIDPOINT @ \$35	\$ 70.00
15 CLASSES @ \$30 (GROUP & EDUCATION)	\$450.00
FINAL INTERVIEW	\$ 35.00
TOTAL:	\$977.00

OTHER FEES:

- MISSED ACTIVITY(EDUCATION/GROUP/COUNSELING): \$20
- LEAVE OF ABSENCE.: \$40
- RESCHEDULING: \$20
- DUPLICATE DL101: \$12
- ALCOHOL/DRUG SCREENING (DRUG TEST POSITIVE RESULT): \$30
- TRANSFER OUT: \$65
- REINSTATEMENT: \$25

SIGNED _____

DATE _____

Zona Seca, Inc. ADP License # 42-003-01-100

MISSING CLASS POLICY

*YOU MAY NOT BE LATE TO ANY ACTIVITIES.

*Missing classes are discouraged and should only be missed for emergencies.

*ONLY **Jail Time**, **SWAP** or **Medical Emergency** are considered **EXCUSED** absences. You must show proof (i.e. Dr's note; jail documentation, etc. **all notes should state the date of absence**) within a **72 hour period** from the first absence. These classes still must be made up.

*Each missed class is \$20.00 if not excused and must be paid for before a Make Up is scheduled, **no exceptions** (other than above).

1. **Call and/or email the office** to inform us that you plan on missing a class, counseling appointment and/or group **24 hours in advance to avoid a \$20 missed activity fee and an absence.** It is best to ask for your Counselor on the phone to set make-ups for you.
2. **You must be signed up to attend. No crashing classes.** Each missed Make Up class is \$20.00 **no exceptions.**
3. If you have several activities to complete and wait until the end, then you risk pushing your completion date back.

Clients Initials _____ **Date** _____

NORMAS DE ASISTENCIA RESPECTO A CLASES FALLADAS

*ES POSIBLE QUE NO LLEGUE TARDE A NINGUNA ACTIVIDAD.

*Se desalentó faltar a clases ya que es algo muy serio y solamente es justificable en dado caso de emergencia.

*Solo encarcelamiento, intercambio para el programa de SWAP, o una emergencia médica son consideradas ausencias justificadas. Usted deberá comprobar su ausencia con documentos, tales como (una nota escrita por su médico, documentación de la cárcel, etc.) dentro de un periodo de 72 horas a partir de la primera ausencia. No obstante las clases falladas deberán ser asistidas después.

Por cada clase ausente hay un cobro de \$20 dólares si no está justificada y deberá ser pagada antes de obtener otra clase. (¡Sin excepciones más que las antes mencionadas!).

1. Favor de llamar a la oficina 24 horas de anticipación para informarnos si usted planea faltar a clase o a una cita con su consejero. Es mejor si usted hace el cambio de su clase/cita con su consejero/a por teléfono.
2. Usted deberá estar en la lista para poder quedarse en la clase. No puede colarse para retomar la clase/s. Por cada clase retomada que usted falte se le cobrara \$20.00 dólares.
3. Registrar miento para las clases retomadas puede demorar hasta un mes. Si usted tiene varias clases que completar y se espera hasta el último momento, corre el riesgo de aplazar la fecha de conclusión.
4. Si usted tiene varias actividades para completar y esperar hasta el final, entonces corre el riesgo de empujar a que fecha de finalización de vuelta.

Iniciales del Cliente _____ **Fecha** _____



Cell Phone Policy

- DO** keep your phone **off** or on silent while attending any program activities.
- DO** wait until after program activities are complete to check your phone for messages or notifications.
- DO NOT** let your phone interfere with your focus during program activities.
- DO NOT** distract others with your phone.
- DO NOT** go to the bathroom during program activities to check your phone.
- DO NOT** leave the premises (walk out the back or front door) during program activities to check your phone.

Failure to adhere to these rules will result in the removal of the program activity that you are attending, no credit will be received, and you will be marked absent and charged a \$20 absence fee. You will have to make up the activity at a later date.

Date _____ Client Signature _____

Reglas de Teléfono Celular

- Mantenga** su teléfono apagado o en silencio mientras asiste a las actividades del programa.
- DEBE** esperar hasta que se completen las actividades del programa para revisar su teléfono en busca de mensajes o notificaciones.
- NO** permita que su teléfono interfiera con su enfoque durante las actividades del programa.
- NO** distraiga a otros con su teléfono.
- NO** vaya al baño durante las actividades del programa para revisar su teléfono.
- NO** salga de las instalaciones (salga por la puerta trasera o delantera) durante las actividades del programa para revisar su teléfono.

El incumplimiento de estas reglas dará como resultado la eliminación de la actividad del programa a la que asiste, no se recibirá ningún crédito y se lo marcará como ausente y se le cobrará una tarifa de ausencia de \$20. Tendrá que recuperar la actividad en una fecha posterior.

Fecha _____ Firma del Cliente _____



Participant's Certification of DUI Program Enrollment or Completion

(Instructions for completing this form are on the reverse side.)

PROGRAM PROVIDER NAME: Zona Seca, Inc.		PROVIDER'S ADP LICENSE NUMBER 42-003-01-100
PARTICIPANT NAME: (LAST FIRST MIDDLE)		DRIVER LICENSE NUMBER OR 'X' NUMBER
PROGRAM TYPE		
<input type="checkbox"/> Education Only (23140 CVC Conviction) <input checked="" type="checkbox"/> First Offender Program <u>3</u> months		
<input type="checkbox"/> Multiple Offender Program ___ 18 months ___ 30 months ___ 18 of 30 months (IID Restriction only)		
ENROLLMENT DATE	DL 107 CERTIFICATE NUMBER	OR COMPLETION DATE
		DL 101 CERTIFICATE NUMBER
<p><i>I certify under penalty of perjury under the laws of the State of California that I have enrolled in, or completed the program as indicated above.</i></p>		
DATE	PARTICIPANT'S SIGNATURE 	TELEPHONE NUMBER ()

DL 804 (REV. 1/2003)



Instructions for Completing the Participant's Certification of DUI Program Enrollment or Completion (DL-804)

This form is to be used under the following circumstances:

- When a program participant has completed all the required DUI Program components, but you are unable to immediately issue a Notice of Completion Certificate (DL 101) and capture the participant's signature on the (paper) completion certificate.
- When a program participant has completed all the required DUI program components and you are submitting an electronic Notice of Completion Certificate (DL 101) via an authorized Internet access link with the Department of Motor Vehicles (DMV).
- When a program participant has enrolled in a DUI program and you are submitting an electronic Proof of Enrollment Certificate (DL 107) via an authorized Internet access link with the DMV.

This form captures the participant's signature, which certifies under penalty of perjury that the participant has either enrolled in a DUI program, or completed the required DUI program. This signature would normally be on the DL 101 or DL 107, but in the above circumstances you may not be able to capture the participant's signature on the certificate.

Please, ensure that the information on this form is consistent with the information on the Proof of Enrollment Certificate (DL 107) or the Notice of Completion Certificate (DL 101) you submit for the identified participant.

You must retain this form in your office in a manner that will allow you to retrieve it by searching for the serial number of the corresponding Certificate (DL 107 or DL 101) and for the period required by Section 9866 of Title 9, California Code of Regulations.

On the printed Notice of Completion Certificate (DL 101) you submit without a participant's signature, type or print the words "Signed DL 804 in file" in the space provided for participant's signature.

Do not submit a DL 804 to DMV unless you are requested to do so.



Contrato de Servicios Virtuales (VSC)

El Departamento de Servicios de Atención Médica (DHCS, por sus siglas en inglés) permite la prestación de servicios presenciales y virtuales o un híbrido de ambos, según las pautas de BHIN No: 24-012. En caso de que un cliente decida participar en los Servicios Virtuales, se llevará a cabo a través de una Plataforma Segura: Zoom.

Política de Privacidad para Servicios de Cliente Remoto

Zona Seca, Inc. proporcionará Servicios de Cliente Remoto a través de una plataforma de reuniones virtuales (Zoom). Parte de la información personal, como su nombre, dirección de correo electrónico y dirección IP de la computadora, se compartirá con Zoom. Además, algunas reuniones pueden grabarse y cargarse en una nube para documentar la finalización de la sesión. Para participar en las reuniones de Zoom, debe leer y aceptar el Contrato de Servicios Virtuales (VSC).

Zona Seca, Inc. continuará manteniendo la confidencialidad como se establece en nuestra Política de Confidencialidad. Los clientes también estarán sujetos al Acuerdo de Confidencialidad firmado al momento de la inscripción.

Para participar en los Servicios virtuales, firme el contrato de servicio virtual (VSC) a continuación.

Los servicios virtuales le permitirán continuar con las actividades requeridas con un consejero certificado a través de una plataforma de reuniones virtuales (Zoom). Para participar en los Servicios Virtuales, usted debe:

- Firme el contrato a continuación indicando que le gustaría participar a través de servicios virtuales.
- Debe tener una computadora, tableta o teléfono con un micrófono, parlantes y una cámara (para videollamadas) con una conexión de red segura.
- También debe poder descargar el software gratuito de Zoom en su dispositivo.
- Debe tener una cuenta registrada en la plataforma segura (es GRATUITA): Zoom, antes de asistir a cualquier actividad programada y haber iniciado sesión en su cuenta de Zoom registrada antes de poder utilizar los enlaces que le envíen Zona Seca, Inc.

PAUTAS: Para recibir crédito por la sesión, usted debe:

- Inicie sesión y haga que se muestre su nombre legal completo (nombre y apellido). No se aceptarán abreviaturas, iniciales, nombres incompletos y apodos, y no se otorgará ningún crédito.
- Tenga una cámara que funcione/en vivo y un altavoz/micrófono que deben estar encendidos durante toda la sesión. (Si el personal de Zona Seca, Inc. no puede escucharlo o verlo (EN VIVO), entonces no se le permitirá permanecer en la sesión y será eliminado sin crédito).
- Los fondos virtuales y borrosos están prohibidos/no permitidos y deben eliminarse.
- Asistir a la sesión en una sala privada libre de distracciones (no puede estar en un entorno público o tener a otras personas en segundo plano, no conducir, caminar, cocinar, hacer ejercicio, fumar, comer o acostarse mientras asiste a los servicios virtuales).
- Permanezca durante toda la sesión. Si pierdes la conexión, se te permitirá un período de gracia de 2 a 3 minutos para volver a conectarte y seguir recibiendo crédito. Si tiene desconexiones repetidas (más de una vez), esto resultará en ningún crédito. Si se retira antes de que finalice la sesión, no recibirá crédito.
- NO SE PERMITE el consumo de alcohol/drogas antes o durante los servicios virtuales. Si un cliente exhibe un comportamiento que se identifica con el deterioro del alcohol / drogas, será removido y terminado del programa.
- Ser capaz de usar DocuSign para recopilar su firma electrónica al comienzo de cada clase/grupo para la documentación de asistencia. Si no se recopila su firma electrónica, no se otorgará crédito.

Es importante iniciar sesión 15 minutos antes de la sesión para abordar cualquier problema con la asistencia / conectividad. Por favor, póngase en contacto con el **instructor/consejero asignado**.

Diana Banales	dbanales@zonaseca.com	805-963-8961 x15
Raymond Winters	rwinters@zonaseca.com	805-963-8961 x14
Jose Camacho	jcamacho@zonaseca.com	805-963-8961 x20
Mike Lewis	mike.lewis@zonaseca.com	805-963-8961 x25
Victoria Navarro	vnavarro@zonaseca.com	
Mia Casino	mia.casino@zonaseca.com	805-963-8961 x23

Juan Donato

juan.donato@zonaseca.com

Mikaiela Martinez

mikaiela.martinez@zonaseca.com 805-963-8961 x21

- Al marcar la casilla, declaro que **SÍ** acepto participar a través de los Servicios Virtuales en Vivo y que acepto las pautas anteriores. Tengo acceso a servicios de Internet y al equipo adecuado (es decir, computadora, teléfono o tableta con capacidades de video y audio y conexión a Internet).
- Al marcar la casilla, declaro que **NO** acepto participar a través de los Servicios Virtuales en Vivo y atenderé todos los requisitos de mi programa en persona.

NOMBRE DE IMPRESIÓN DEL CLIENTE FIRMA

FECHA

FIRMA DEL CONSEJERO

FECHA



Derechos del Cliente del Programa de Alcohol y Drogas (NO-DMC)

Este servicio se financia bajo un contrato con el Condado de Santa Bárbara Behavior Wellness Alcohol, Drug, & Mental Health Services. Esta agencia está obligada a hacer todo lo posible para garantizar que los derechos de los clientes estén protegidos. Cada persona que participe en un programa financiado por el condado tendrá y podrá ejercer el siguiente derecho:

Usted tiene derecho a:

1. Ser tratado con respeto y dignidad en sus interacciones con todo el personal de este programa.
2. Se le proporcionará alojamiento, mobiliario y equipo seguros, saludables y cómodos.
3. No ser sometido a ningún tipo de castigo, humillación o abuso mental.
4. Recibir servicios sin discriminación por motivos de género, raza, color, origen nacional, discapacidad, estado civil, orientación sexual, religión o cualquier otra característica protegida.
5. Rechazar el consentimiento a cualquier actividad religiosa requerida por cualquier programa de ADP financiado por el Condado, y ser referido a un programa no religioso (elección caritativa).
6. Para tener acceso a sus archivos de tratamiento de acuerdo con la Orden Ejecutiva #B -22/76.
7. Al tratamiento confidencial de todas las comunicaciones y registros relativos a su participación en el programa. Cualquier excepción a esto se describe en su consentimiento para el tratamiento.
8. Estar informado sobre los servicios disponibles de asesoramiento y pruebas del VIH.
9. Usted debe ser consciente del hecho de que el contacto sexual entre usted y cualquier miembro del personal del programa de tratamiento, incluidos los miembros de la Junta Directiva de la agencia que le proporciona tratamiento, está estrictamente prohibido por la ley.

Si cree que no está recibiendo un trato justo o inadecuado, o cree que hay una mala conducta del consejero, siga estos pasos:

1. Primero try para resolver el asunto discutiendo con su consejero.
2. Si ese paso no resuelve la situación a su satisfacción, debe comunicarse con el supervisor de su consejero o el gerente del programa.
3. Si aún no está satisfecho con el resultado, comuníquese con el Gerente del Programa de Bienestar Conductual del Condado de SB al (805) 884-1623 o para reportar una queja de mala conducta del consejero, puede llamar al Número gratuito de queja: (877) 685.8333.
4. Si su queja no se ha resuelto adecuadamente en este nivel, puede comunicarse con el Administrador de Bienestar Conductual del Condado de Santa Bárbara y / o su designado en 315 Camino del Remedio, Santa Bárbara, CA 93110-1316, teléfono (805) 681.5220; o
5. Puede presentar una queja por escrito ante:

County of Santa Barbara Equal Employment Opportunity Manager 105 E. Anapamu Street Room 104 Santa Barbara, CA 93101 805.568.3410 www.countyofsb.org/eeo	Department of Health Care Services SUD Compliance Division 1501 Capital Avenue MS2600 2 nd Floor Sacramento, CA 95899-7413 916.322.2911 www.dhcs.ca.gov	U.S. Department of Health and Human Services Office of Civil Rights 200 Independence Avenue, S.W. Room 509F, HHH Building Washington, DC 20201 202.619.0403 www.hhs.gov/ocr
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Please circle your answers:

- | | | |
|--|----|----|
| 1. ¿Recibió una copia de esta Declaración de derechos del cliente? | Si | No |
| 2. ¿Alguien empleado aquí discutir estos derechos con usted? | Si | No |
| 3. ¿Sientes que entiendes tus derechos y responsabilidades? | Si | No |

Firma del cliente:

fecha:

Firma del Consejero:

fecha:



CONSENTIMIENTO PARA REVELAR INFORMACION
PROGRAMA DE PRIMERA OFENSA

Yo comprendo que toda información dada por mí al personal de Primera Ofensa es confidencial. Además comprendo, que el personal de Zona Seca me asegura la confidencialidad de toda información de mi archivo durante mi participación en el Programa de Primera Ofensa con Zona Seca en conformidad con el Título 42, Secciones 2.1-2.67(1), del Código de Reglamentos Federales.

Yo de esta manera autorizo al programa de Primera Ofensa de Zona Seca, para que revele cualquiera o toda información de mis archivos con relación a mi participación en el Programa a la siguiente persona o personas u organización:

(nombre de la persona u organización a la cual se hará la revelación)

Comprendo que la revelación de la información de mis archivos autorizada aquí mismo es con el fin de verificar mi cumplimiento de los requisitos del programa de Primera Ofensa. La revelación de la información de mí archivo será limitado a lo siguiente:

- * Horas de actividades del Programa a que he asistido
- * Participación en el programa
- * Confirmación de matrícula, suspensión o descalificación del programa
- * Evaluación de dependencia a sustancias químicas
- * Recomendaciones con respecto a mi participación en el programa

Tal relevación será hecha a las siguientes organizaciones:

- * Corte
- * Departamento de Motores y Vehículos
- * Departamento de Bienestar Conductual
- * Departamento de Servicios de Atención de la Salud

IMPORTANTE: Toda información de los archivos del programa será confidencial y no será relevada sin su consentimiento escrito, EXCEPTO cuando,

- * Lo ordene la corte
- * Lo requiera una emergencia médica
- * Cuando la persona interesada cometa un crimen mientras asiste a las actividades del programa, o si amenaza cometer un crimen. Cuando hay sospecha de abuso de un menor, de un adulto con adicción o de un anciano, deberá reportarse a las autoridades del estado.

Este consentimiento está sujeto a revocación por el suscrito en cualquier momento y si no se ha revocado anteriormente, terminara en fecha _____.

Firma del participante

Fecha

Representante del programa

Fecha

Zona Seca, Inc. ADP License # 42-003-01-100

MISSING CLASS POLICY

*YOU MAY NOT BE LATE TO ANY ACTIVITIES.

*Missing classes are discouraged and should only be missed for emergencies.

*ONLY **Jail Time, SWAP or Medical Emergency** are considered **EXCUSED** absences. You must show proof (i.e. Dr's note; jail documentation, etc. **all notes should state the date of absence**) within a **72 hour period** from the first absence. These classes still must be made up.

*Each missed class is \$20.00 if not excused and must be paid for before a Make Up is scheduled, **no exceptions** (other than above).

1. **Call and/or email the office** to inform us that you plan on missing a class, counseling appointment and/or group **24 hours in advance to avoid a \$20 missed activity fee and an absence**. It is best to ask for your Counselor on the phone to set make-ups for you.
2. **You must be signed up to attend. No crashing classes.** Each missed Make Up class is \$20.00 **no exceptions**.
3. If you have several activities to complete and wait until the end, then you risk pushing your completion date back.

Clients Initials _____ **Date** _____

NORMAS DE ASISTENCIA RESPECTO A CLASES FALLADAS

*ES POSIBLE QUE NO LLEGUE TARDE A NINGUNA ACTIVIDAD.

*Se desalentó faltar a clases ya que es algo muy serio y solamente es justificable en dado caso de emergencia.

*Solo encarcelamiento, intercambio para el programa de SWAP, o una emergencia médica son consideradas ausencias justificadas. Usted deberá comprobar su ausencia con documentos, tales como (una nota escrita por su médico, documentación de la cárcel, etc.) dentro de un periodo de 72 horas a partir de la primera ausencia. No obstante las clases falladas deberán ser asistidas después.

Por cada clase ausente hay un cobro de \$20 dólares si no está justificada y deberá ser pagada antes de obtener otra clase. (¡Sin excepciones más que las antes mencionadas!).

1. Favor de llamar a la oficina 24 horas de anticipación para informarnos si usted planea faltar a clase o a una cita con su consejero. Es mejor si usted hace el cambio de su clase/cita con su consejero/a por teléfono.
2. Usted deberá estar en la lista para poder quedarse en la clase. No puede colarse para retomar la clase/s. Por cada clase retomada que usted falte se le cobrara \$20.00 dólares.
3. Registro para las clases retomadas puede demorar hasta un mes. Si usted tiene varias clases que completar y se espera hasta el último momento, corre el riesgo de aplazar la fecha de conclusión.
4. Si usted tiene varias actividades para completar y esperar hasta el final, entonces corre el riesgo de empujar a que fecha de finalización de vuelta.

Iniciales del Cliente _____ **Fecha** _____

ZONA SECA, INC.

ALCOHOL-DRUG ABUSE-PREVENTION-EDUCATION SERVICES

Computación de cargos del programa de 3 meses

SE ME HA INFORMADO QUE SI ME SALGO DEL PROGRAMA O SI MI PROGRAMA ES DESCONTINUADO, QUE YO SERE RESPONSABLE DE PAGAR TODOS LOS SERVICIOS QUE HE RECIBIDO.

REGISTRACIÓN	\$372.00
ASESORAMIENTO	\$ 50.00
CITA INICIAL Y INTERMEDIARIA@ \$35	\$ 70.00
15 CLASES - CADA UNA @ \$30 (GRUPO Y EDUCACION)	\$450.00
ENTREVISTA FINAL	\$ 35.00
Total	\$977.00

Otros Cargos:

- \$20 por cada sesión (individual, grupo o educación) que se necesite reponer
- \$65 por cada cambio a otro agencia
- \$25 por cada vez que reingrese al programa después de ser expulsado del programa
- \$40 por cada permiso de ausencia
- \$20 por cada cambio de clases
- \$12 por cada duplicado de certificado DL101
- \$30 por cada examen de alcohol o drogas

FIRMA _____

FECHA _____

ZONA SECA, INC.

ALCOHOL-DRUG ABUSE-PREVENTION-EDUCATION SERVICES

ANY PRIOR DRIVING UNDER THE INFLUENCE CONVICTIONS

At this time it is important to disclose any prior driving under the influence (DUI) convictions within 10 years of your current offense. If any, we are requesting to know the year and location of arrest. It is in your best interest to provide this information, so we know whether you are in the correct program. If you are unsure of the date of any prior DUI, you need to contact the Department of Motor Vehicles (DMV) for a report of your driving record.

My signature below verifies that I have no prior driving under the influence convictions.

_____ Date _____ Date _____
Client Signature Program Representative



NO HAY CONDENAS PREVIAS POR CONDUCIR BAJO LA INFLUENCIA

Por favor déjenos saber si tiene previo arresto por manejar bajo la influencia de alcohol. Es importante que nos de esta información. Necesitamos la fecha y localidad del arresto. Así podemos ponerlo en el programa correcto para usted. Si no sabe los datos de su previo arresto el Departamento de Motores y Vehículos le puede ayudar.

Mi firma verifica que no tengo arresto previo de manejar bajo la influencia.

_____ Fecha _____ Fecha _____
Firma Firma de Representante



Cell Phone Policy

- DO** keep your phone **off** or on silent while attending any program activities.
- DO** wait until after program activities are complete to check your phone for messages or notifications.
- DO NOT** let your phone interfere with your focus during program activities.
- DO NOT** distract others with your phone.
- DO NOT** go to the bathroom during program activities to check your phone.
- DO NOT** leave the premises (walk out the back or front door) during program activities to check your phone.

Failure to adhere to these rules will result in the removal of the program activity that you are attending, no credit will be received, and you will be marked absent and charged a \$20 absence fee. You will have to make up the activity at a later date.

Date _____ Client Signature _____

Reglas de Teléfono Celular

- Mantenga** su teléfono apagado o en silencio mientras asiste a las actividades del programa.
- DEBE** esperar hasta que se completen las actividades del programa para revisar su teléfono en busca de mensajes o notificaciones.
- NO** permita que su teléfono interfiera con su enfoque durante las actividades del programa.
- NO** distraiga a otros con su teléfono.
- NO** vaya al baño durante las actividades del programa para revisar su teléfono.
- NO** salga de las instalaciones (salga por la puerta trasera o delantera) durante las actividades del programa para revisar su teléfono.

El incumplimiento de estas reglas dará como resultado la eliminación de la actividad del programa a la que asiste, no se recibirá ningún crédito y se lo marcará como ausente y se le cobrará una tarifa de ausencia de \$20. Tendrá que recuperar la actividad en una fecha posterior.

Fecha _____ Firma del Cliente _____



Participant's Certification of DUI Program Enrollment or Completion

(Instructions for completing this form are on the reverse side.)

PROGRAM PROVIDER NAME: Zona Seca, Inc.			PROVIDER'S ADP LICENSE NUMBER 42-003-01-100	
PARTICIPANT NAME: (LAST FIRST MIDDLE)			DRIVER LICENSE NUMBER OR 'X' NUMBER	
PROGRAM TYPE				
<input type="checkbox"/> Education Only (23140 CVC Conviction)		<input checked="" type="checkbox"/> First Offender Program <u>3</u> months		
<input type="checkbox"/> Multiple Offender Program		<input type="checkbox"/> 18 months <input type="checkbox"/> 30 months <input type="checkbox"/> 18 of 30 months (IID Restriction only)		
ENROLLMENT DATE	DL 107 CERTIFICATE NUMBER	OR	COMPLETION DATE	DL 101 CERTIFICATE NUMBER
<i>I certify under penalty of perjury under the laws of the State of California that I have enrolled in, or completed the program as indicated above.</i>				
DATE	PARTICIPANT'S SIGNATURE 	TELEPHONE NUMBER ()		

DL 804 (REV. 1/2003)



Instructions for Completing the Participant's Certification of DUI Program Enrollment or Completion (DL-804)

This form is to be used under the following circumstances:

- When a program participant has completed all the required DUI Program components, but you are unable to immediately issue a Notice of Completion Certificate (DL 101) and capture the participant's signature on the (paper) completion certificate.
- When a program participant has completed all the required DUI program components and you are submitting an electronic Notice of Completion Certificate (DL 101) via an authorized Internet access link with the Department of Motor Vehicles (DMV).
- When a program participant has enrolled in a DUI program and you are submitting an electronic Proof of Enrollment Certificate (DL 107) via an authorized Internet access link with the DMV.

This form captures the participant's signature, which certifies under penalty of perjury that the participant has either enrolled in a DUI program, or completed the required DUI program. This signature would normally be on the DL 101 or DL 107, but in the above circumstances you may not be able to capture the participant's signature on the certificate.

Please, ensure that the information on this form is consistent with the information on the Proof of Enrollment Certificate (DL 107) or the Notice of Completion Certificate (DL 101) you submit for the identified participant.

You must retain this form in your office in a manner that will allow you to retrieve it by searching for the serial number of the corresponding Certificate (DL 107 or DL 101) and for the period required by Section 9866 of Title 9, California Code of Regulations.

On the printed Notice of Completion Certificate (DL 101) you submit without a participant's signature, type or print the words "Signed DL 804 in file" in the space provided for participant's signature.

Do not submit a DL 804 to DMV unless you are requested to do so.



Virtual Services Contract (VSC)

The Department of Health Care Services (DHCS) allows for the provision of both in-person and virtual services or a hybrid of both per BHIN No:24-012 guidelines. Should a client choose to participate in Virtual Services, it will be conducted via a Secure Platform: Zoom.

Privacy Policy for Remote Client Services

Zona Seca, Inc. will provide Remote Client Services via a virtual meeting platform (Zoom). Some personal information, such as your name, email address, and computer IP address, will be shared with Zoom. Additionally, some meetings may be recorded and uploaded to a cloud for documentation of session completion. To participate in Zoom meetings, you must read and agree to the Virtual Services Contract (VSC).

Zona Seca, Inc. will continue to maintain confidentiality as stated in our Confidentiality Policy. Clients will also be held to the Confidentiality Agreement signed upon enrollment.

To participate in Virtual Services, sign the virtual service contract (VSC) below.

Virtual Services will enable you to continue your required activities with a certified counselor via a virtual meeting platform (Zoom). To participate in Virtual Services, you must:

- Sign the contract below stating that you would like to participate via virtual services.
- You must have either a computer, tablet, or phone with a working microphone, speakers, and a camera (for video meetings) with a secure network connection.
- You must also be able to download the free Zoom software onto your device.
- You must have a registered account with the secure platform (its FREE): Zoom, prior to attending any scheduled activities and be signed into your registered Zoom account before you can use any links sent to you from Zona Seca, Inc.

GUIDELINES: To receive credit for the session, you must:

- Sign in and have with your full complete legal name displayed (first and last name). Abbreviations, initials, incomplete names and nicknames will not be accepted, and no credit will be given.
- Have a working/live camera and speaker/microphone that must be ON during the entire session. (IF Zona Seca, Inc. staff cannot hear or see you (LIVE), then you will not be allowed to stay in the session and will be removed without credit).
- Virtual and blurred backgrounds are prohibited/not allowed and must be removed.
- Attend the session in a private room free of distractions (cannot be in a public setting or have others in the background, no driving, taking a walk, cooking, exercising, smoking, eating, or laying down while attending virtual services).
- Stay for the entire session. If you lose connection, you will be allowed a 2–3-minute grace period to reconnect and still receive credit. If you have repeated disconnections (more than once), this will result in no credit. If you leave prior to the session ending, you will not receive credit.
- Alcohol/drug use before or during virtual services is NOT ALLOWED. If a client exhibits behavior that identifies with alcohol/drug impairment, they will be removed and terminated from the program.
- Be able to use DocuSign to gather your e-signature at the beginning of each class/group for attendance documentation. Failure to gather your e-signature will result in no credit.

It is important to log in 15 minutes prior to the session to address any issues with attendance/connectivity. Please contact the assigned instructor/counselor.

- | | | |
|-------------------|--|------------------|
| Diana Banales | dbanales@zonaseca.com | 805-963-8961 x15 |
| Raymond Winters | rwinters@zonaseca.com | 805-963-8961 x14 |
| Jose Camacho | jcamacho@zonaseca.com | 805-963-8961 x20 |
| Mike Lewis | mike.lewis@zonaseca.com | 805-963-8961 x25 |
| Victoria Navarro | vnavarro@zonaseca.com | |
| Mia Casino | mia.casino@zonaseca.com | 805-963-8961 x23 |
| Juan Donato | juan.donato@zonaseca.com | |
| Mikaiela Martinez | mikaiela.martinez@zonaseca.com | 805-963-8961 x21 |

- By checking the box, I declare that I DO agree to participate via Live Virtual Services and that I agree to the guidelines above. I have access to internet services and appropriate equipment (i.e. computer, phone or tablet with video and audio capabilities and internet connection).
- By checking the box, I declare that I DO NOT agree to participate via Live Virtual Services and will attend all my program requirements in person.

CLIENT PRINT NAME

SIGNATURE

DATE

COUNSELOR SIGNATURE

DATE



Alcohol and Drug Program Client Rights (NON-DMC)

This service is funded under a contract with the County of Santa Barbara Behavior Wellness Alcohol, Drug, & Mental Health Services. This agency is required to make every effort to ensure that client rights are protected. Each person participating in a county-funded program shall have and may exercise the following right:

You have the right:

1. To be treated with respect and dignity in your interactions with all staff of this program.
2. To be provided safe, healthful, and comfortable accommodations, furnishings, and equipment.
3. Not to be subjected to any sort of punishment, humiliation, or mental abuse.
4. To receive services with no discrimination based on gender, race, color, national origin, handicap, disability, marital status, sexual orientation, religion, or any other protected characteristic.
5. To refuse consent to any religious activity required by any County funded ADP program, and to be referred to a non-religious program (charitable choice).
6. To have access to your treatment files in accordance with Executive Order #B -22/76.
7. To the confidential treatment of all communications and records regarding your participation in the program. Any exceptions to this are described in your consent to treatment.
8. To be informed about available HIV testing and counseling services.
9. You are to be aware of the fact that sexual contact between you and any members of the treatment program staff, including members of the Board of Directors of the agency which provides treatment for you, is strictly prohibited by Law.

If you think you are not being treated fairly or improperly, or believe there is a counselor misconduct, take the following steps:

1. First try to resolve the matter by discussing it with your counselor.
2. If that step does not resolve the situation to your satisfaction, you should contact your counselor's supervisor or the program manager.
3. If you are still not pleased with the outcome, please contact SB County Behavioral Wellness Program Manager at (805)884-1623 or for reporting a counselor misconduct complaint, you can call the Toll Free Complaint Number: (877)685.8333.
4. If your complaint has not been properly resolved at this level, you may contact Santa Barbara County Behavioral Wellness Administrator and/or his/her designee at 315 Camino del Remedio, Santa Barbara, CA 93110-1316, telephone (805) 681.5220; or
5. You may file a written complaint with:

County of Santa Barbara Equal Employment Opportunity Manager 105 E. Anapamu Street Room 104 Santa Barbara, CA 93101 805.568.3410 www.countyofsb.org/eoo	Department of Health Care Services SUD Compliance Division 1501 Capital Avenue MS2600 2 nd Floor Sacramento, CA 95899-7413 916.322.2911 www.dhcs.ca.gov	U.S. Department of Health and Human Services Office of Civil Rights 200 Independence Avenue, S.W. Room 509F, HHH Building Washington, DC 20201 202.619.0403 www.hhs.gov/ocr
---	---	---

Please circle your answers:

- | | | |
|--|-----|----|
| 1. Did you received a copy of this Client Rights Statement? | Yes | No |
| 2. Did anyone employed here discuss these rights with you? | Yes | No |
| 3. Do you feel that you understand your rights and responsibilities? | Yes | No |

Client's Signature: _____

Date: _____

Counselor's Signature: _____

Date: _____

ZONA SECA, INC

ALCOHOL-DRUG ABUSE-PREVENTION-EDUCATION SERVICES

DRINKING DRIVER PROGRAM PARTICIPANT CONSENT FOR INFORMATION DISCLOSURE

I understand, that record of my participation in the Drinking Driver Program is confidential. As such, the Program Staff will take the necessary measures required under Title 42, section 2.1 thru 2.67(1), code of Federal Regulations, "Confidentiality of Alcohol and Drug Patient Records" to maintain the confidentiality of any records or information concerning my program involvement.

_____, hereby authorize Zona Seca to disclose information obtained in the course of my program involvement for alcohol or drug abuse to:

(IMPORTANT: Complete separate release for each person or organization to which disclosure is made)

The disclosure of information contained in my records authorized herein shall be limited to:

- * Program Hours Attended and Completed
- * Confirmation of Program Compliance
- * Chemical Dependency Assessment
- * Program Opinions, Observations or Recommendations
- * Violation of Any Program Rules or Regulations

Disclosure of the above information will be made to:

- * Court of Jurisdiction
- * Department of Motor Vehicles
- * Department of Behavioral Wellness
- * State Department of Health Care Services

Release of information and records without your written consent, except when required by law is prohibited, unless:

- * When ordered by the court.
- * To medical personnel in a medical emergency.
- * Whenever a crime has been committed by you either while attending program activities or against any person who works for the program or about any threat to commit a crime.
- * Whenever suspected or observed child, dependent adult or elder abuse occurs, shall be reported to appropriate State or local authorities.

This consent is subject to revocation by you at any time except to the extent that action has been taken in reliance hereon; and if not earlier revoked, it shall terminate on: _____ without express revocation.

Participant Date

Program Representative Date

ZONA SECA, INC.

ALCOHOL-DRUG ABUSE-PREVENTION-EDUCATION SERVICES

PRIOR DRIVING UNDER THE INFLUENCE CONVICTIONS

At this time it is important to disclose any prior driving under the influence (DUI) convictions. If any, we are requesting to know the year and locations of arrest. It is in your best interest to provide this information so we know whether or not you are in the correct program. If you are unsure of the date of any prior DUI, you need to contact the Department of Motor Vehicles (DMV) for a report of your driving record.

My signature below verifies that I have no prior driving under the influence convictions.

_____	Date _____	_____	Date _____
Client Signature		Program Representative	

Por favor dejemos saber si tiene previo arresto por manejar bajo la influencia de alcohol. Es importante que nos de esta informacion. Necesitamos la fecha y localidad del arresto. Asi podemos ponerlo en el programa correcto para usted. Si no sabe los datos de su previo arresto el Departamento de Motores y Vehiculos le puede ayudar.

Mi firma verifica que no tengo arresto previo de manejar bajo la influencia.

_____	Fecha _____	_____	Fecha _____
Firma		Firma de Representante	

ZONA SECA, INC.

ALCOHOL-DRUG ABUSE-PREVENTION-EDUCATION SERVICES

6 MONTH BREAKDOWN OF FEES

I HAVE BEEN ADVISED THAT IF I DROP OUT OF THE PROGRAM OR IF THE PROGRAM IS TERMINATED/DELETED I WILL BE CHARGED FOR WHATEVER I HAVE COMPLETED.

REGISTRATION	\$340.00
(INCLUDES COUNTY AND STATE FEE)	
01 ALCOHOL ASSESSMENT	\$ 50.00
04 FACE-TO-FACE @ \$35	\$140.00
23 CLASSES @ \$30 (GROUP & EDUCATION)	\$690.00
FINAL INTERVIEW	\$ 35.00
TOTAL:	\$1,255.00

OTHER FEES:

MISSED ACTIVITY (EDUCATION/GROUP/COUNSELING): \$20
LEAVE OF ABSENCE: \$40
RESCHEDULING: \$20
DUPLICATE DL101: \$12
ALCOHOL/DRUG SCREENING (DRUG TEST POSITIVE RESULT): \$30
TRANSFER OUT: \$65
REINSTATEMENT: \$25

SIGNED: _____

DATE: _____

Zona Seca, Inc. ADP License # 42-003-01-100

MISSING CLASS POLICY

*Missing classes are discouraged and should only be missed for emergencies.

***ONLY Jail Time, SWAP or Medical Emergency** are considered **EXCUSED** absences. You must show proof (i.e. Dr's note; jail documentation, etc.) within a 72 hour period from the first absence. These classes still must be made up.

*Each missed class is \$20.00 if not excused and must be paid for before a Make Up is scheduled, **no exceptions** (other than above).

1. Please **call the office** to inform us that you plan on missing a class, counseling appointment and/or group **24 hours in advance**. It is best to ask for your Counselor on the phone to set make-ups for you.
2. **You must be signed up to attend. No crashing make up classes.** Each missed Make Up class is \$20.00 **no exceptions.**
3. If you have several activities to complete and wait until the end, then you risk pushing you completion date back.

Clients Initials _____ Date _____

NORMAS DE ASISTENCIA RESPECTO A CLASES FALLADAS

*Se desalentá faltar a clases ya que es algo muy serio y solamente es justificable en dado caso de emergencia.

*Solo encarcelamiento, intercambio para el programa de SWAP, o una emergencia médica son consideradas ausencias justificadas. Usted deberá comprobar su ausencia con documentos, tales como (una nota escrita por su médico, documentación de la cárcel, etc.) dentro de un periodo de 72 horas a partir de la primera ausencia. No obstante las clases falladas deberán ser asistidas después.

Por cada clase ausente hay un cobro de \$20 dólares si no está justificada y deberá ser pagada antes de obtener otra clase. (Sin excepciones más que las antes mencionadas!).

1. Favor de llamar a la oficina 24 horas de anticipación para informarnos si usted planea faltar a clase o a una cita con su consejero. Es mejor si usted hace el cambio de su clase/cita con su consejero/a por teléfono.
2. Usted deberá estar en la lista para poder quedarse en la clase. No puede colarse para retomar la clase/s. Por cada clase retomada que usted falte se le cobrara \$20.00 dólares.
3. Registra miento para las clases retomadas puede demorar hasta un mes. Si usted tiene varias clases que completar y se espera hasta el último momento, corre el riesgo de aplazar la fecha de conclusión.
4. Si usted tiene varias actividades para completar y esperar hasta el final, entonces corre el riesgo de empujar a que fecha de finalización de vuelta.

Iniciales del Cliente _____ Fecha _____



Cell Phone Policy

- DO** keep your phone **off** or on silent while attending any program activities.
- DO** wait until after program activities are complete to check your phone for messages or notifications.
- DO NOT** let your phone interfere with your focus during program activities.
- DO NOT** distract others with your phone.
- DO NOT** go to the bathroom during program activities to check your phone.
- DO NOT** leave the premises (walk out the back or front door) during program activities to check your phone.

Failure to adhere to these rules will result in the removal of the program activity that you are attending, no credit will be received, and you will be marked absent and charged a \$20 absence fee. You will have to make up the activity at a later date.

Date _____ Client Signature _____

Reglas de Teléfono Celular

- Mantenga** su teléfono apagado o en silencio mientras asiste a las actividades del programa.
- DEBE** esperar hasta que se completen las actividades del programa para revisar su teléfono en busca de mensajes o notificaciones.
- NO** permita que su teléfono interfiera con su enfoque durante las actividades del programa.
- NO** distraiga a otros con su teléfono.
- NO** vaya al baño durante las actividades del programa para revisar su teléfono.
- NO** salga de las instalaciones (salga por la puerta trasera o delantera) durante las actividades del programa para revisar su teléfono.

El incumplimiento de estas reglas dará como resultado la eliminación de la actividad del programa a la que asiste, no se recibirá ningún crédito y se lo marcará como ausente y se le cobrará una tarifa de ausencia de \$20. Tendrá que recuperar la actividad en una fecha posterior.

Fecha _____ Firma del Cliente _____



Participant's Certification of DUI Program Enrollment or Completion

(Instructions for completing this form are on the reverse side.)

PROGRAM PROVIDER NAME: ZONA SECA, INC.			PROVIDER'S ADP LICENSE NUMBER 42-003-01-100
PARTICIPANT NAME: (LAST	FIRST	MIDDLE)	DRIVER LICENSE NUMBER OR "X" NUMBER
PROGRAM TYPE			
<input type="checkbox"/> Education Only (23140 CVC Conviction)		<input type="checkbox"/> First Offender Program ___ months	
<input type="checkbox"/> Multiple Offender Program ___ 18 months		___ 30 months ___ 18 of 30 months (IID Restriction only)	
ENROLLMENT DATE	DL 107 CERTIFICATE NUMBER	OR	COMPLETION DATE
			DL 101 CERTIFICATE NUMBER
<p><i>I certify under penalty of perjury under the laws of the State of California that I have enrolled in, or completed the program as indicated above.</i></p>			
DATE	PARTICIPANT'S SIGNATURE	TELEPHONE NUMBER	
		()	

DL 804 (REV. 1/2003)



Instructions for Completing the Participant's Certification of DUI Program Enrollment or Completion (DL-804)

This form is to be used under the following circumstances:

- When a program participant has completed all the required DUI Program components, but you are unable to immediately issue a Notice of Completion Certificate (DL 101) and capture the participant's signature on the (paper) completion certificate.
- When a program participant has completed all the required DUI program components and you are submitting an electronic Notice of Completion Certificate (DL 101) via an authorized Internet access link with the Department of Motor Vehicles (DMV).
- When a program participant has enrolled in a DUI program and you are submitting an electronic Proof of Enrollment Certificate (DL 107) via an authorized Internet access link with the DMV.

This form captures the participant's signature, which certifies under penalty of perjury that the participant has either enrolled in a DUI program, or completed the required DUI program. This signature would normally be on the DL 101 or DL 107, but in the above circumstances you may not be able to capture the participant's signature on the certificate.

Please, ensure that the information on this form is consistent with the information on the Proof of Enrollment Certificate (DL 107) or the Notice of Completion Certificate (DL 101) you submit for the identified participant.

You must retain this form in your office in a manner that will allow you to retrieve it by searching for the serial number of the corresponding Certificate (DL 107 or DL 101) and for the period required by Section 9866 of Title 9, California Code of Regulations.

On the printed Notice of Completion Certificate (DL 101) you submit without a participant's signature, type or print the words "Signed DL 804 in file" in the space provided for participant's signature.

Do not submit a DL 804 to DMV unless you are requested to do so.



Contrato de Servicios Virtuales (VSC)

El Departamento de Servicios de Atención Médica (DHCS, por sus siglas en inglés) permite la prestación de servicios presenciales y virtuales o un híbrido de ambos, según las pautas de BHIN No: 24-012. En caso de que un cliente decida participar en los Servicios Virtuales, se llevará a cabo a través de una Plataforma Segura: Zoom.

Política de Privacidad para Servicios de Cliente Remoto

Zona Seca, Inc. proporcionará Servicios de Cliente Remoto a través de una plataforma de reuniones virtuales (Zoom). Parte de la información personal, como su nombre, dirección de correo electrónico y dirección IP de la computadora, se compartirá con Zoom. Además, algunas reuniones pueden grabarse y cargarse en una nube para documentar la finalización de la sesión. Para participar en las reuniones de Zoom, debe leer y aceptar el Contrato de Servicios Virtuales (VSC).

Zona Seca, Inc. continuará manteniendo la confidencialidad como se establece en nuestra Política de Confidencialidad. Los clientes también estarán sujetos al Acuerdo de Confidencialidad firmado al momento de la inscripción.

Para participar en los Servicios virtuales, firme el contrato de servicio virtual (VSC) a continuación.

Los servicios virtuales le permitirán continuar con las actividades requeridas con un consejero certificado a través de una plataforma de reuniones virtuales (Zoom). Para participar en los Servicios Virtuales, usted debe:

- Firme el contrato a continuación indicando que le gustaría participar a través de servicios virtuales.
- Debe tener una computadora, tableta o teléfono con un micrófono, parlantes y una cámara (para videollamadas) con una conexión de red segura.
- También debe poder descargar el software gratuito de Zoom en su dispositivo.
- Debe tener una cuenta registrada en la plataforma segura (es GRATUITA): Zoom, antes de asistir a cualquier actividad programada y haber iniciado sesión en su cuenta de Zoom registrada antes de poder utilizar los enlaces que le envíen Zona Seca, Inc.

PAUTAS: Para recibir crédito por la sesión, usted debe:

- Inicie sesión y haga que se muestre su nombre legal completo (nombre y apellido). No se aceptarán abreviaturas, iniciales, nombres incompletos y apodos, y no se otorgará ningún crédito.
- Tenga una cámara que funcione/en vivo y un altavoz/micrófono que deben estar encendidos durante toda la sesión. (Si el personal de Zona Seca, Inc. no puede escucharlo o verlo (EN VIVO), entonces no se le permitirá permanecer en la sesión y será eliminado sin crédito).
- Los fondos virtuales y borrosos están prohibidos/no permitidos y deben eliminarse.
- Asistir a la sesión en una sala privada libre de distracciones (no puede estar en un entorno público o tener a otras personas en segundo plano, no conducir, caminar, cocinar, hacer ejercicio, fumar, comer o acostarse mientras asiste a los servicios virtuales).
- Permanezca durante toda la sesión. Si pierdes la conexión, se te permitirá un período de gracia de 2 a 3 minutos para volver a conectarte y seguir recibiendo crédito. Si tiene desconexiones repetidas (más de una vez), esto resultará en ningún crédito. Si se retira antes de que finalice la sesión, no recibirá crédito.
- NO SE PERMITE el consumo de alcohol/drogas antes o durante los servicios virtuales. Si un cliente exhibe un comportamiento que se identifica con el deterioro del alcohol / drogas, será removido y terminado del programa.
- Ser capaz de usar DocuSign para recopilar su firma electrónica al comienzo de cada clase/grupo para la documentación de asistencia. Si no se recopila su firma electrónica, no se otorgará crédito.

Es importante iniciar sesión 15 minutos antes de la sesión para abordar cualquier problema con la asistencia / conectividad. Por favor, póngase en contacto con el **instructor/consejero asignado**.

Diana Banales	dbanales@zonaseca.com	805-963-8961 x15
Raymond Winters	rwinters@zonaseca.com	805-963-8961 x14
Jose Camacho	jcamacho@zonaseca.com	805-963-8961 x20
Mike Lewis	mike.lewis@zonaseca.com	805-963-8961 x25
Victoria Navarro	vnavarro@zonaseca.com	
Juan Donato	juan.donato@zonaseca.com	
Mikaiela Martinez	mikaiela.martinez@zonaseca.com	805-963-8961 x21

- Al marcar la casilla, declaro que **SÍ** acepto participar a través de los Servicios Virtuales en Vivo y que acepto las pautas anteriores. Tengo acceso a servicios de Internet y al equipo adecuado (es decir, computadora, teléfono o tableta con capacidades de video y audio y conexión a Internet).
- Al marcar la casilla, declaro que **NO** acepto participar a través de los Servicios Virtuales en Vivo y atenderé todos los requisitos de mi programa en persona.

NOMBRE DE IMPRESIÓN DEL CLIENTE FIRMA

FECHA

FIRMA DEL CONSEJERO

FECHA



ADAPTING TO MAKE OUR COMMUNITY A SAFER PLACE FOR EVERYONE

Derechos del Cliente del Programa de Alcohol y Drogas (NO-DMC)

Este servicio se financia bajo un contrato con el Condado de Santa Bárbara Behavior Wellness Alcohol, Drug, & Mental Health Services. Esta agencia está obligada a hacer todo lo posible para garantizar que los derechos de los clientes estén protegidos. Cada persona que participe en un programa financiado por el condado tendrá y podrá ejercer el siguiente derecho:

Usted tiene derecho a:

1. Ser tratado con respeto y dignidad en sus interacciones con todo el personal de este programa.
2. Se le proporcionará alojamiento, mobiliario y equipo seguros, saludables y cómodos.
3. No ser sometido a ningún tipo de castigo, humillación o abuso mental.
4. Recibir servicios sin discriminación por motivos de género, raza, color, origen nacional, discapacidad, estado civil, orientación sexual, religión o cualquier otra característica protegida.
5. Rechazar el consentimiento a cualquier actividad religiosa requerida por cualquier programa de ADP financiado por el Condado, y ser referido a un programa no religioso (elección caritativa).
6. Para tener acceso a sus archivos de tratamiento de acuerdo con la Orden Ejecutiva #B -22/76.
7. Al tratamiento confidencial de todas las comunicaciones y registros relativos a su participación en el programa. Cualquier excepción a esto se describe en su consentimiento para el tratamiento.
8. Estar informado sobre los servicios disponibles de asesoramiento y pruebas del VIH.
9. Usted debe ser consciente del hecho de que el contacto sexual entre usted y cualquier miembro del personal del programa de tratamiento, incluidos los miembros de la Junta Directiva de la agencia que le proporciona tratamiento, está estrictamente prohibido por la ley.

Si cree que no está recibiendo un trato justo o inadecuado, o cree que hay una mala conducta del consejero, siga estos pasos:

1. Primero try para resolver el asunto discutiendo con su consejero.
2. Si ese paso no resuelve la situación a su satisfacción, debe comunicarse con el supervisor de su consejero o el gerente del programa.
3. Si aún no está satisfecho con el resultado, comuníquese con el Gerente del Programa de Bienestar Conductual del Condado de SB al (805) 884-1623 o para reportar una queja de mala conducta del consejero, puede llamar al Número gratuito de queja: (877) 685.8333.
4. Si su queja no se ha resuelto adecuadamente en este nivel, puede comunicarse con el Administrador de Bienestar Conductual del Condado de Santa Bárbara y / o su designado en 315 Camino del Remedio, Santa Bárbara, CA 93110-1316, teléfono (805) 681.5220; o
5. Puede presentar una queja por escrito ante:

County of Santa Barbara Equal Employment Opportunity Manager 105 E. Anapamu Street Room 104 Santa Barbara, CA 93101 805.568.3410 www.countyofsb.org/eeo	Department of Health Care Services SUD Compliance Division 1501 Capital Avenue MS2600 2 nd Floor Sacramento, CA 95899-7413 916.322.2911 www.dhcs.ca.gov	U.S. Department of Health and Human Services Office of Civil Rights 200 Independence Avenue, S.W. Room 509F, HHH Building Washington, DC 20201 202.619.0403 www.hhs.gov/ocr
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Please circle your answers:

- | | | |
|--|----|----|
| 1. ¿Recibió una copia de esta Declaración de derechos del cliente? | Si | No |
| 2. ¿Alguien empleado aquí discutir estos derechos con usted? | Si | No |
| 3. ¿Sientes que entiendes tus derechos y responsabilidades? | Si | No |

Firma del cliente:

fecha:

Firma del Consejero:

fecha:

CONSENTIMIENTO PARA REVELAR INFORMACION
PROGRAMA DE PRIMERA OFENSA

Yo comprendo que toda información dada por mí al personal de Primera Ofensa es confidencial. Además comprendo, que el personal de Zona Seca me asegura la confidencialidad de toda información de mi archivo durante mi participación en el Programa de Primera Ofensa con Zona Seca en conformidad con el Título 42, Secciones 2.1-2.67(1), del Código de Reglamentos Federales. Yo de esta manera autorizo al programa de Primera Ofensa de Zona Seca, para que revele cualquiera o toda información de mis archivos con relación a mi participación en el Programa a la siguiente persona o personas u organización:

(nombre de la persona u organización a la cual se hará la revelación)

Comprendo que la revelación de la información de mis archivos autorizada aquí mismo es con el fin de verificar mi cumplimiento de los requisitos del programa de Primera Ofensa. La revelación de la información de mí archivo será limitado a lo siguiente:

- * Horas de actividades del Programa a que he asistido
- * Participación en el programa
- * Confirmación de matrícula, suspensión o descalificación del programa
- * Evaluación de dependencia a sustancias químicas
- * Recomendaciones con respecto a mi participación en el programa

Tal relevación será hecha a las siguientes organizaciones:

- * Corte
- * Departamento de Motores y Vehículos
- * Departamento de Bienestar Conductual
- * Departamento de Servicios de Atención de la Salud

IMPORTANTE: Toda información de los archivos del programa será confidencial y no será relevada sin su consentimiento escrito, EXCEPTO cuando,

- * Lo ordene la corte
- * Lo requiera una emergencia médica
- * Cuando la persona interesada cometa un crimen mientras asiste a las actividades del programa, o si amenaza cometer un crimen. Cuando hay sospecha de abuso de un menor, de un adulto con adicción o de un anciano, deberá reportarse a las autoridades del estado.

Este consentimiento está sujeto a revocación por el suscrito en cualquier momento y si no se ha revocado anteriormente, terminara en fecha _____.

Firma del participante

Fecha

Representante del programa

Fecha

ZONA SECA, INC.

ALCOHOL-DRUG ABUSE-PREVENTION-EDUCATION SERVICES

PRIOR DRIVING UNDER THE INFLUENCE CONVICTIONS

At this time it is important to disclose any prior driving under the influence (DUI) convictions. If any, we are requesting to know the year and locations of arrest. It is in your best interest to provide this information so we know whether or not you are in the correct program. If you are unsure of the date of any prior DUI, you need to contact the Department of Motor Vehicles (DMV) for a report of your driving record.

My signature below verifies that I have no prior driving under the influence convictions.

Client Signature Date _____ Program Representative Date _____

Por favor dejenos saber si tiene previo arresto por manejar bajo la influencia de alcohol. Es importante que nos de esta informacion. Necesitamos la fecha y localidad del arresto. Asi podemos ponerlo en el programa correcto para usted. Si no sabe los datos de su previo arresto el Departamento de Motores y Vehiculos le puede ayudar.

Mi firma verifica que no tengo arresto previo de manejar bajo la influencia.

Firma Fecha _____ Firma de Representante Fecha _____



Computación de Cargos del Programa de 6 Meses

SE ME HA INFORMADO QUE TENGO QUE PAGAR SI ME SALGO DEL PROGRAMA O' SI EL PROGRAMA ES DESCONTINUADO, YO SERE RESPONSABLE DE LOS PAGOS DEL PROGRAMA QUE HE CUMPLIDO.

REGISTRACIÓN	\$340.00
ASESORAMIENTO	\$ 50.00
4 CITAS INDIVIDUALES @ \$35	\$140.00
23 CLASSES CADA UNA @ \$30 (GRUPOS & EDUCACION)	\$690.00
ENTREVISTA FINAL	\$ 35.00
Total	\$1,255.00

Otra Pagos:

- \$20 por cada sesión (individual, grupo, o educación) que se necesite reponer
- \$65 por cada cambio de programa
- \$25 por cada vez que regrese al programa después de ser expulsado del programa
- \$40 por cada permiso de ausencia
- \$12 por cada duplicado de certificado DL101
- \$30 por cada examen de alcohol o drogas

FIRMA _____

FECHA _____

Zona Seca, Inc. ADP License # 42-003-01-100

MISSING CLASS POLICY

*Missing classes are discouraged and should only be missed for emergencies.

***ONLY Jail Time, SWAP or Medical Emergency** are considered **EXCUSED** absences. You must show proof (i.e. Dr's note; jail documentation, etc.) within a 72 hour period from the first absence. These classes still must be made up.

*Each missed class is \$20.00 if not excused and must be paid for before a Make Up is scheduled, **no exceptions** (other than above).

1. Please **call the office** to inform us that you plan on missing a class, counseling appointment and/or group **24 hours in advance**. It is best to ask for your Counselor on the phone to set make-ups for you.
2. **You must be signed up to attend. No crashing make up classes.** Each missed Make Up class is \$20.00 **no exceptions**.
3. If you have several activities to complete and wait until the end, then you risk pushing you completion date back.

Clients Initials _____ Date _____

NORMAS DE ASISTENCIA RESPECTO A CLASES FALLADAS

*Se desalentá faltar a clases ya que es algo muy serio y solamente es justificable en dado caso de emergencia.

*Solo encarcelamiento, intercambio para el programa de SWAP, o una emergencia médica son consideradas ausencias justificadas. Usted deberá comprobar su ausencia con documentos, tales como (una nota escrita por su médico, documentación de la cárcel, etc.) dentro de un periodo de 72 horas a partir de la primera ausencia. No obstante las clases falladas deberán ser asistidas después.

Por cada clase ausente hay un cobro de \$20 dólares si no está justificada y deberá ser pagada antes de obtener otra clase. (Sin excepciones más que las antes mencionadas!).

1. Favor de llamar a la oficina 24 horas de anticipación para informarnos si usted planea faltar a clase o a una cita con su consejero. Es mejor si usted hace el cambio de su clase/cita con su consejero/a por teléfono.
2. Usted deberá estar en la lista para poder quedarse en la clase. No puede colarse para retomar la clase/s. Por cada clase retomada que usted falte se le cobrara \$20.00 dólares.
3. Registro para las clases retomadas puede demorar hasta un mes. Si usted tiene varias clases que completar y se espera hasta el último momento, corre el riesgo de aplazar la fecha de conclusión.
4. Si usted tiene varias actividades para completar y esperar hasta el final, entonces corre el riesgo de empujar a que fecha de finalización de vuelta.

Iniciales del Cliente _____ Fecha _____



Cell Phone Policy

- DO** keep your phone **off** or on silent while attending any program activities.
- DO** wait until after program activities are complete to check your phone for messages or notifications.
- DO NOT** let your phone interfere with your focus during program activities.
- DO NOT** distract others with your phone.
- DO NOT** go to the bathroom during program activities to check your phone.
- DO NOT** leave the premises (walk out the back or front door) during program activities to check your phone.

Failure to adhere to these rules will result in the removal of the program activity that you are attending, no credit will be received, and you will be marked absent and charged a \$20 absence fee. You will have to make up the activity at a later date.

Date _____ Client Signature _____

Reglas de Teléfono Celular

- Mantenga** su teléfono apagado o en silencio mientras asiste a las actividades del programa.
- DEBE** esperar hasta que se completen las actividades del programa para revisar su teléfono en busca de mensajes o notificaciones.
- NO** permita que su teléfono interfiera con su enfoque durante las actividades del programa.
- NO** distraiga a otros con su teléfono.
- NO** vaya al baño durante las actividades del programa para revisar su teléfono.
- NO** salga de las instalaciones (salga por la puerta trasera o delantera) durante las actividades del programa para revisar su teléfono.

El incumplimiento de estas reglas dará como resultado la eliminación de la actividad del programa a la que asiste, no se recibirá ningún crédito y se lo marcará como ausente y se le cobrará una tarifa de ausencia de \$20. Tendrá que recuperar la actividad en una fecha posterior.

Fecha _____ Firma del Cliente _____



Participant's Certification of DUI Program Enrollment or Completion

(Instructions for completing this form are on the reverse side.)

PROGRAM PROVIDER NAME Zona Seca, Inc.		PROVIDER'S ADP LICENSE NUMBER 4200301100
PARTICIPANT NAME: (LAST	FIRST	MIDDLE) DRIVER LICENSE NUMBER OR "X" NUMBER
PROGRAM TYPE		
<input type="checkbox"/> Education Only (23140 CVC Conviction) <input type="checkbox"/> First Offender Program ___ months <input type="checkbox"/> Multiple Offender Program ___ 18 months ___ 30 months ___ 18 of 30 months (IID Restriction only)		
ENROLLMENT DATE	DL 107 CERTIFICATE NUMBER	OR COMPLETION DATE
		DL 101 CERTIFICATE NUMBER
I certify under penalty of perjury under the laws of the State of California that I have enrolled in, or completed the program as indicated above.		
DATE	PARTICIPANT'S SIGNATURE <i>[Signature]</i>	TELEPHONE NUMBER ()

DL 804 (REV. 1/2003)

Instructions for Completing the Participant's Certification of DUI Program Enrollment or Completion (DL-804)

This form is to be used under the following circumstances:

- When a program participant has completed all the required DUI Program components, but you are unable to immediately issue a Notice of Completion Certificate (DL 101) and capture the participant's signature on the (paper) completion certificate.
- When a program participant has completed all the required DUI program components and you are submitting an electronic Notice of Completion Certificate (DL 101) via an authorized Internet access link with the Department of Motor Vehicles (DMV).
- When a program participant has enrolled in a DUI program and you are submitting an electronic Proof of Enrollment Certificate (DL 107) via an authorized Internet access link with the DMV.

This form captures the participant's signature, which certifies under penalty of perjury that the participant has either enrolled in a DUI program, or completed the required DUI program. This signature would normally be on the DL 101 or DL 107, but in the above circumstances you may not be able to capture the participant's signature on the certificate.

Please, ensure that the information on this form is consistent with the information on the Proof of Enrollment Certificate (DL 107) or the Notice of Completion Certificate (DL 101) you submit for the identified participant.

You must retain this form in your office in a manner that will allow you to retrieve it by searching for the serial number of the corresponding Certificate (DL 107 or DL 101) and for the period required by Section 9866 of Title 9, California Code of Regulations.

On the printed Notice of Completion Certificate (DL 101) you submit without a participant's signature, type or print the words "Signed DL 804 in file" in the space provided for participant's signature.



Virtual Services Contract (VSC)

The Department of Health Care Services (DHCS) allows for the provision of both in-person and virtual services or a hybrid of both per BHIN No:24-012 guidelines. Should a client choose to participate in Virtual Services, it will be conducted via a Secure Platform: Zoom.

Privacy Policy for Remote Client Services

Zona Seca, Inc. will provide Remote Client Services via a virtual meeting platform (Zoom). Some personal information, such as your name, email address, and computer IP address, will be shared with Zoom. Additionally, some meetings may be recorded and uploaded to a cloud for documentation of session completion. To participate in Zoom meetings, you must read and agree to the Virtual Services Contract (VSC).

Zona Seca, Inc. will continue to maintain confidentiality as stated in our Confidentiality Policy. Clients will also be held to the Confidentiality Agreement signed upon enrollment.

To participate in Virtual Services, sign the virtual service contract (VSC) below.

Virtual Services will enable you to continue your required activities with a certified counselor via a virtual meeting platform (Zoom). To participate in Virtual Services, you must:

- **Sign the contract below stating that you would like to participate via virtual services.**
- **You must have either a computer, tablet, or phone with a working microphone, speakers, and a camera (for video meetings) with a secure network connection.**
- **You must also be able to download the free Zoom software onto your device.**
- **You must have a registered account with the secure platform (its FREE): Zoom, prior to attending any scheduled activities and be signed into your registered Zoom account before you can use any links sent to you from Zona Seca, Inc.**

GUIDELINES: To receive credit for the session, you must:

- Sign in and have with your full complete legal name displayed (first and last name). Abbreviations, initials, incomplete names and nicknames will not be accepted, and no credit will be given.
- Have a working/live camera and speaker/microphone that must be ON during the entire session. (IF Zona Seca, Inc. staff cannot hear or see you (LIVE), then you will not be allowed to stay in the session and will be removed without credit).
- Virtual and blurred backgrounds are prohibited/not allowed and must be removed.
- Attend the session in a private room free of distractions (cannot be in a public setting or have others in the background, no driving, taking a walk, cooking, exercising, smoking, eating, or laying down while attending virtual services).
- Stay for the entire session. If you lose connection, you will be allowed a 2–3-minute grace period to reconnect and still receive credit. If you have repeated disconnections (more than once), this will result in no credit. If you leave prior to the session ending, you will not receive credit.
- Alcohol/drug use before or during virtual services is NOT ALLOWED. If a client exhibits behavior that identifies with alcohol/drug impairment, they will be removed and terminated from the program.
- Be able to use DocuSign to gather your e-signature at the beginning of each class/group for attendance documentation. Failure to gather your e-signature will result in no credit.

It is important to log in 15 minutes prior to the session to address any issues with attendance/connectivity. Please contact the **assigned instructor/counselor.**

Diana Banales	dbanales@zonaseca.com	805-963-8961 x15
Raymond Winters	rwinters@zonaseca.com	805-963-8961 x14
Jose Camacho	jcamacho@zonaseca.com	805-963-8961 x20
Mike Lewis	mike.lewis@zonaseca.com	805-963-8961 x25
Victoria Navarro	vnavarro@zonaseca.com	
Juan Donato	juan.donato@zonaseca.com	
Mikaela Martinez	mikaela.martinez@zonaseca.com	805-963-8961 x21

- By checking the box, I declare that **I DO** agree to participate via Live Virtual Services and that I agree to the guidelines above. I have access to internet services and appropriate equipment (i.e. computer, phone or tablet with video and audio capabilities and internet connection).
- By checking the box, I declare that **I DO NOT** agree to participate via Live Virtual Services and will attend all my program requirements in person.

CLIENT PRINT NAME

SIGNATURE

DATE

COUNSELOR SIGNATURE

DATE



Alcohol and Drug Program Client Rights (NO-DMC)

This service is funded under a contract with Santa Barbara County Behavior Wellness Alcohol, Drug, & Mental Health Services. This agency is obliged to do everything possible to ensure that clients' rights are protected. Each person participating in a county-funded program shall have and may exercise the following right:

You have the right to:

1. Be treated with respect and dignity in their interactions with all staff in this program.
2. You will be provided with safe, healthy and comfortable accommodation, furniture and equipment.
3. Not to be subjected to any kind of punishment, humiliation or mental abuse.
4. Receive services without discrimination based on gender, race, color, national origin, disability, disability, marital status, sexual orientation, religion, or any other protected characteristic.
5. Refuse consent to any religious activity required by any County-funded ADP program and be referred to a non-religious program (charitable choice).
6. To access your treatment files in accordance with Executive Order #B-22/76.
7. To the confidential treatment of all communications and records relating to your participation in the program. Any exceptions to this are described in your consent to the processing.
8. Be informed about available HIV counselling and testing services.
9. You should be aware of the fact that sexual contact between you and any member of the treatment program staff, including members of the Board of Directors of the agency providing your treatment, is strictly prohibited by law.

If you believe you are not being treated fairly or inadequately, or you believe there is counselor misconduct, follow these steps:

1. First try to resolve the matter by discussing it with your counselor.
2. If that step does not resolve the situation to your satisfaction, you should contact your counselor's supervisor or program manager.
3. If you are still not satisfied with the outcome, contact the SB County Behavioral Wellness Program Manager at (805) 884-1623 or to report a counselor misconduct complaint, you can call the Toll-Free Complaint Number: (877) 685.8333.
4. If your complaint has not been properly resolved at this level, you may contact the Santa Barbara County Behavioral Wellness Manager and/or his designee at 315 Camino del Remedio, Santa Barbara, CA 93110-1316, telephone (805) 681.5220; or

You may file a written complaint with: County of Santa Barbara Equal Employment Opportunity Manager 105 E. Anapamu Street Room 104 Santa Barbara, CA 93101 805.568.3410 www.countyofsb.org/eeo	Department of Health Care Services SUD Compliance Division 1501 Capital Avenue MS2600 2 nd Floor Sacramento, CA 95899-7413 916.322.2911 www.dhcs.ca.gov	U.S. Department of Health and Human Services Office of Civil Rights 200 Independence Avenue, S.W. Room 509F, HHH Building Washington, DC 20201 202.619.0403 www.hhs.gov/ocr
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Please circle your answers:

- | | | |
|--|-----|----|
| 1. Did you receive a copy of your Clients Rights? | Yes | No |
| 2. Has anyone discussed these rights with you? | Yes | No |
| 3. Do you feel that you understand your rights and responsibilities? | Yes | No |

Client signature:

Date:

Counselor Signature:

Date:

ZONA SECA, INC

ALCOHOL-DRUG ABUSE-PREVENTION-EDUCATION SERVICES

DRINKING DRIVER PROGRAM PARTICIPANT CONSENT FOR INFORMATION DISCLOSURE

I understand, that record of my participation in the Drinking Driver Program is confidential. As such, the Program Staff will take the necessary measures required under Title 42, section 2.1 thru 2.67(1), code of Federal Regulations, "Confidentiality of Alcohol and Drug Patient Records" to maintain the confidentiality of any records or information concerning my program involvement.

I _____, hereby authorize Zona Seca to disclose information obtained in the course of my program involvement for alcohol or drug abuse to:

(IMPORTANT: Complete separate release for each person or organization to which disclosure is made)

The disclosure of information contained in my records authorized herein shall be limited to:

- * Program Hours Attended and Completed
- * Confirmation of Program Compliance
- * Chemical Dependency Assessment
- * Program Opinions, Observations or Recommendations
- * Violation of Any Program Rules or Regulations

Disclosure of the above information will be made to:

- * Court of Jurisdiction
- * Department of Motor Vehicles
- * Department of Behavioral Wellness (County monitoring agency)
- * Department of Health Care Services (State monitoring agency)

Release of information and records without your written consent, except when required by law is prohibited, unless:

- * When ordered by the court.
- * To medical personnel in a medical emergency.
- * Whenever a crime has been committed by you either while attending program activities or against any person who works for the program or about any threat to commit a crime.
- * Whenever suspected or observed child, dependent adult or elder abuse occurs, shall be reported to appropriate State or local authorities.

This consent is subject to revocation by you at any time except to the extent that action has been taken in reliance hereon; and if not earlier revoked, it shall terminate on: _____ without express revocation.

Participant Date

Program Representative Date

ZONA SECA, INC.

ALCOHOL-DRUG ABUSE-PREVENTION-EDUCATION SERVICES

ANY PRIOR DRIVING UNDER THE INFLUENCE CONVICTIONS

At this time it is important to disclose any prior driving under the influence (DUI) convictions within 10 years of your current offense. If any, we are requesting to know the year and location of arrest. It is in your best interest to provide this information, so we know whether you are in the correct program. If you are unsure of the date of any prior DUI, you need to contact the Department of Motor Vehicles (DMV) for a report of your driving record.

My signature below verifies that I have no prior driving under the influence convictions.

Client Signature Date _____ Program Representative Date _____

~~~~~  
**NO HAY CONDENAS PREVIAS POR CONDUCIR BAJO LA INFLUENCIA**

Por favor déjenos saber si tiene previo arresto por manejar bajo la influencia de alcohol. Es importante que nos de esta información. Necesitamos la fecha y localidad del arresto. Así podemos ponerlo en el programa correcto para usted. Si no sabe los datos de su previo arresto el Departamento de Motores y Vehículos le puede ayudar.

Mi firma verifica que no tengo arresto previo de manejar bajo la influencia.

\_\_\_\_\_  
Firma                      Fecha \_\_\_\_\_                      Firma de Representante                      Fecha \_\_\_\_\_

**ZONA SECA, INC.**

ALCOHOL-DRUG ABUSE-PREVENTION-EDUCATION SERVICES

9 MONTH BREAKDOWN OF FEES

I HAVE BEEN ADVISED THAT IF I DROP OUT (TRANSFER, SELF WITHDRAWL) OF THE PROGRAM OR IF THE PROGRAM IS DELETED (TERMINATED) I WILL BE CHARGED FOR WHATEVER I HAVE COMPLETED.

|                                       |                   |
|---------------------------------------|-------------------|
| REGISTRATION                          | \$971.00          |
| (INCLUDES COUNTY AND STATE FEE)       |                   |
| 29 CLASSES @ \$30 (GROUP & EDUCATION) | \$870.00          |
| 01 ALCOHOL ASSESSMENT                 | \$ 50.00          |
| 06 FACE-TO-FACE @ \$35                | \$210.00          |
| FINAL INTERVIEW                       | \$ 35.00          |
| <b>TOTAL:</b>                         | <b>\$2,136.00</b> |

**OTHER FEES:**

- MISSED ACTIVITY(EDUCATION/GROUP/COUNSELING): \$20
- LEAVE OF ABSENCE: \$40
- RESCHEDULING: \$20
- DUPLICATE DL101: \$12
- ALCOHOL/DRUG SCREENING (DRUG TEST POSITIVE RESULT): \$30
- TRANSFER OUT: \$65
- REINSTATEMENT: \$25

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

**Zona Seca, Inc. ADP License # 42-003-01-100**

**MISSING CLASS POLICY**

\*YOU MAY NOT BE LATE TO ANY ACTIVITIES.

\*Missing classes are discouraged and should only be missed for emergencies.

\*ONLY **Jail Time, SWAP** or **Medical Emergency** are considered **EXCUSED** absences. You must show proof (i.e. Dr's note; jail documentation, etc. **all notes should state the date of absence**) within a **72 hour period** from the first absence. These classes still must be made up.

\*Each missed class is \$20.00 if not excused and must be paid for before a Make Up is scheduled, **no exceptions** (other than above).

1. **Call and/or email the office** to inform us that you plan on missing a class, counseling appointment and/or group **24 hours in advance to avoid a \$20 missed activity fee and an absence.** It is best to ask for your Counselor on the phone to set make-ups for you.
2. **You must be signed up to attend. No crashing classes.** Each missed Make Up class is \$20.00 **no exceptions.**
3. If you have several activities to complete and wait until the end, then you risk pushing your completion date back.

**Clients Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

**NORMAS DE ASISTENCIA RESPECTO A CLASES FALLADAS**

\*ES POSIBLE QUE NO LLEGUE TARDE A NINGUNA ACTIVIDAD.

\*Se desalentó faltar a clases ya que es algo muy serio y solamente es justificable en dado caso de emergencia.

\*Solo encarcelamiento, intercambio para el programa de SWAP, o una emergencia médica son consideradas ausencias justificadas. Usted deberá comprobar su ausencia con documentos, tales como (una nota escrita por su médico, documentación de la cárcel, etc.) dentro de un periodo de 72 horas a partir de la primera ausencia. No obstante las clases falladas deberán ser asistidas después.

Por cada clase ausente hay un cobro de \$20 dólares si no está justificada y deberá ser pagada antes de obtener otra clase. (¡Sin excepciones más que las antes mencionadas!).

1. Favor de llamar a la oficina 24 horas de anticipación para informarnos si usted planea faltar a clase o a una cita con su consejero. Es mejor si usted hace el cambio de su clase/cita con su consejero/a por teléfono.
2. Usted deberá estar en la lista para poder quedarse en la clase. No puede colarse para retomar la clase/s. Por cada clase retomada que usted falte se le cobrara \$20.00 dólares.
3. Registrar miento para las clases retomadas puede demorar hasta un mes. Si usted tiene varias clases que completar y se espera hasta el último momento, corre el riesgo de aplazar la fecha de conclusión.
4. Si usted tiene varias actividades para completar y esperar hasta el final, entonces corre el riesgo de empujar a que fecha de finalización de vuelta.

**Iniciales del Cliente** \_\_\_\_\_ **Fecha** \_\_\_\_\_



## Cell Phone Policy

- DO** keep your phone **off** or on silent while attending any program activities.
- DO** wait until after program activities are complete to check your phone for messages or notifications.
- DO NOT** let your phone interfere with your focus during program activities.
- DO NOT** distract others with your phone.
- DO NOT** go to the bathroom during program activities to check your phone.
- DO NOT** leave the premises (walk out the back or front door) during program activities to check your phone.

Failure to adhere to these rules will result in the removal of the program activity that you are attending, no credit will be received, and you will be marked absent and charged a \$20 absence fee. You will have to make up the activity at a later date.

Date \_\_\_\_\_ Client Signature \_\_\_\_\_

## Reglas de Teléfono Celular

- Mantenga** su teléfono apagado o en silencio mientras asiste a las actividades del programa.
- DEBE** esperar hasta que se completen las actividades del programa para revisar su teléfono en busca de mensajes o notificaciones.
- NO** permita que su teléfono interfiera con su enfoque durante las actividades del programa.
- NO** distraiga a otros con su teléfono.
- NO** vaya al baño durante las actividades del programa para revisar su teléfono.
- NO** salga de las instalaciones (salga por la puerta trasera o delantera) durante las actividades del programa para revisar su teléfono.

El incumplimiento de estas reglas dará como resultado la eliminación de la actividad del programa a la que asiste, no se recibirá ningún crédito y se lo marcará como ausente y se le cobrará una tarifa de ausencia de \$20. Tendrá que recuperar la actividad en una fecha posterior.

Fecha \_\_\_\_\_ Firma del Cliente \_\_\_\_\_



## Participant's Certification of DUI Program Enrollment or Completion

(Instructions for completing this form are on the reverse side.)

|                                                                                                                                                           |                             |                                                                                                                                       |                                                |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------|
| PROGRAM PROVIDER NAME:<br>Zona Seca, Inc.                                                                                                                 |                             |                                                                                                                                       | PROVIDER'S ADP LICENSE NUMBER<br>42-003-01-100 |                           |
| PARTICIPANT NAME: (LAST FIRST MIDDLE)                                                                                                                     |                             |                                                                                                                                       | DRIVER LICENSE NUMBER OR "X" NUMBER            |                           |
| PROGRAM TYPE                                                                                                                                              |                             |                                                                                                                                       |                                                |                           |
| <input type="checkbox"/> Education Only (23140 CVC Conviction)                                                                                            |                             | <input checked="" type="checkbox"/> First Offender Program <u>9</u> months                                                            |                                                |                           |
| <input type="checkbox"/> Multiple Offender Program                                                                                                        |                             | <input type="checkbox"/> 18 months <input type="checkbox"/> 30 months <input type="checkbox"/> 18 of 30 months (IID Restriction only) |                                                |                           |
| ENROLLMENT DATE                                                                                                                                           | DL 107 CERTIFICATE NUMBER   | OR                                                                                                                                    | COMPLETION DATE                                | DL 101 CERTIFICATE NUMBER |
| <i>I certify under penalty of perjury under the laws of the State of California that I have enrolled in, or completed the program as indicated above.</i> |                             |                                                                                                                                       |                                                |                           |
| DATE                                                                                                                                                      | PARTICIPANT'S SIGNATURE<br> | TELEPHONE NUMBER<br>(    )                                                                                                            |                                                |                           |

DL 804 (REV. 1/2003)



### Instructions for Completing the Participant's Certification of DUI Program Enrollment or Completion (DL-804)

This form is to be used under the following circumstances:

- When a program participant has completed all the required DUI Program components, but you are unable to immediately issue a Notice of Completion Certificate (DL 101) and capture the participant's signature on the (paper) completion certificate.
- When a program participant has completed all the required DUI program components and you are submitting an electronic Notice of Completion Certificate (DL 101) via an authorized Internet access link with the Department of Motor Vehicles (DMV).
- When a program participant has enrolled in a DUI program and you are submitting an electronic Proof of Enrollment Certificate (DL 107) via an authorized Internet access link with the DMV.

This form captures the participant's signature, which certifies under penalty of perjury that the participant has either enrolled in a DUI program, or completed the required DUI program. This signature would normally be on the DL 101 or DL 107, but in the above circumstances you may not be able to capture the participant's signature on the certificate.

Please, ensure that the information on this form is consistent with the information on the Proof of Enrollment Certificate (DL 107) or the Notice of Completion Certificate (DL 101) you submit for the identified participant.

You must retain this form in your office in a manner that will allow you to retrieve it by searching for the serial number of the corresponding Certificate (DL 107 or DL 101) and for the period required by Section 9866 of Title 9, California Code of Regulations.

On the printed Notice of Completion Certificate (DL 101) you submit without a participant's signature, type or print the words "Signed DL 804 in file" in the space provided for participant's signature.

**Do not submit a DL 804 to DMV unless you are requested to do so.**



## Contrato de Servicios Virtuales (VSC)

El Departamento de Servicios de Atención Médica (DHCS, por sus siglas en inglés) permite la prestación de servicios presenciales y virtuales o un híbrido de ambos, según las pautas de BHIN No: 24-012. En caso de que un cliente decida participar en los Servicios Virtuales, se llevará a cabo a través de una Plataforma Segura: Zoom.

### Política de Privacidad para Servicios de Cliente Remoto

Zona Seca, Inc. proporcionará Servicios de Cliente Remoto a través de una plataforma de reuniones virtuales (Zoom). Parte de la información personal, como su nombre, dirección de correo electrónico y dirección IP de la computadora, se compartirá con Zoom. Además, algunas reuniones pueden grabarse y cargarse en una nube para documentar la finalización de la sesión. Para participar en las reuniones de Zoom, debe leer y aceptar el Contrato de Servicios Virtuales (VSC).

Zona Seca, Inc. continuará manteniendo la confidencialidad como se establece en nuestra Política de Confidencialidad. Los clientes también estarán sujetos al Acuerdo de Confidencialidad firmado al momento de la inscripción.

Para participar en los Servicios virtuales, firme el contrato de servicio virtual (VSC) a continuación.

Los servicios virtuales le permitirán continuar con las actividades requeridas con un consejero certificado a través de una plataforma de reuniones virtuales (Zoom). Para participar en los Servicios Virtuales, usted debe:

- Firme el contrato a continuación indicando que le gustaría participar a través de servicios virtuales.
- Debe tener una computadora, tableta o teléfono con un micrófono, parlantes y una cámara (para videollamadas) con una conexión de red segura.
- También debe poder descargar el software gratuito de Zoom en su dispositivo.
- Debe tener una cuenta registrada en la plataforma segura (es GRATUITA): Zoom, antes de asistir a cualquier actividad programada y haber iniciado sesión en su cuenta de Zoom registrada antes de poder utilizar los enlaces que le envíen Zona Seca, Inc.

### PAUTAS: Para recibir crédito por la sesión, usted debe:

- Inicie sesión y haga que se muestre su nombre legal completo (nombre y apellido). No se aceptarán abreviaturas, iniciales, nombres incompletos y apodos, y no se otorgará ningún crédito.
- Tenga una cámara que funcione/en vivo y un altavoz/micrófono que deben estar encendidos durante toda la sesión. (Si el personal de Zona Seca, Inc. no puede escucharlo o verlo (EN VIVO), entonces no se le permitirá permanecer en la sesión y será eliminado sin crédito).
- Los fondos virtuales y borrosos están prohibidos/no permitidos y deben eliminarse.
- Asistir a la sesión en una sala privada libre de distracciones (no puede estar en un entorno público o tener a otras personas en segundo plano, no conducir, caminar, cocinar, hacer ejercicio, fumar, comer o acostarse mientras asiste a los servicios virtuales).
- Permanezca durante toda la sesión. Si pierdes la conexión, se te permitirá un período de gracia de 2 a 3 minutos para volver a conectarte y seguir recibiendo crédito. Si tiene desconexiones repetidas (más de una vez), esto resultará en ningún crédito. Si se retira antes de que finalice la sesión, no recibirá crédito.
- NO SE PERMITE el consumo de alcohol/drogas antes o durante los servicios virtuales. Si un cliente exhibe un comportamiento que se identifica con el deterioro del alcohol / drogas, será removido y terminado del programa.
- Ser capaz de usar DocuSign para recopilar su firma electrónica al comienzo de cada clase/grupo para la documentación de asistencia. Si no se recopila su firma electrónica, no se otorgará crédito.

Es importante iniciar sesión 15 minutos antes de la sesión para abordar cualquier problema con la asistencia / conectividad. Por favor, póngase en contacto con el **instructor/consejero asignado**.

|                  |                                                                      |                  |
|------------------|----------------------------------------------------------------------|------------------|
| Diana Banales    | <a href="mailto:dbanales@zonaseca.com">dbanales@zonaseca.com</a>     | 805-963-8961 x15 |
| Raymond Winters  | <a href="mailto:rwinters@zonaseca.com">rwinters@zonaseca.com</a>     | 805-963-8961 x14 |
| Jose Camacho     | <a href="mailto:jcamacho@zonaseca.com">jcamacho@zonaseca.com</a>     | 805-963-8961 x20 |
| Mike Lewis       | <a href="mailto:mike.lewis@zonaseca.com">mike.lewis@zonaseca.com</a> | 805-963-8961 x25 |
| Victoria Navarro | <a href="mailto:vnavarro@zonaseca.com">vnavarro@zonaseca.com</a>     |                  |
| Mia Casino       | <a href="mailto:mia.casino@zonaseca.com">mia.casino@zonaseca.com</a> | 805-963-8961 x23 |

Juan Donato [juan.donato@zonaseca.com](mailto:juan.donato@zonaseca.com)

Mikaiela Martinez [mikaiela.martinez@zonaseca.com](mailto:mikaiela.martinez@zonaseca.com) 805-963-8961 x21

- Al marcar la casilla, declaro que **SÍ** acepto participar a través de los Servicios Virtuales en Vivo y que acepto las pautas anteriores. Tengo acceso a servicios de Internet y al equipo adecuado (es decir, computadora, teléfono o tableta con capacidades de video y audio y conexión a Internet).
- Al marcar la casilla, declaro que **NO** acepto participar a través de los Servicios Virtuales en Vivo y atenderé todos los requisitos de mi programa en persona.

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NOMBRE DE IMPRESIÓN DEL CLIENTE FIRMA

FECHA

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FIRMA DEL CONSEJERO

FECHA

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# Derechos del Cliente del Programa de Alcohol y Drogas (NO-DMC)

*Este servicio se financia bajo un contrato con el Condado de Santa Bárbara Behavior Wellness Alcohol, Drug, & Mental Health Services. Esta agencia está obligada a hacer todo lo posible para garantizar que los derechos de los clientes estén protegidos. Cada persona que participe en un programa financiado por el condado tendrá y podrá ejercer el siguiente derecho:*

Usted tiene derecho a:

1. Ser tratado con respeto y dignidad en sus interacciones con todo el personal de este programa.
2. Se le proporcionará alojamiento, mobiliario y equipo seguros, saludables y cómodos.
3. No ser sometido a ningún tipo de castigo, humillación o abuso mental.
4. Recibir servicios sin discriminación por motivos de género, raza, color, origen nacional, discapacidad, estado civil, orientación sexual, religión o cualquier otra característica protegida.
5. Rechazar el consentimiento a cualquier actividad religiosa requerida por cualquier programa de ADP financiado por el Condado, y ser referido a un programa no religioso (elección caritativa).
6. Para tener acceso a sus archivos de tratamiento de acuerdo con la Orden Ejecutiva #B -22/76.
7. Al tratamiento confidencial de todas las comunicaciones y registros relativos a su participación en el programa. Cualquier excepción a esto se describe en su consentimiento para el tratamiento.
8. Estar informado sobre los servicios disponibles de asesoramiento y pruebas del VIH.
9. Usted debe ser consciente del hecho de que el contacto sexual entre usted y cualquier miembro del personal del programa de tratamiento, incluidos los miembros de la Junta Directiva de la agencia que le proporciona tratamiento, está estrictamente prohibido por la ley.

Si cree que no está recibiendo un trato justo o inadecuado, o cree que hay una mala conducta del consejero, siga estos pasos:

1. Primero try para resolver el asunto discutiendo con su consejero.
2. Si ese paso no resuelve la situación a su satisfacción, debe comunicarse con el supervisor de su consejero o el gerente del programa.
3. Si aún no está satisfecho con el resultado, comuníquese con el Gerente del Programa de Bienestar Conductual del Condado de SB al (805) 884-1623 o para reportar una queja de mala conducta del consejero, puede llamar al Número gratuito de queja: (877) 685.8333.
4. Si su queja no se ha resuelto adecuadamente en este nivel, puede comunicarse con el Administrador de Bienestar Conductual del Condado de Santa Bárbara y / o su designado en 315 Camino del Remedio, Santa Bárbara, CA 93110-1316, teléfono (805) 681.5220; o
5. Puede presentar una queja por escrito ante:

|                                                                                                                                                                                                                 |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| County of Santa Barbara Equal Employment Opportunity Manager<br>105 E. Anapamu Street Room 104<br>Santa Barbara, CA 93101<br>805.568.3410<br><a href="http://www.countyofsb.org/eoo">www.countyofsb.org/eoo</a> | Department of Health Care Services<br>SUD Compliance Division<br>1501 Capital Avenue<br>MS2600 2 <sup>nd</sup> Floor<br>Sacramento, CA 95899-7413<br>916.322.2911<br><a href="http://www.dhcs.ca.gov">www.dhcs.ca.gov</a> | U.S. Department of Health and Human Services Office of Civil Rights<br>200 Independence Avenue, S.W.<br>Room 509F, HHH Building<br>Washington, DC 20201<br>202.619.0403<br><a href="http://www.hhs.gov/ocr">www.hhs.gov/ocr</a> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Please circle your answers:**

- |                                                                    |    |    |
|--------------------------------------------------------------------|----|----|
| 1. ¿Recibió una copia de esta Declaración de derechos del cliente? | Si | No |
| 2. ¿Alguien empleado aquí discutir estos derechos con usted?       | Si | No |
| 3. ¿Sientes que entiendes tus derechos y responsabilidades?        | Si | No |

**Firma del cliente:**

**fecha:**

**Firma del Consejero:**

**fecha:**



CONSENTIMIENTO PARA REVELAR INFORMACION  
PROGRAMA DE PRIMERA OFENSA

Yo comprendo que toda información dada por mí al personal de Primera Ofensa es confidencial. Además comprendo, que el personal de Zona Seca me asegura la confidencialidad de toda información de mi archivo durante mi participación en el Programa de Primera Ofensa con Zona Seca en conformidad con el Título 42, Secciones 2.1-2.67(1), del Código de Reglamentos Federales.

Yo de esta manera autorizo al programa de Primera Ofensa de Zona Seca, para que revele cualquiera o toda información de mis archivos con relación a mi participación en el Programa a la siguiente persona o personas u organización:

---

(nombre de la persona u organización a la cual se hará la revelación)

Comprendo que la revelación de la información de mis archivos autorizada aquí mismo es con el fin de verificar mi cumplimiento de los requisitos del programa de Primera Ofensa. La revelación de la información de mí archivo será limitado a lo siguiente:

- \* Horas de actividades del Programa a que he asistido
- \* Participación en el programa
- \* Confirmación de matrícula, suspensión o descalificación del programa
- \* Evaluación de dependencia a sustancias químicas
- \* Recomendaciones con respecto a mi participación en el programa

Tal relevación será hecha a las siguientes organizaciones:

- \* Corte
- \* Departamento de Motores y Vehículos
- \* Departamento de Bienestar Conductual
- \* Departamento de Servicios de Atención de la Salud

**IMPORTANTE:** Toda información de los archivos del programa será confidencial y no será relevada sin su consentimiento escrito, EXCEPTO cuando,

- \* Lo ordene la corte
- \* Lo requiera una emergencia médica
- \* Cuando la persona interesada cometa un crimen mientras asiste a las actividades del programa, o si amenaza cometer un crimen. Cuando hay sospecha de abuso de un menor, de un adulto con adicción o de un anciano, deberá reportarse a las autoridades del estado.

Este consentimiento está sujeto a revocación por el suscrito en cualquier momento y si no se ha revocado anteriormente, terminara en fecha \_\_\_\_\_.

---

Firma del participante

Fecha

---

Representante del programa

Fecha

ZONA SECA, INC. ALCOHOL-DRUG ABUSE-PREVENTION-EDUCATION SERVICES

**ANY PRIOR DRIVING UNDER THE INFLUENCE CONVICTIONS**

At this time it is important to disclose any prior driving under the influence (DUI) convictions within 10 years of your current offense. If any, we are requesting to know the year and location of arrest. It is in your best interest to provide this information, so we know whether you are in the correct program. If you are unsure of the date of any prior DUI, you need to contact the Department of Motor Vehicles (DMV) for a report of your driving record.

My signature below verifies that I have no prior driving under the influence convictions.

\_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_  
Client Signature Program Representative



**NO HAY CONDENAS PREVIAS POR CONDUCIR BAJO LA INFLUENCIA**

Por favor déjenos saber si tiene previo arresto por manejar bajo la influencia de alcohol. Es importante que nos de esta información. Necesitamos la fecha y localidad del arresto. Así podemos ponerlo en el programa correcto para usted. Si no sabe los datos de su previo arresto el Departamento de Motores y Vehículos le puede ayudar.

Mi firma verifica que no tengo arresto previo de manejar bajo la influencia.

\_\_\_\_\_ Fecha \_\_\_\_\_ Fecha \_\_\_\_\_  
Firma Firma de Representante

**ZONA SECA, INC.**

ALCOHOL-DRUG ABUSE-PREVENTION-EDUCATION SERVICES

**Computación de cargos del programa de 9 meses**

SE ME HA INFORMADO QUE TENGO QUE PAGAR SI ME SALGO DEL PROGRAMA O' SI EL PROGRAMA ES DESCONTINUADO, YO SERE RESPONSABLE DE LOS PAGOS DEL PROGRAMA QUE HE CUMPLIDO.

|                                                |                   |
|------------------------------------------------|-------------------|
| REGISTRACIÓN                                   | \$971.00          |
| ASESORAMIENTO                                  | \$ 50.00          |
| 6 CITAS INDIVIDUALES @ \$35                    | \$210.00          |
| 29 CLASSES CADA UNA @ \$30 (GRUPO Y EDUCACION) | \$870.00          |
| ENTREVISTA FINAL                               | \$ 35.00          |
| <b>Total</b>                                   | <b>\$2,136.00</b> |

Otra Pagos:

\$20 por cada sesión (individual, grupo, o educación) que se necesite reponer

\$65 por cada cambio de programa

\$25 por cada vez que regrese al programa después de ser expulsado del programa

\$40 por cada permiso de ausencia

\$12 por cada duplicado de certificado DL101

\$30 por cada examen de alcohol o drogas

FIRMA \_\_\_\_\_

FECHA \_\_\_\_\_

**Zona Seca, Inc. ADP License # 42-003-01-100**

**MISSING CLASS POLICY**

\*YOU MAY NOT BE LATE TO ANY ACTIVITIES.

\*Missing classes are discouraged and should only be missed for emergencies.

\*ONLY **Jail Time**, **SWAP** or **Medical Emergency** are considered **EXCUSED** absences. You must show proof (i.e. Dr's note; jail documentation, etc. **all notes should state the date of absence**) within a **72 hour period** from the first absence. These classes still must be made up.

\*Each missed class is \$20.00 if not excused and must be paid for before a Make Up is scheduled, **no exceptions** (other than above).

1. **Call and/or email the office** to inform us that you plan on missing a class, counseling appointment and/or group **24 hours in advance to avoid a \$20 missed activity fee and an absence.** It is best to ask for your Counselor on the phone to set make-ups for you.
2. **You must be signed up to attend. No crashing classes.** Each missed Make Up class is \$20.00 **no exceptions.**
3. If you have several activities to complete and wait until the end, then you risk pushing your completion date back.

**Clients Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

**NORMAS DE ASISTENCIA RESPECTO A CLASES FALLADAS**

\*ES POSIBLE QUE NO LLEGUE TARDE A NINGUNA ACTIVIDAD.

\*Se desalentó faltar a clases ya que es algo muy serio y solamente es justificable en dado caso de emergencia.

\*Solo encarcelamiento, intercambio para el programa de SWAP, o una emergencia médica son consideradas ausencias justificadas. Usted deberá comprobar su ausencia con documentos, tales como (una nota escrita por su médico, documentación de la cárcel, etc.) dentro de un periodo de 72 horas a partir de la primera ausencia. No obstante las clases falladas deberán ser asistidas después.

Por cada clase ausente hay un cobro de \$20 dólares si no está justificada y deberá ser pagada antes de obtener otra clase. (¡Sin excepciones más que las antes mencionadas!).

1. Favor de llamar a la oficina 24 horas de anticipación para informarnos si usted planea faltar a clase o a una cita con su consejero. Es mejor si usted hace el cambio de su clase/cita con su consejero/a por teléfono.
2. Usted deberá estar en la lista para poder quedarse en la clase. No puede colarse para retomar la clase/s. Por cada clase retomada que usted falte se le cobrara \$20.00 dólares.
3. Registrar miento para las clases retomadas puede demorar hasta un mes. Si usted tiene varias clases que completar y se espera hasta el último momento, corre el riesgo de aplazar la fecha de conclusión.
4. Si usted tiene varias actividades para completar y esperar hasta el final, entonces corre el riesgo de empujar a que fecha de finalización de vuelta.

**Iniciales del Cliente** \_\_\_\_\_ **Fecha** \_\_\_\_\_



## Cell Phone Policy

- DO** keep your phone **off** or on silent while attending any program activities.
- DO** wait until after program activities are complete to check your phone for messages or notifications.
- DO NOT** let your phone interfere with your focus during program activities.
- DO NOT** distract others with your phone.
- DO NOT** go to the bathroom during program activities to check your phone.
- DO NOT** leave the premises (walk out the back or front door) during program activities to check your phone.

Failure to adhere to these rules will result in the removal of the program activity that you are attending, no credit will be received, and you will be marked absent and charged a \$20 absence fee. You will have to make up the activity at a later date.

Date \_\_\_\_\_ Client Signature \_\_\_\_\_

## Reglas de Teléfono Celular

- Mantenga** su teléfono apagado o en silencio mientras asiste a las actividades del programa.
- DEBE** esperar hasta que se completen las actividades del programa para revisar su teléfono en busca de mensajes o notificaciones.
- NO** permita que su teléfono interfiera con su enfoque durante las actividades del programa.
- NO** distraiga a otros con su teléfono.
- NO** vaya al baño durante las actividades del programa para revisar su teléfono.
- NO** salga de las instalaciones (salga por la puerta trasera o delantera) durante las actividades del programa para revisar su teléfono.

El incumplimiento de estas reglas dará como resultado la eliminación de la actividad del programa a la que asiste, no se recibirá ningún crédito y se lo marcará como ausente y se le cobrará una tarifa de ausencia de \$20. Tendrá que recuperar la actividad en una fecha posterior.

Fecha \_\_\_\_\_ Firma del Cliente \_\_\_\_\_



## Participant's Certification of DUI Program Enrollment or Completion

(Instructions for completing this form are on the reverse side.)

|                                                                                                                                                           |                             |    |                                                                            |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----|----------------------------------------------------------------------------|---------------------------|
| PROGRAM PROVIDER NAME:<br>Zona Seca, Inc.                                                                                                                 |                             |    | PROVIDER'S ADP LICENSE NUMBER<br>42-003-01-100                             |                           |
| PARTICIPANT NAME: (LAST FIRST MIDDLE)                                                                                                                     |                             |    | DRIVER LICENSE NUMBER OR "X" NUMBER                                        |                           |
| PROGRAM TYPE                                                                                                                                              |                             |    |                                                                            |                           |
| <input type="checkbox"/> Education Only (23140 CVC Conviction)                                                                                            |                             |    | <input checked="" type="checkbox"/> First Offender Program <u>9</u> months |                           |
| <input type="checkbox"/> Multiple Offender Program _____ 18 months                                                                                        |                             |    | _____ 30 months _____ 18 of 30 months (IID Restriction only)               |                           |
| ENROLLMENT DATE                                                                                                                                           | DL 107 CERTIFICATE NUMBER   | OR | COMPLETION DATE                                                            | DL 101 CERTIFICATE NUMBER |
| <i>I certify under penalty of perjury under the laws of the State of California that I have enrolled in, or completed the program as indicated above.</i> |                             |    |                                                                            |                           |
| DATE                                                                                                                                                      | PARTICIPANT'S SIGNATURE<br> |    | TELEPHONE NUMBER<br>( )                                                    |                           |

DL 804 (REV. 1/2003)



### Instructions for Completing the Participant's Certification of DUI Program Enrollment or Completion (DL-804)

This form is to be used under the following circumstances:

- When a program participant has completed all the required DUI Program components, but you are unable to immediately issue a Notice of Completion Certificate (DL 101) and capture the participant's signature on the (paper) completion certificate.
- When a program participant has completed all the required DUI program components and you are submitting an electronic Notice of Completion Certificate (DL 101) via an authorized Internet access link with the Department of Motor Vehicles (DMV).
- When a program participant has enrolled in a DUI program and you are submitting an electronic Proof of Enrollment Certificate (DL 107) via an authorized Internet access link with the DMV.

This form captures the participant's signature, which certifies under penalty of perjury that the participant has either enrolled in a DUI program, or completed the required DUI program. This signature would normally be on the DL 101 or DL 107, but in the above circumstances you may not be able to capture the participant's signature on the certificate.

Please, ensure that the information on this form is consistent with the information on the Proof of Enrollment Certificate (DL 107) or the Notice of Completion Certificate (DL 101) you submit for the identified participant.

You must retain this form in your office in a manner that will allow you to retrieve it by searching for the serial number of the corresponding Certificate (DL 107 or DL 101) and for the period required by Section 9866 of Title 9, California Code of Regulations.

On the printed Notice of Completion Certificate (DL 101) you submit without a participant's signature, type or print the words "Signed DL 804 in file" in the space provided for participant's signature.

**Do not submit a DL 804 to DMV unless you are requested to do so.**

DL 804 (REV. 1/2003)



## **PART V – PROGRAM INFORMATION**



## Enrollment Process

The enrollment process for a participant in a DUI program begins when the individual presents the program with required documentation from the court or the Department of Motor Vehicles (DMV) that verifies their arrest or conviction for a DUI violation. This documentation is crucial as it indicates the nature of the offense (e.g., first, second, or third violation).

Zona Seca, Inc is mandated to conduct an intake interview and enroll the participant before services commence. The procedures as follows:

### Staff Responsible

The critical component of the intake process – the intake interview itself- must be completed by DUI program counseling staff who meet specific qualifications outlines in other sections of the regulations. Program staff (which may include administrative personnel) are responsible for completing the subsequent administrative and scheduling tasks.

### The Intake Interview (Conducted by Counseling Staff)

The intake interview is a substantive procedure conducted by the qualified counseling staff, and it consists of the following key elements:

1. **Explanation of Program Requirements:** The counseling staff must clearly explain the requirements for the participant’s interview requirement.
  - a. The specifics of the counseling, education, and face to face interview requirements.
  - b. The attendance requirements.
  - c. The procedures for requesting a leave of absence.
  - d. The reasons and groups for dismissal from the program.
2. **Contract Completion and Review:** The counselor completes a participant contract that is a formal agreement listing the essential details of the program. This contract must include:
  - a. The specific services to be provided.
  - b. Program rules and expectations.
  - c. The grievance procedures available to the participant.
  - d. Program fees, any additional fees, and the payment schedule.
  - e. The reason for dismissal from the program.
  - f. A statement informing the participant of their right to request a financial assessment to determine their ability to pay the program fee.
3. **Signing and Distribution:** The counselor is required to explain and date the contract, sign it, and then obtain the participant’s signature. A signed, dated copy of the contract must be given to the participant, and a copy is retained in the participants’ record. All documents requiring a participant’s signature, including the contract must be provided in all languages in which the DUI program provides services.

### Participant Enrollment (Completed by DUI Program Staff)

Following the intake interview, the participant is formally enrolled in the program-by-program staff through the following administrative actions:

1. **Administrative Forms:** The staff completes all necessary administrative forms required by the DUI program, the state Department DUI program, the state Department of Health Care Services (DHCS), the local county, and the DMV.
2. **Scheduling Services:** The participant’s schedule for the program services is established.
3. **Written Schedule:** The participant is provided with a written list detailing the date, time, and location of all program activities they are scheduled to attend.

Finally, the regulations mandate that the DUI program must begin providing services (face-to-face interviews, educational sessions, and group counseling) within 21 days of the date of the participants enrollment.



### WET RECKLESS ATTENDANCE SHEET

PARTICIPANT \_\_\_\_\_ ZS# \_\_\_\_\_ CLASS \_\_\_\_\_

DATE P/A MAKE UP INSTRUCTOR

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

**Assessment date: Time: Present/Absent Initials:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

DATE CLIENT ENROLLED \_\_\_\_\_ COUNSELOR \_\_\_\_\_

### FEE AGREEMENT

TOTAL PROGRAM FEE \$ \_\_\_\_\_

DOWN PAYMENT \$ \_\_\_\_\_

BALANCE DUE \$ \_\_\_\_\_ DUE BY \_\_\_\_\_



PARTICIPANT \_\_\_\_\_ ZS# \_\_\_\_\_ CLASS \_\_\_\_\_

ATTENDANCE/TRACKING RECORD

ALCOHOL EDUCATION SESSIONS

GROUP COUNSELING SESSIONS

DATE P/A MAKE UP P/A

DATE P/A MAKE UP P/A

ED 1 \_\_\_\_\_  
ED 2 \_\_\_\_\_  
ED 3 \_\_\_\_\_  
ED 4 \_\_\_\_\_  
ED 5 \_\_\_\_\_  
ED 6 \_\_\_\_\_  
ED 7 \_\_\_\_\_  
ED 8 \_\_\_\_\_

GR 09 \_\_\_\_\_  
GR 10 \_\_\_\_\_  
GR 11 \_\_\_\_\_  
GR 12 \_\_\_\_\_  
GR 13 \_\_\_\_\_  
GR 14 \_\_\_\_\_  
GR 15 \_\_\_\_\_

CLIENT ENROLLED \_\_\_\_\_

COUNSELOR \_\_\_\_\_

| Assessment | TIME  | PRESENT | OR    | ABSENT |
|------------|-------|---------|-------|--------|
| 1.         | _____ | _____   | _____ | _____  |
| 2.         | _____ | _____   | _____ | _____  |
| 3.         | _____ | _____   | _____ | _____  |

| 1 <sup>st</sup> Face to Face | TIME  | PRESENT | OR    | ABSENT |
|------------------------------|-------|---------|-------|--------|
| 1.                           | _____ | _____   | _____ | _____  |
| 2.                           | _____ | _____   | _____ | _____  |
| 3.                           | _____ | _____   | _____ | _____  |

| 2 <sup>nd</sup> Mid-Point | TIME  | PRESENT | OR    | ABSENT |
|---------------------------|-------|---------|-------|--------|
| 1.                        | _____ | _____   | _____ | _____  |
| 2.                        | _____ | _____   | _____ | _____  |
| 3.                        | _____ | _____   | _____ | _____  |

| 3 <sup>rd</sup> Final | TIME  | PRESENT | OR    | ABSENT |
|-----------------------|-------|---------|-------|--------|
| 1.                    | _____ | _____   | _____ | _____  |
| 2.                    | _____ | _____   | _____ | _____  |
| 3.                    | _____ | _____   | _____ | _____  |

**# 1 FACE TO FACE:**

DATE \_\_\_\_\_ TIME IN \_\_\_\_\_ TIME OUT \_\_\_\_\_ COUNSELOR \_\_\_\_\_

Does client need make ups?  Yes  No

Make up dates scheduled for: \_\_\_\_\_

**PLEASE DISCUSS THE NUMBER OF ABSENCES ALLOWED & WHEN PAYMENTS ARE DUE**

What is client's progress (are they learning from the material, are they drinking less, heightened awareness, etc?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**# 2 FACE TO FACE/MID POINT:**

DATE \_\_\_\_\_ TIME IN \_\_\_\_\_ TIME OUT \_\_\_\_\_ COUNSELOR \_\_\_\_\_

Is client up to date on payments?  Yes  No

If client is behind on payments, was this discussed?  Yes  No

What were the results: \_\_\_\_\_

Does client need make ups?  Yes  No

Make up dates scheduled for: \_\_\_\_\_

**PLEASE DISCUSS THE NUMBER OF ABSENCES ALLOWED UP TO DATE**

What is client's progress (are they learning from the material, are they drinking less, heightened awareness, etc?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**#3 FACE TO FACE/EXIT INTERVIEW:**

DATE \_\_\_\_\_ TIME IN \_\_\_\_\_ TIME OUT \_\_\_\_\_ COUNSELOR \_\_\_\_\_

Is it client's current stated intention to not drink and drive/ drive under the influence of any substance that may impair their judgment?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

Did client initial assessment interview indicate the need for further evaluation?  Yes  No

Did client accept this referral for evaluation?  Yes  No

If not, will they accept referral now?  Yes  No

If so, what was the outcome?  No need for treatment  Referred for treatment  Other (explain)

What is clients' overall progress: (heightened awareness, drinking less after DUI, how was the group and discussions, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COUNSELORS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



PARTICIPANT \_\_\_\_\_ ZS# \_\_\_\_\_ CLASS \_\_\_\_\_

**SIX MONTH PROGRAM TRACKING/ATTENDANCE RECORD**

**ALCOHOL EDUCATION (12 HOURS)**

| DATE     | P/A   | MAKE UP | INSTRUCTOR |
|----------|-------|---------|------------|
| 1. _____ | _____ | _____   | _____      |
| 2. _____ | _____ | _____   | _____      |
| 3. _____ | _____ | _____   | _____      |
| 4. _____ | _____ | _____   | _____      |
| 5. _____ | _____ | _____   | _____      |
| 6. _____ | _____ | _____   | _____      |

**GROUP COUNSELING (34 HOURS)**

|           |       |       |       |
|-----------|-------|-------|-------|
| 7. _____  | _____ | _____ | _____ |
| 8. _____  | _____ | _____ | _____ |
| 9. _____  | _____ | _____ | _____ |
| 10. _____ | _____ | _____ | _____ |
| 11. _____ | _____ | _____ | _____ |
| 12. _____ | _____ | _____ | _____ |
| 13. _____ | _____ | _____ | _____ |
| 14. _____ | _____ | _____ | _____ |
| 15. _____ | _____ | _____ | _____ |
| 16. _____ | _____ | _____ | _____ |
| 17. _____ | _____ | _____ | _____ |
| 18. _____ | _____ | _____ | _____ |
| 19. _____ | _____ | _____ | _____ |
| 20. _____ | _____ | _____ | _____ |
| 21. _____ | _____ | _____ | _____ |
| 22. _____ | _____ | _____ | _____ |
| 23. _____ | _____ | _____ | _____ |

CLIENT ENROLLED ON \_\_\_\_\_  
COUNSELOR \_\_\_\_\_

**ASSESSMENT/FACE-TO-FACE**

| DATE     | TIME  | P/A   |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

**STATUS CHECK #1**

| DATE     | TIME  | P/A   |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

**STATUS CHECK #2**

| DATE     | TIME  | P/A   |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

**STATUS CHECK #3**

| DATE     | TIME  | P/A   |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

**STATUS CHECK #4**

| DATE     | TIME  | P/A   |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

**FINAL INTERVIEW**

| DATE     | TIME  | P/A   |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

STATUS CHECK: APPOINTMENT #1

DATE \_\_\_\_\_ TIME IN \_\_\_\_\_ TIME OUT \_\_\_\_\_ COUNSELOR \_\_\_\_\_

DISCUSS PARTICIPANT ATTENDANCE (ABSENCES, MAKE UPS) PAYMENTS, FINANCIAL ASSESMENT IF NEEDED.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATUS CHECK: APPOINTMENT #2

DATE \_\_\_\_\_ TIME IN \_\_\_\_\_ TIME OUT \_\_\_\_\_ COUNSELOR \_\_\_\_\_

DISCUSS PARTICIPANT ATTENDANCE (ABSENCES, MAKE UPS) PAYMENTS, FINANCIAL ASSESMENT IF NEEDED.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATUS CHECK: APPOINTMENT #3

DATE \_\_\_\_\_ TIME IN \_\_\_\_\_ TIME OUT \_\_\_\_\_ COUNSELOR \_\_\_\_\_

DISCUSS PARTICIPANT ATTENDANCE (ABSENCES, MAKE UPS) PAYMENTS, FINANCIAL ASSESMENT IF NEEDED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATUS CHECK: APPOINTMENT #4

DATE \_\_\_\_\_ TIME IN \_\_\_\_\_ TIME OUT \_\_\_\_\_ COUNSELOR \_\_\_\_\_

DISCUSS PARTICIPANT ATTENDANCE (ABSENCES, MAKE UPS) PAYMENTS, FINANCIAL ASSESMENT IF NEEDED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FINAL INTERVIEW: APPOINTMENT #5

DATE \_\_\_\_\_ TIME IN \_\_\_\_\_ TIME OUT \_\_\_\_\_ COUNSELOR \_\_\_\_\_

HOW HAS THE PROGRAM AFFECTED CLIENT? AWARENESS OF ALCOHOL USE NOW? DID THEY LIKE CLASSES?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COUNSELOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



PARTICIPANT \_\_\_\_\_ ZS# \_\_\_\_\_ CLASS \_\_\_\_\_

**NINE MONTH PROGRAM TRACKING/ATTENDANCE RECORD**

**ALCOHOL EDUCATION (12 HOURS)**

| DATE     | P/A   | MAKE UP | INSTRUCTOR |
|----------|-------|---------|------------|
| 1. _____ | _____ | _____   | _____      |
| 2. _____ | _____ | _____   | _____      |
| 3. _____ | _____ | _____   | _____      |
| 4. _____ | _____ | _____   | _____      |
| 5. _____ | _____ | _____   | _____      |
| 6. _____ | _____ | _____   | _____      |

**GROUP COUNSELING (46 HOURS)**

|           |       |       |       |
|-----------|-------|-------|-------|
| 7. _____  | _____ | _____ | _____ |
| 8. _____  | _____ | _____ | _____ |
| 9. _____  | _____ | _____ | _____ |
| 10. _____ | _____ | _____ | _____ |
| 11. _____ | _____ | _____ | _____ |
| 12. _____ | _____ | _____ | _____ |
| 13. _____ | _____ | _____ | _____ |
| 14. _____ | _____ | _____ | _____ |
| 15. _____ | _____ | _____ | _____ |
| 16. _____ | _____ | _____ | _____ |
| 17. _____ | _____ | _____ | _____ |
| 18. _____ | _____ | _____ | _____ |
| 19. _____ | _____ | _____ | _____ |
| 20. _____ | _____ | _____ | _____ |
| 21. _____ | _____ | _____ | _____ |
| 22. _____ | _____ | _____ | _____ |
| 23. _____ | _____ | _____ | _____ |
| 24. _____ | _____ | _____ | _____ |
| 25. _____ | _____ | _____ | _____ |
| 26. _____ | _____ | _____ | _____ |
| 27. _____ | _____ | _____ | _____ |
| 28. _____ | _____ | _____ | _____ |
| 29. _____ | _____ | _____ | _____ |

**ASSESSMENT/FACE-TO-FACE**

| DATE     | TIME  | P/A   |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

**STATUS CHECK #1**

| DATE     | TIME  | P/A   |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

**STATUS CHECK #2**

| DATE     | TIME  | P/A   |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

**STATUS CHECK #3**

| DATE     | TIME  | P/A   |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

**STATUS CHECK #4**

| DATE     | TIME  | P/A   |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

**STATUS CHECK #5**

| DATE     | TIME  | P/A   |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

**STATUS CHECK #6**

| DATE     | TIME  | P/A   |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

**FINAL INTERVIEW**

| DATE     | TIME  | P/A   |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

Counselor: \_\_\_\_\_

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

STATUS CHECK: APPOINTMENT #1

DATE \_\_\_\_\_ TIME IN \_\_\_\_\_ TIME OUT \_\_\_\_\_ COUNSELOR \_\_\_\_\_

DISCUSS PARTICIPANT ATTENDANCE (ABSENCES, MAKE UPS) PAYMENTS, FINANCIAL ASSESMENT IF NEEDED.

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STATUS CHECK: APPOINTMENT #2

DATE \_\_\_\_\_ TIME IN \_\_\_\_\_ TIME OUT \_\_\_\_\_ COUNSELOR \_\_\_\_\_

DISCUSS PARTICIPANT ATTENDANCE (ABSENCES, MAKE UPS) PAYMENTS, FINANCIAL ASSESMENT IF NEEDED.

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STATUS CHECK: APPOINTMENT #3

DATE \_\_\_\_\_ TIME IN \_\_\_\_\_ TIME OUT \_\_\_\_\_ COUNSELOR \_\_\_\_\_

DISCUSS PARTICIPANT ATTENDANCE (ABSENCES, MAKE UPS) PAYMENTS, FINANCIAL ASSESMENT IF NEEDED.

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STATUS CHECK: APPOINTMENT #4

DATE \_\_\_\_\_ TIME IN \_\_\_\_\_ TIME OUT \_\_\_\_\_ COUNSELOR \_\_\_\_\_

DISCUSS PARTICIPANT ATTENDANCE (ABSENCES, MAKE UPS) PAYMENTS, FINANCIAL ASSESMENT IF NEEDED

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STATUS CHECK: APPOINTMENT #5

DATE \_\_\_\_\_ TIME IN \_\_\_\_\_ TIME OUT \_\_\_\_\_ COUNSELOR \_\_\_\_\_

DISCUSS PARTICIPANT ATTENDANCE (ABSENCES, MAKE UPS) PAYMENTS, FINANCIAL ASSESMENT IF NEEDED

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STATUS CHECK: APPOINTMENT #6

DATE \_\_\_\_\_ TIME IN \_\_\_\_\_ TIME OUT \_\_\_\_\_ COUNSELOR \_\_\_\_\_

HOW HAS THE PROGRAM AFFECTED CLIENT? AWARENESS OF ALCOHOL USE NOW? DID THEY LIKE CLASSES?

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FINAL INTERVIEW:

DATE \_\_\_\_\_ TIME IN \_\_\_\_\_ TIME OUT \_\_\_\_\_ COUNSELOR \_\_\_\_\_

HOW HAS THE PROGRAM AFFECTED CLIENT? AWARENESS OF ALCOHOL USE NOW? DID THEY LIKE CLASSES?

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COUNSELOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## Face to Face Interviews

Interviews must be a private, facilitated, individual discussion between the counselor and the participant. Whenever possible, the interview should be conducted by the same interviewer for the duration of the participants program. No credit for attendance is given unless the participant attended the entire face-to-face interview as scheduled.

The primary purposes of the face-to-face interview are to monitor progress, review and monitor the participants' progress in the program, including their participation in program activities. Discuss and identify problems that may be barriers to program completion, including progress in group and other counseling sessions. Evaluate the participant's need for referral to ancillary services. Assess the participants' increased awareness and understanding of their alcohol and/or drug-related problems.

The Wet Reckless program requires a one-hour individual chemical dependency assessment to be conducted within 21 days of enrollment. The interviewer is required to document the following information in each participant record: The date, time, and length of each face-to-face interview. The counselor's assessment of the participant's progress regarding: Participation in program activities. Any increased awareness in understanding his/her alcohol and/or drug related problems.

The 3 Month program requires a one-hour individual chemical dependency assessment to be conducted within 60 days of enrollment. The first face-to-face interview will be completed within 21 days of enrollment, and the second face-to-face interview at the midpoint of the program. The final face-to-face interview shall serve as the exit interview. Each face-to-face interview will be thirty (30) minutes in length. The interviewer is required to document the following information in each participants' record: The date, time, and length of each face-to-face interview. The counselor's assessment of the participant's progress regarding participation in program activities will also be documented. Any increased awareness in understanding his/her alcohol and/or drug related problems will be documented. Attached is the form on how documentation will be made.

The 6 Month program requires a one-hour individual chemical dependency assessment to be conducted within 60 days of enrollment and four (4) individual face-to-face interviews that will be thirty (30) minutes in length once a month. The first face-to-face interview will be completed within 21 days from enrollment. The interviewer is required to document the following information in each participants' record: The date, time, and length of each face-to-face interview. The counselor's assessment of the participant's progress regarding participation in program activities. Any increased awareness in understanding his/her alcohol and/or drug related problems. Attached is the form of how documentation will be made.

The 9 Month program requires a one-hour individual chemical dependency assessment to be conducted within 60 days of enrollment and six (s) individual face-to-face interviews that will be thirty (30) minutes in length once a month The first face-to-face interview must be completed within 21 days of the

enrollment. The interviewer is required to document the following information in each participants' record: The date, time, and length of each face-to-face interview. The counselor's assessment of the participant's progress regarding participation in program activities. Any increased awareness in understanding his/her alcohol and/or drug related problems. Attached is the form of how documentation will be made.



## Education Sessions

The total number of required education hours for the **Wet Reckless** (SB1176/Vehicle Code\S 23103.5 or\S 23140) is 12 hours. Educational sessions must be informational in content and instructional in manner of presentation. Sessions will include information regarding the use and effects of alcohol and other drugs, the nature of addiction to alcohol and other drugs, impairment of driving abilities skills, and judgement caused by consumption of alcohol and other drugs, alternatives to the abuse of alcohol and the use of illicit drugs, including discussion of how: abstinence, additional county requirements, ancillary services, participation in self-help groups assist the participant to recognize the effects of chemical dependency and understand the recovery process, and he effects of alcohol and other drugs use on the individual, the family and society. Proposed schedule and length of services hours will be no less than one-hour and no more than two hours (time for breaks is NOT counted toward the total.)A participant shall not attend more than one educational session per calendar day. No credit is given unless the participant attends the entire educational session as scheduled. Zona Seca, Inc. shall limit attendance at educational sessions to a maximum of 35 program participants.

Zona Seca, Inc. will provide 16 hours of education for the **3 Month Program**, clients will attend once a week for 2 hours for 8 weeks. Educational sessions must be informational in content and instructional in manner of presentation. Sessions will include information regarding the use and effects of alcohol and other drugs, the nature of addiction to alcohol and other drugs, impairment of driving abilities skills, and judgement caused by consumption of alcohol and other drugs, alternatives to the abuse of alcohol and the use of illicit drugs, including discussion of how: abstinence, additional county requirements, ancillary services, participation in self-help groups assist the participant to recognize the effects of chemical dependency and understand the recovery process, and he effects of alcohol and other drugs use on the individual, the family and society. Proposed schedule and length of services hours will be no less than one-hour and no more than two hours (time for breaks is NOT counted toward the total.) A participant shall not attend more than one educational session per calendar day. No credit is given unless the participant attends the entire educational session as scheduled. Zona Seca, Inc. shall limit attendance at educational sessions to a maximum of 35 program participants. Attached is the topic list for education component sessions.

Zona Seca, Inc. will provide 12 hours of education for the **6 Month Program**, clients will attend once a week for 2 hours for 6 weeks. Educational sessions must be informational in content and instructional in manner of presentation. Sessions will include information regarding the use and effects of alcohol and other drugs, the nature of addiction to alcohol and other drugs, impairment of driving abilities skills, and judgement caused by consumption of alcohol and other drugs, alternatives to the abuse of alcohol and the use of illicit drugs, including discussion of how: abstinence, additional county requirements, ancillary services, participation in self-help groups assist the participant to recognize the effects of chemical dependency and understand the recovery process, and he effects of alcohol and other drugs use on the individual, the family and society. Proposed schedule and length of services hours will be no less than one-hour and no more than two hours (time for breaks is NOT counted toward the total.) A participant

shall not attend more than one educational session per calendar day. No credit is given unless the participant attends the entire educational session as scheduled. Zona Seca, Inc. shall limit attendance at educational sessions to a maximum of 35 program participants. Attached is the topic list for education component sessions.

Zona Seca, Inc. will provide 12 hours of education for the **9 Month Program**, clients will attend once a week for 2 hours for 6 weeks. Educational sessions must be informational in content and instructional in manner of presentation. Sessions will include information regarding the use and effects of alcohol and other drugs, the nature of addiction to alcohol and other drugs, impairment of driving abilities skills, and judgement caused by consumption of alcohol and other drugs, alternatives to the abuse of alcohol and the use of illicit drugs, including discussion of how: abstinence, additional county requirements, ancillary services, participation in self-help groups assist the participant to recognize the effects of chemical dependency and understand the recovery process, and the effects of alcohol and other drugs use on the individual, the family and society. Proposed schedule and length of services hours will be no less than one-hour and no more than two hours (time for breaks is NOT counted toward the total.) A participant shall not attend more than one educational session per calendar day. No credit is given unless the participant attends the entire educational session as scheduled. Zona Seca, Inc. shall limit attendance at educational sessions to a maximum of 35 program participants. Attached is the topic list for education component sessions.



## Wet Reckless (12 hours) Education DUI Topics

Rules and Regulations

Drinking, Driving and the Law

Driving Under the Influence

Effects of Alcohol and Drugs

Youth Drinking and Driving

The Disease of Alcoholism



## 3 Month Education DUI Topics

Rules and Regulations

Problem Recognition

Looking Beyond Self/Self-Examination

Letting Go

Self-Examination

Anger Management

Taking Responsibility

Health/Adult Children of Alcoholics



# 6 Month Education DUI Topics

Rules and Regulations

Drinking, Driving and the Law

Driving Under the Influence

Effects of Alcohol and Drugs

Youth Drinking and Driving

The Disease of Alcoholism



## 9 Month Education DUI Topics

Rules and Regulations

Problem Recognition

Looking Beyond Self/Self-Examination

Letting Go

Anger Management

Health/Adult Children of Alcoholics



## Group Counseling Sessions

Not applicable for the **Wet Reckless Program**, group counseling sessions are not required.

Zona Seca will provide 14 hours of group counseling for the **3 Month DUI Program**; clients will attend once a week for 2 hours each week for 7 weeks; group counseling sessions must be no less than one hour and no more than two hours in length (time allowed for breaks does not count toward the minimum time). A participant shall not attend more than one group session per calendar day. No credit is given unless the participant attends the entire group session as scheduled. Zona Seca, Inc. shall limit attendance at group sessions to a maximum of 15 program participants. Except for an emergency basis, 17 participants may be included in group counseling sessions. Zona Seca will not include more than 17 participants per group counseling session for any reason. An "emergency" means a sudden, unexpected occurrence or set of circumstances which could not have been avoided, prevented, or planned for by either the DUI program or the participant. Zona Seca, Inc. will document the nature of the emergency in the participant's case record and on all attendance rosters on an emergency case basis. Should program assess that the participant cannot benefit from groups, the program may substitute one hour of individual counseling for every two hours of group counseling (would be due to a language barrier, an emotional problem, or other difficulty). Sessions must be conducted by DUI program counselors in a manner that encourages participants to talk and share ideas/information to identify and resolve alcohol or drug-related problems. Group will provide an opportunity for participants to examine their personal attitudes and behavior. Groups will provide support for positive changes in lifestyle to facilitate the reduction or elimination of alcohol or drug problems. Group counseling sessions may emphasize a specific topic or may be less structured in nature. The program cannot use films or lectures to meet the required number of group counseling hours. An outside person, except an interpreter, cannot participate in group counseling sessions for participants in a first offender program. Attached is the list of topics that will be covered for the group part of the program.

Zona Seca will provide 34 hours of group counseling for the **6 Month DUI Program**; clients will attend once a week for 2 hours each week for 17 weeks; group counseling sessions must be no less than one hour and no more than two hours in length (time allowed for breaks do not count toward the minimum time). A participant shall not attend more than one group session per calendar day. No credit is given unless the participant attends the entire group session as scheduled. Zona Seca, Inc. shall limit attendance at group sessions to a maximum of 15 program participants. Except for an emergency basis, 17 participants may be included in group counseling sessions. Zona Seca will not include more than 17 participants per group counseling session for any reason. An "emergency" means a sudden, unexpected occurrence or set of circumstances which could not have been avoided, prevented, or planned for by either the DUI program or the participant. Zona Seca, Inc. will document the nature of the emergency in the participant's case record and on all attendance rosters on an emergency case basis. Should program assess that the participant cannot benefit from groups, the program may substitute one hour of individual counseling for every two hours of group counseling (would be due to a language barrier, an emotional problem, or other difficulty). Sessions must be conducted by DUI program counselors in a

manner that encourages participants to talk and share ideas/information to identify and resolve alcohol or drug-related problems. Group will provide an opportunity for participants to examine their personal attitudes and behavior. Groups will provide support for positive changes in lifestyle to facilitate the reduction or elimination of alcohol or drug problems. Group counseling sessions may emphasize a specific topic or may be less structured in nature. The program cannot use films or lectures to meet the required number of group counseling hours. An outside person, except an interpreter, cannot participate in group counseling sessions for participants in a first offender program. Attached is the list of topics that will be covered for the group part of the program.

Zona Seca will provide 46 hours of group counseling for the **9 Month DUI Program**; clients will attend once a week for 2 hours each week for 23 weeks; group counseling sessions must be no less than one hour and no more than two hours in length (time allowed for breaks do not count toward the minimum time). A participant shall not attend more than one group session per calendar day. No credit is given unless the participant attends the entire group session as scheduled. Zona Seca, Inc. shall limit attendance at group sessions to a maximum of 15 program participants. Except for an emergency basis, 17 participants may be included in group counseling sessions. Zona Seca will not include more than 17 participants per group counseling session for any reason. An "emergency" means a sudden, unexpected occurrence or set of circumstances which could not have been avoided, prevented, or planned for by either the DUI program or the participant. Zona Seca, Inc. will document the nature of the emergency in the participant's case record and on all attendance rosters on an emergency case basis. Should program assess that the participant cannot benefit from groups, the program may substitute one hour of individual counseling for every two hours of group counseling (would be due to a language barrier, an emotional problem, or other difficulty). Sessions must be conducted by DUI program counselors in a manner that encourages participants to talk and share ideas/information to identify and resolve alcohol or drug-related problems. Group will provide an opportunity for participants to examine their personal attitudes and behavior. Groups will provide support for positive changes in lifestyle to facilitate the reduction or elimination of alcohol or drug problems. Group counseling sessions may emphasize a specific topic or may be less structured in nature. The program cannot use films or lectures to meet the required number to group counseling hours. An outside person, except an interpreter, cannot participate in group counseling sessions for participants in a first offender program. Attached is the list of topics that will be covered for the group part of the program.



## 3 Month Group DUI Topics

Willingness/Openness

Action To Change

Accountability/Empathy

Asking Forgiveness

Self-Regulation

Mindfulness

Transformation



## 6 Month Group DUI Topics

Understanding Addiction  
Moderation or Abstinence  
Preparing for Change  
The Effects on the Family  
Children of Alcoholics  
Co-Dependency I  
Co-Dependency II  
Relapse Prevention  
Nutrition and Addiction  
Alcohol and Advertising  
Critical Inner Voice  
Self-Perception  
Shame and Addiction  
Anger Management  
Managing Stress  
Spirituality  
My Plan Not to Drink and Drive/Transformation



## 9 Month Group DUI Topics

Understanding Addiction  
Moderation or Abstinence  
Preparing for Change  
Action to Change  
The Effects on the Family  
Willingness/Openness  
Children Of Alcoholics  
Co-Dependency I  
Co-Dependency II  
Accountability/Empathy  
Relapse Prevention  
Nutrition and Addiction  
Alcohol and Advertising  
Critical Inner Voice  
Self-Perception  
Shame and Addiction  
Asking Forgiveness  
Anger Management  
Managing Stress  
Self-Regulation  
Spirituality  
Mindfulness  
My Plan Not to Drink and Drive/Transformation



## Individual Counseling Sessions

One hour of individual counseling may be substituted for two hours of group counseling when the participant is not able to benefit from group counseling sessions (language barrier or special problems which preclude group participation). The reasons for individual counseling shall be documented in the participants case record. Participation for individual counseling sessions and progress shall be documented in participants case record. No credit for attendance shall be given unless the participant attended the entire individual counseling session as scheduled. During each face-to-face interview Zona Seca will conduct private, face-to-face interviews with each participant (unless participant is attending virtually), counselor will monitor payment of fees, discuss and encourage participant attendance in educational sessions and counseling sessions, discuss and identify problems which may be barriers to program completion, including progress in group and other counseling sessions and evaluate the participants need for referral to ancillary services



## Assessment of Each Participant's Alcohol and Other Drug Problem

Within the 60 days of program enrollment, a required chemical dependency assessment will be made concerning clients personal use of alcohol and/ or other drugs. The results of this assessment will be disclosed only in accordance with Title 42 sections 2.1-2.67(1), Code of Federal Regulations governing confidentiality of records and information pertaining to alcohol and drug programs. No other disclosure will be made to anyone unless the client has given explicit consent in writing to the program. DUI program staff who provide counseling services shall be licensed, certified, or registered to obtain certification pursuant to Chapter 8 or meet the qualifications required in subdivision (f). DUI program staff who provide counseling services shall comply with code of conduct, pursuant to Section 13060, developed by the organization by which they were certified or registered.

# Alcohol and Drug Assessment

Date of Interview:

## General Profile

Client Name:

Gender:                      Male                      Female                      Age:

## Employment Status

Education Completed: Yrs.                      Mos.  
 How long was your longest full-time job? Yrs.                      Mos.  
 Usual or last occupation  
 Specify:  
 Usual employment pattern, past three years?

|                                 |                             |
|---------------------------------|-----------------------------|
| Full Time                       | Retired/disabled            |
| Part time (regular hours)       | Unemployed                  |
| Part time (irregular, day work) | In a controlled environment |
| Student                         | Unknown                     |
| Service                         |                             |

## Family Social Relationships

Marital Status?                      Married                      Remarried                      Widowed                      Separated                      Divorced                      Never Married  
 How long have you been in this marital status                      Yrs.                      Mos.  
 Are you satisfied with this situation?                      No                      Indifferent                      Yes  
*Do you live with anyone who?*  
 Has an alcohol problem?                      Yes                      No  
 Has an illicit drug problem?                      Yes                      No  
 Uses non-prescribed drugs?                      Yes                      No

## Family Substance Abuse History

Any history of alcohol or drug abuse in your family?                      Yes                      No  
 Father                      Mother                      Grandparent                      Sibling                      Aunt/Uncle                      Child  
 How long did they abuse?                      Yrs.                      Mos.  
 Did they seek treatment for their substance use?                      Yes                      No  
 What is the outcome of their status?                      Recovery                      Unknown

## Medical Status

Do you have any chronic medical problems which continue to interfere with your life?                      Yes                      No  
 If yes, specify:  
 Are you taking any prescribed medication on a regular basis for a physical problem?                      Yes                      No  
 If yes, specify:  
 Do you receive a pension for physical disability?                      Yes                      No  
 Have you or are you taking any medication that is NOT prescribed for you?                      Yes                      No  
 If yes, specify:



# Alcohol and Drug Assessment

Client Name:

“RAP” stands for “**RISK OF ALCOHOL PROBLEMS**”. If you score “Low” (most people do), it means you do not need to worry, If you score “Medium” or “High”, however, the information will be of special interest to you.

CIRCLE “Y” = Yes or “N” = No before each question, as it applies to you

Part 1.

- Y      N      I have a strong and clear faith in life.
- Y      N      Many times I feel uneasy or blue.
- Y      N      My home life is as happy as it should be.
- Y      N      Some days I feel I am not my real self.
- Y      N      I feel sorry for myself and frequently indulge in self-pity.
- Y      N      I am moderate in my habits.
- Y      N      I often feel guilty or apologetic without knowing why.
- Y      N      I am pretty much like everyone else I know.
- Y      N      Sometimes I go out of my way to avoid people I dislike.
- Y      N      It seems to me I am going nowhere in my life.
- Y      N      I feel there is a barrier between the world and me.
- Y      N      My interest or enthusiasm fades quickly.
- Y      N      I keep thinking about things I fear.
- Y      N      I am inclined to be serene and relaxed.
- Y      N      I feel all alone in the world.
- Y      N      My moods change rapidly.

Part 2.

- Y      N      Discussion about my drinking makes me nervous.
- Y      N      I am a shaky, jittery person.
- Y      N      I have trouble remembering what I do when I drink.
- Y      N      Drinking has caused me legal, family, health, job or social problems.
- Y      N      I consume more alcohol than most of my friends do.
- Y      N      I have sensations of numbness, or tingling, in my fingers or toes.
- Y      N      I often want more drinks after the party is over.
- Y      N      I feel guilty about my drinking.

|         |           |                 |                |
|---------|-----------|-----------------|----------------|
| Part 1: | 0 1 2 3 4 | 5 6 7 8 9 10 11 | 12 13 14 15 16 |
|         | Low       | Medium          | High           |
| Part 2: | 0         | 1 2             | 3 4 5 6 7 8    |

# Alcohol and Drug Assessment Key

Client Name:

“RAP” stands for “**RISK OF ALCOHOL PROBLEMS**”. If you score “Low” (most people do), it means you do not need to worry, If you score “Medium” or “High”, however, the information will be of special interest to you.

CIRCLE “Y” = Yes or “N” = No before each question, as it applies to you

Part 1.

- |                          |                          |                                                              |
|--------------------------|--------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | I have a strong and clear faith in life.                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Many times I feel uneasy or blue.                            |
| <input type="checkbox"/> | <input type="checkbox"/> | My home life is as happy as it should be.                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Some days I feel I am not my real self.                      |
| <input type="checkbox"/> | <input type="checkbox"/> | I feel sorry for myself and frequently indulge in self-pity. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am moderate in my habits.                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | I often feel guilty or apologetic without knowing why.       |
| <input type="checkbox"/> | <input type="checkbox"/> | I am pretty much like everyone else I know.                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Sometimes I go out of my way to avoid people I dislike.      |
| <input type="checkbox"/> | <input type="checkbox"/> | It seems to me I am going nowhere in my life.                |
| <input type="checkbox"/> | <input type="checkbox"/> | I feel there is a barrier between the world and me.          |
| <input type="checkbox"/> | <input type="checkbox"/> | My interest or enthusiasm fades quickly.                     |
| <input type="checkbox"/> | <input type="checkbox"/> | I keep thinking about things I fear.                         |
| <input type="checkbox"/> | <input type="checkbox"/> | I am inclined to be serene and relaxed.                      |
| <input type="checkbox"/> | <input type="checkbox"/> | I feel all alone in the world.                               |
| <input type="checkbox"/> | <input type="checkbox"/> | My moods change rapidly.                                     |

Part 2.

- |                          |                          |                                                                       |
|--------------------------|--------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Discussion about my drinking makes me nervous.                        |
| <input type="checkbox"/> | <input type="checkbox"/> | I am a shaky, jittery person.                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | I have trouble remembering what I do when I drink.                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Drinking has caused me legal, family, health, job or social problems. |
| <input type="checkbox"/> | <input type="checkbox"/> | I consume more alcohol than most of my friends do.                    |
| <input type="checkbox"/> | <input type="checkbox"/> | I have sensations of numbness, or tingling, in my fingers or toes.    |
| <input type="checkbox"/> | <input type="checkbox"/> | I often want more drinks after the party is over.                     |
| <input type="checkbox"/> | <input type="checkbox"/> | I feel guilty about my drinking.                                      |

|         |           |                 |                |
|---------|-----------|-----------------|----------------|
| Part 1: | 0 1 2 3 4 | 5 6 7 8 9 10 11 | 12 13 14 15 16 |
|         | Low       | Medium          | High           |
| Part 2: | 0         | 1 2             | 3 4 5 6 7 8    |

| <b>INTERPRETATIONS OF YOUR SCORE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                      | PART – 1 _____ PART – 2 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>SAFE</b>                          | <p><b>LOW on Part 1, and LOW on Part 2</b><br/>                     You don't have to worry. You are in no danger of addictive problems as long as you continue as you are. IF life situation changes or you begin to consume more, you will want to check yourself again.</p>                                                                                                                                                                                                                                                                                                                                                                            |
|                                      | <p><b>MEDIUM ON Part 1, and LOW on Part 2</b><br/>                     You show no signs whatsoever of any problems. But since you have given "risk" answers to some of the questions, it would be wise to examine yourself in relation to those particular statements. The willingness to develop greater maturity in these areas is good insurance. If you have made as many as six or seven "risk" answers, the caution light is signaling on your use of alcohol and other drugs.</p>                                                                                                                                                                 |
| <b>CAUTION</b>                       | <p><b>LOW on Part 1, and MEDIUM on Part 2</b><br/>                     Drinking or drug use could be risky for you. Practice strict moderation as insurance against development of problems. If you find you can't enjoy moderation it will be better to quit before trouble sets in.</p>                                                                                                                                                                                                                                                                                                                                                                 |
|                                      | <p><b>MEDIUM on Part 1, and MEDIUM on Part 2</b><br/>                     This score indicates that you are pre-alcoholic (or in early stage of drug use). It is risky for you to use alcohol or drugs to change the way you feel. You may find that you consume more than you planned to and feel worse because of it. If this continues you could become a compulsive user, eventually losing control, and growing progressively worse. You can still control your drinking or drug use if you value yourself enough to make firm rules and stick to them. If you find you can't keep the rules, it is best to quit. See "Low-High" interpretation.</p> |
|                                      | <p><b>HIGH on Part 1, and LOW on Part 2</b><br/>                     You may be susceptible to alcoholism if you drink. The higher you score on Part 1, the more important it is for you to abstain. Wise for you to get active and stay active in a self-help group. It will be a losing battle for you to handle your problems and feelings alone but with help you can have a much more satisfying life.</p>                                                                                                                                                                                                                                           |
| <b>DANGER</b>                        | <p><b>LOW on Part 1, HIGH on Part 2</b><br/>                     Your answers on Part 1 indicate a reasonably strong and stable person, but your answers on Part 2 indicate progressive dependence on alcohol or drugs if you use either. Physical and psychological damage could develop as time goes on if you continue to drink or take drugs. Probably moderation is not possible for you.</p>                                                                                                                                                                                                                                                        |
|                                      | <p><b>HIGH on Part 2, MEDIUM on Part 2</b><br/>                     This score indicated high susceptibility to problems with alcohol or drugs, even though you are not yet having obvious trouble. You would be wiser not to drink, at least until you straighten out the difficulties which your answers to Part 1 now indicate. Drinking or drugs can make your problems worse, but if you learn to live entirely without these chemical aids you will develop strength which will make your whole life more satisfactory.</p>                                                                                                                         |
|                                      | <p><b>MEDIUM on Part 1, and HIGH on Part 2</b><br/>                     You may have had problems as a result of your drinking already. Your reaction to alcohol and drugs is abnormal now. Can you take one or two and quit? Your wisest limit is none.</p>                                                                                                                                                                                                                                                                                                                                                                                              |
|                                      | <p><b>HIGH on Part 1, and HIGH on Part 2</b><br/>                     Alcohol for you is a dangerous drug affecting your physical and emotional health. Your answers show that most of your difficulties are related directly to dependence on alcohol or other drugs. Every department of your life will be better when you break that dependence. Help is available. The decision to get it is yours.</p>                                                                                                                                                                                                                                               |

# COUNSELORS EVALUATION AND RECOMMENDATIONS

Counselor evaluates client as:

\_\_\_ Social Drinker

\_\_\_ Beginning Problem Drinking

\_\_\_ Problem Drinker/Drugs

Comments:

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RAP SCORE: Part 1 \_\_\_\_\_

Part 2 \_\_\_\_\_

Counselor recommends:

\_\_\_ NO Recommendations

\_\_\_ AA

\_\_\_ NA

\_\_\_ MA

\_\_\_ Life Ring

\_\_\_ ACA

\_\_\_ Alanon

\_\_\_ Detox

\_\_\_ Residential Treatment

\_\_\_ Private Counseling

\_\_\_ Other

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This assessment and recommendations has been discussed with me.

Clients Signature: \_\_\_\_\_

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

Counselors Signature: \_\_\_\_\_

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

# Evaluación de Alcohol y Drogas

Fecha de entrevista:

## Perfil General

Nombre del cliente:

Género:                    Masculino                    Femenino                    Edad:

## Estado de Empleo

Educación Completada: Años                    Meses

¿Cuánto tiempo fue su trabajo de tiempo completo más largo? Años                    Meses

Ocupación habitual o última

Especificar:

¿Patrón habitual de empleo, últimos tres años?

|                                          |                           |
|------------------------------------------|---------------------------|
| Tiempo completo                          | Jubilado/discapacitado    |
| Medio tiempo (horario regular)           | Desempleados              |
| Medio tiempo (irregular, trabajo diurno) | En un ambiente controlado |
| Alumno                                   | Desconocido               |
| Servicio                                 |                           |

## Relaciones Sociales Familiares

¿Estado civil?    Casado    Se ha vuelto a casar    Viudo    Separado    Divorciado    Nunca se ha Casado

Cuanto tiempo lleva en este estado civil    Años                    Meses

¿Está satisfecho con esta situación?    No    Indiferente    Si

¿Vives con alguien que?

¿Tiene un problema con el alcohol?    Sí    No

¿Tiene un problema de drogas ilícitas?    Sí    No

¿Utiliza medicamentos sin receta?    Sí    No

## Historia Familiar de Abuso de Sustancias

¿Algún historial de abuso de alcohol o drogas en su familia?    Sí    No

Padre                    Madre                    Abuelo                    Hermano/a                    Tía/Tío                    Niño

¿Cuánto tiempo abusaron?    Años                    Meses

¿Buscaron tratamiento por su uso de sustancias?    Sí    No

¿Cuál es el resultado de su estado?    Recuperación    Desconocida

## Estado Medico

¿Tiene algún problema médico crónico que continúa interfiriendo con su vida?    Sí    No

En caso afirmativo, especifique:

¿Está tomando algún medicamento recetado de forma regular para un problema físico?    Sí    No

En caso afirmativo, especifique:

¿Recibe pensión por invalidez física?    Sí    No

¿Ha tomado o está tomando algún medicamento que NO le hayan recetado?    Sí    No

En caso afirmativo, especifique:

## Estatus Legal

¿Esta admisión fue motivada o sugerida por el sistema de justicia penal (juez, oficina de libertad condicional/libertad condicional, etc.)?  Sí  No

1. ¿Está usted en libertad condicional o bajo palabra?  Sí  No
- ¿Cuántas veces en su vida ha sido acusado de lo siguiente?
2. ¿Conducta desordenada, vagancia, intoxicación pública?
3. ¿Conducir en estado de ebriedad?
4. ¿Infracciones graves de manejo (conducción temeraria, exceso de velocidad, sin licencia, etc.)?
5. ¿Cuántos meses estuvo encarcelado en su vida?  Meses.
6. ¿Cuánto tiempo fue su último encarcelamiento?  Meses.
7. ¿Para qué fue?
8. ¿Está actualmente esperando cargos, juicio o sentencia?  Sí  No

## Consumo de Drogas/Alcohol

| PATRONES DE CONSUMO             |                             |                             | PROBLEMAS FÍSICOS RELACIONADOS |                     |                                                         |
|---------------------------------|-----------------------------|-----------------------------|--------------------------------|---------------------|---------------------------------------------------------|
| Diario; AM y/o en el trabajo    | <input type="checkbox"/> Sí | <input type="checkbox"/> No |                                | Apagones            | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Beber por la noche entre semana | <input type="checkbox"/> Sí | <input type="checkbox"/> No |                                | Resacas             | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Parada después del trabajo      | <input type="checkbox"/> Sí | <input type="checkbox"/> No |                                | Desmayarse          | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Fines de semana                 | <input type="checkbox"/> Sí | <input type="checkbox"/> No |                                | Problemas hepáticos | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Ocasional pesado                | <input type="checkbox"/> Sí | <input type="checkbox"/> No |                                | DT's                | <input type="checkbox"/> Sí <input type="checkbox"/> No |

¿Cuántas veces en su vida ha sido tratado por:

Tratamiento

Solo Desintoxicación

Abuso de alcohol:

Abuso de drogas:

¿Cómo te ves a ti mismo en relación con el alcohol/las drogas?

### Alcohol

- Abstención (cuánto tiempo )
- Bebedor social
- Bebedor problema potencial
- Alcohólico
- En recuperación (cuánto tiempo )

### Drogas

- Sin problema de drogas
- Problema potencial de drogas
- Problema de drogas
- En recuperación (cuánto tiempo )

| Sustancia                     | Años en el tiempo de vida | Uso actual (circule S o N) | Ruta de administración |
|-------------------------------|---------------------------|----------------------------|------------------------|
| 1. Alcohol: cualquier uso     |                           | S N                        |                        |
| 2. Alcohol-a la intoxicación  |                           | S N                        |                        |
| 3. Heroína                    |                           | S N                        |                        |
| 4. Metadona                   |                           | S N                        |                        |
| 5. Otros opiáceos/analgésicos |                           | S N                        |                        |
| 6. Barbitúricos               |                           | S N                        |                        |
| 7. Otros sedantes             |                           | S N                        |                        |
| 8. Cocaína                    |                           | S N                        |                        |
| 9. Anfetaminas                |                           | S N                        |                        |
| 10. Marihuana                 |                           | S N                        |                        |
| 11. Alucinógenos              |                           | S N                        |                        |
| 12. Inhalantes                |                           | S N                        |                        |
| 12. Usa más de una sustancia  |                           | S N                        | Especificar:           |

# Evaluación de Alcohol y Drogas

Nombre del cliente:

“RAP” significa “RIESGO DE PROBLEMAS DE ALCOHOL”. Si obtiene un puntaje "Bajo" (la mayoría de la gente lo hace), significa que no necesita preocuparse. Si obtiene un puntaje "Medio" o "Alto", sin embargo, la información será de especial interés para usted.

CIRCULAR “S” = Sí o “N” = No antes de cada pregunta, según se aplique a usted

Parte 1.

- S N Tengo una fe fuerte y clara en la vida.
- S N Muchas veces me siento inquieto o triste.
- S N Mi vida hogareña es tan feliz como debería ser.
- S N Algunos días siento que no soy mi verdadero yo.
- S N Siento lástima por mí mismo y con frecuencia me entrego a la autocompasión.
- S N Soy moderado en mis hábitos.
- S N A menudo me siento culpable o me disculpo sin saber por qué.
- S N Soy bastante como todos los demás que conozco.
- S N A veces hago todo lo posible para evitar a las personas que no me agradan.
- S N Me parece que no voy a ninguna parte en mi vida.
- S N Siento que hay una barrera entre el mundo y yo.
- S N Mi interés o entusiasmo se desvanece rápidamente.
- S N Sigo pensando en cosas que temo.
- S N Me inclino a ser sereno y relajado.
- S N Me siento solo en el mundo.
- S N Mis estados de ánimo cambian rápidamente.

Parte 2.

- S N La discusión sobre mi forma de beber me pone nerviosa.
- S N Soy una persona temblorosa, nerviosa.
- S N Tengo problemas para recordar lo que hago cuando bebo.
- S N La bebida me ha causado problemas legales, familiares, de salud, laborales o sociales.
- S N Consumo más alcohol que la mayoría de mis amigos.
- S N Tengo sensaciones de entumecimiento u hormigueo en los dedos de las manos o de los pies.
- S N A menudo quiero más tragos después de que termina la fiesta.
- S N Me siento culpable por mi forma de beber.

|          |           |                 |                |
|----------|-----------|-----------------|----------------|
| Parte 1: | 0 1 2 3 4 | 5 6 7 8 9 10 11 | 12 13 14 15 16 |
|          | Bajo      | Medio           | Alto           |
| Parte 2: | 0         | 1 2             | 3 4 5 6 7 8    |

# Evaluación de Alcohol y Drogas

Nombre del cliente:

“RAP” significa “RIESGO DE PROBLEMAS DE ALCOHOL”. Si obtiene un puntaje "Bajo" (la mayoría de la gente lo hace), significa que no necesita preocuparse. Si obtiene un puntaje "Medio" o "Alto", sin embargo, la información será de especial interés para usted.

CIRCULAR “S” = Sí o “N” = No antes de cada pregunta, según se aplique a usted

Parte 1.

|   |   |                                                                             |
|---|---|-----------------------------------------------------------------------------|
| S | N | Tengo una fe fuerte y clara en la vida.                                     |
| S | N | Muchas veces me siento inquieto o triste.                                   |
| S | N | Mi vida hogareña es tan feliz como debería ser.                             |
| S | N | Algunos días siento que no soy mi verdadero yo.                             |
| S | N | Siento lástima por mí mismo y con frecuencia me entrego a la autocompasión. |
| S | N | Soy moderado en mis hábitos.                                                |
| S | N | A menudo me siento culpable o me disculpo sin saber por qué.                |
| S | N | Soy bastante como todos los demás que conozco.                              |
| S | N | A veces hago todo lo posible para evitar a las personas que no me agradan.  |
| S | N | Me parece que no voy a ninguna parte en mi vida.                            |
| S | N | Siento que hay una barrera entre el mundo y yo.                             |
| S | N | Mi interés o entusiasmo se desvanece rápidamente.                           |
| S | N | Sigo pensando en cosas que temo.                                            |
| S | N | Me inclino a ser sereno y relajado.                                         |
| S | N | Me siento solo en el mundo.                                                 |
| S | N | Mis estados de ánimo cambian rápidamente.                                   |

Parte 2.

|   |   |                                                                                          |
|---|---|------------------------------------------------------------------------------------------|
| S | N | La discusión sobre mi forma de beber me pone nerviosa.                                   |
| S | N | Soy una persona temblorosa, nerviosa.                                                    |
| S | N | Tengo problemas para recordar lo que hago cuando bebo.                                   |
| S | N | La bebida me ha causado problemas legales, familiares, de salud, laborales o sociales.   |
| S | N | Consumo más alcohol que la mayoría de mis amigos.                                        |
| S | N | Tengo sensaciones de entumecimiento u hormigueo en los dedos de las manos o de los pies. |
| S | N | A menudo quiero más tragos después de que termina la fiesta.                             |
| S | N | Me siento culpable por mi forma de beber.                                                |

|          |           |                 |                |
|----------|-----------|-----------------|----------------|
| Parte 1: | 0 1 2 3 4 | 5 6 7 8 9 10 11 | 12 13 14 15 16 |
|          | Bajo      | Medio           | Alto           |
| Parte 2: | 0         | 1 2             | 3 4 5 6 7 8    |

| <b>INTERPRETACIONES DE SU PUNTAJE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PARTE – 1 _____ PARTE – 2 _____       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>SEGURO</b>                         | <p><b>BAJO en la Parte 1 y BAJO en la Parte 2</b><br/>                     No tienes que preocuparte. No corre peligro de tener problemas de adicción mientras continúe como hasta ahora. Si la situación de la vida cambia o comienzas a consumir más, querrás revisarte de nuevo.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                       | <p><b>MEDIO EN la Parte 1 y BAJO en la Parte 2</b><br/>                     No muestra signos de ningún problema. Pero dado que ha dado respuestas de "riesgo" a algunas de las preguntas, sería prudente que se examinara a sí mismo en relación con esas declaraciones en particular. La voluntad de desarrollar una mayor madurez en estas áreas es un buen seguro. Si ha dado hasta seis o siete respuestas de "riesgo", la luz de precaución indica su uso de alcohol y otras drogas.</p>                                                                                                                                                                                                                                   |
| <b>PRECAUCIÓN</b>                     | <p><b>BAJO en la Parte 1 y MEDIO en la Parte 2</b><br/>                     Beber o consumir drogas podría ser riesgoso para usted. Practique la moderación estricta como seguro contra el desarrollo de problemas. Si descubre que no puede disfrutar de la moderación, será mejor que abandone antes de que surjan problemas.</p>                                                                                                                                                                                                                                                                                                                                                                                              |
|                                       | <p><b>MEDIO en la Parte 1 y MEDIO en la Parte 2</b><br/>                     Este puntaje indica que usted es prealcohólico (o en una etapa temprana de consumo de drogas). Es arriesgado que use alcohol o drogas para cambiar la forma en que se siente. Es posible que descubras que consumes más de lo que planeaste y te sientes peor por ello. Si esto continúa, podría convertirse en un usuario compulsivo, eventualmente perdiendo el control y empeorando progresivamente. Todavía puede controlar su consumo de alcohol o drogas si se valora lo suficiente como para establecer reglas firmes y cumplirlas. Si descubre que no puede mantener las reglas, lo mejor es renunciar. Ver interpretación "Bajo-Alto".</p> |
|                                       | <p><b>ALTO en la Parte 1 y BAJO en la Parte 2</b><br/>                     Puede ser susceptible al alcoholismo si bebe. Cuanto más alto obtenga su puntaje en la Parte 1, más importante será para usted abstenerse. Es aconsejable que se active y se mantenga activo en un grupo de autoayuda. Será una batalla perdida para ti manejar tus problemas y sentimientos solo, pero con ayuda puedes tener una vida mucho más satisfactoria.</p>                                                                                                                                                                                                                                                                                  |
| <b>PELIGRO</b>                        | <p><b>BAJO en la Parte 1, ALTO en la Parte 2</b><br/>                     Sus respuestas en la Parte 1 indican una persona razonablemente fuerte y estable, pero sus respuestas en la Parte 2 indican una dependencia progresiva del alcohol o las drogas, si las usa. El daño físico y psicológico podría desarrollarse a medida que pasa el tiempo si continúa bebiendo o tomando drogas. Probablemente la moderación no sea posible para ti.</p>                                                                                                                                                                                                                                                                              |
|                                       | <p><b>ALTO en la Parte 2, MEDIO en la Parte 2</b><br/>                     Esta puntuación indica una alta susceptibilidad a los problemas con el alcohol o las drogas, aunque todavía no tenga problemas evidentes. Sería más prudente no beber, al menos hasta que solucione las dificultades que ahora indican sus respuestas a la Parte 1. La bebida o las drogas pueden empeorar tus problemas, pero si aprendes a vivir completamente sin estas ayudas químicas, desarrollarás una fuerza que hará que toda tu vida sea más satisfactoria.</p>                                                                                                                                                                             |
|                                       | <p><b>MEDIO en la Parte 1 y ALTO en la Parte 2</b><br/>                     Es posible que ya haya tenido problemas como resultado de su consumo de alcohol. Su reacción al alcohol y las drogas es anormal ahora. ¿Puedes tomar uno o dos y dejar de fumar? Tu límite más sabio es ninguno.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                       | <p><b>ALTO en la Parte 1 y ALTO en la Parte 2</b><br/>                     El alcohol para ti es una droga peligrosa que afecta tu salud física y emocional. Sus respuestas muestran que la mayoría de sus dificultades están directamente relacionadas con la dependencia del alcohol u otras drogas. Cada departamento de tu vida será mejor cuando rompas esa dependencia. Hay ayuda disponible. La decisión de conseguirlo es tuya.</p>                                                                                                                                                                                                                                                                                      |

# EVALUACIÓN Y RECOMENDACIONES DE LOS CONSEJEROS

Consejera/o evalúa al cliente como:

- Bebedor social
- Comenzando con el problema de beber
- Bebedor problemático/drogas

Comentarios:

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PUNTUACIÓN DE RAP: Parte 1 \_\_\_\_\_  
Parte 2 \_\_\_\_\_

Consejera/o recomienda:

- SIN recomendaciones     AA     NA     MA     Anillo de vida     ACA     Alanon
- Desintoxicación     Tratamiento residencial     Consejería privada     Otro

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Esta evaluación y recomendaciones han sido discutidas conmigo.

Firma del cliente: \_\_\_\_\_ Fecha: \_\_\_\_\_

Firma de los consejeros: \_\_\_\_\_ Fecha: \_\_\_\_\_



## Referral to Ancillary Services

As part of the alcohol or drug assessment Zona Seca, Inc. program counselor shall recommend any ancillary services they think would be potentially beneficial to the participant. The recommendations should be appropriate to the individual participant and available nearby. The counselor must record the assessment results, the follow-up discussion, and the recommendations for ancillary services in the participants case record. Ancillary services can include family counseling, residential treatment, mental health treatment and outpatient services. All referrals shall be voluntary and Zona Seca, Inc. program must document the reasons for the referral in the participant record. Referral to ancillary services shall not result, directly or indirectly, in increased revenues for Zona Seca, with exception granted for good cause by the county alcohol program administrator on a case-by-case basis.



## Interprogram Transfers

The procedure is designed to ensure a smooth transition and continuity of service, with strict deadlines for the participant and both programs.

Transfer Out (Sending DUI Program); Zona Seca, Inc. must inform the participant of the transfer requirements, most notably that the participant must enroll and attend an activity (face-to-face interview, education session or group counseling session) in the new licensed DUI program within 21 days from the date of transfer from Zona Seca, Inc. If required by the court, Zona Seca, Inc. must provide the receiving program with a written history for the participant (transferee), indicating: the number of activities completed, any additional program information relevant to the participant, which must be sent under separate cover marked "confidential," absences carry over to the new program if there is no break in enrollment. Zona Seca, Inc. is responsible for notifying the Department of Motor Vehicles (DMV) and the court of conviction if the transferee does not enroll in the receiving DUI program by the deadline (21days).

Transfer In (Receiving DUI Program); Zona Seca, Inc. shall not accept any transferee who cannot enroll and commence services (attend an initial activity) within 21 days following the date of transfer from the sending program. Zona Seca must give the participant credit for all program activities and hours previously completed at the sending program. Zona Seca, Inc. must provide the sending program with written notice of the transferee's enrollment or non-enrollment within 10 days of the transfer deadline (the 21st day). Zona Seca shall notify the court of conviction and the DMV of the participants subsequent completion of or dismissal from the program.

**NOTIFICATION OF TRANSFER TO A STATE-LICENSED  
 PROGRAM FOR DRIVING-UNDER-THE INFLUENCE (DUI) OFFENDERS**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <p><u>Instructions</u> When a participant requests a transfer to another state-licensed (DUI) program, the sending program is to complete Section 1 - 7, and the Participant Information Summary on the reverse, and forward to the receiving program. The Receiving program shall complete Section 8 and return a copy of the form to the sending program, with a copy to the court of conviction, as confirmation of the participants enrollment within 21 calendar days from the date of transfer from the sending program.</p> |                                               |
| <b>1. NAME OF PARTICIPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               |
| (Last)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (First)                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Middle)                                      |
| <b>2. SENDING PROGRAM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |
| Name Of Program<br>Zona Seca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DUI Program License Number<br>4200301100      |
| Address<br>26 West Figueroa St.<br>Santa Barbara, CA. 93101                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Telephone      Fax<br>(805) 963-8961          |
| <b>3. RECEIVING PROGRAM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               |
| Name Of Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DUI Program License Number                    |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Telephone      Fax                            |
| <b>4. PROGRAMS REQUIREMENTS COMPLETED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |
| 0.00 Hours Of Education                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0 Face-to-Face Interviews (Length 15 minutes) |
| 0.00 Hours Of Group Counseling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0.00 Hours Of Re-entry Activities             |
| <b>5. ADDITIONAL PROGRAM REQUIREMENTS (APRS)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |
| <input type="checkbox"/> No APR Requirement<br>Program APRs _____ Program APRs Completed _____<br>Court Ordered APRs _____ Court Ordered APRs Completed) _____<br>(If the receiving DUI program has state-approved APRs, the participant will only be required to complete the APRs of the receiving program. APRs completed in the sending program shall be credited toward meeting the APR requirements of the receiving program.)                                                                                               |                                               |
| <b>6. PARTICIPANT CERTIFICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |
| I certify that the terms and conditions of a transfer to another state-licensed DUI program have been explained to me and I agree to enroll in the program identified in Section 3. by _____                                                                                                                                                                                                                                                                                                                                       |                                               |
| Signature Of Participant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date                                          |
| <b>7. SENDING PROGRAM CERTIFICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |
| I certify that the terms and conditions of a transfer to another state-licensed DUI program have been explained to the participant and the participant acknowledges receipt of the information.                                                                                                                                                                                                                                                                                                                                    |                                               |
| Signature and Title of Program Representative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date                                          |
| <b>8. CONFIRMATION OF TRANSFER BY RECEIVING PROGRAM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |
| I certify that the above-named DUI program participant                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |
| <input type="checkbox"/> Enrolled on _____ <input type="checkbox"/> Did not enroll by the date specified in Section 6.                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |
| Signature and Title of Program Representative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date                                          |

Distribution:Original-Receiving Program File, Copies:Sending Program;Court Of Conviction, County Alcohol Program Administrator in sending and receiving counties, participant.

## Participant Information Summary

|                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Program Level</b><br><div style="text-align: right;"> <input checked="" type="checkbox"/> First Offender Sentenced By Court To Complete    <b>(Check One)</b><br/> <input type="checkbox"/> 6 Months   <input type="checkbox"/> 9 Months   <input type="checkbox"/> 12 Months         </div> |                                                                                                                                                                                         |
| <b>2. Enrollment Date</b><br>(Month)    (Day)    (Year)<br>___   ___   ___                                                                                                                                                                                                                         | <b>3. Total Participation Time</b> <i>(Excluding time on leave of absence or dismissal from program.)</i><br>___ 0    Calendar Months    ___ 0    Weeks                                 |
| <b>4. Current Number of Absences from Program</b> 0                                                                                                                                                                                                                                                |                                                                                                                                                                                         |
| <b>5. Dismissal From Program</b> <i>(If Applicable)</i>                                                                                                                                                                                                                                            |                                                                                                                                                                                         |
| #Date of Dismissal: ___ / ___ /                                                                                                                                                                                                                                                                    | Date of Reinstatement    ___ / ___ /                                                                                                                                                    |
| Reason                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                         |
| #Date of Dismissal: ___ / ___ /                                                                                                                                                                                                                                                                    | Date of Reinstatement    ___ / ___ /                                                                                                                                                    |
| <b>6. Leave Of Absence From Program</b> <i>(If Applicable)</i>                                                                                                                                                                                                                                     |                                                                                                                                                                                         |
| #Beginning Date: ___ / ___ /                                                                                                                                                                                                                                                                       | Ending Date    ___ / ___ /                                                                                                                                                              |
| Reason                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                         |
| #Beginning Date: ___ / ___ /                                                                                                                                                                                                                                                                       | Ending Date    ___ / ___ /                                                                                                                                                              |
| <b>7. Court Of Conviction</b> <i>(Name, Address)</i>                                                                                                                                                                                                                                               | <b>8. Court Docket Number or Other Identifier</b>                                                                                                                                       |
| :                                                                                                                                                                                                                                                                                                  | <b>9. Drivers License Number</b>                                                                                                                                                        |
| <b>10. Probation</b><br><input type="checkbox"/> Formal <input type="checkbox"/> Summary <input type="checkbox"/> None<br>Violation Date    Conviction Date<br>_____    _____                                                                                                                      | <b>11. Alcohol Assessment</b> <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Date Conducted<br>Copy Attached:    Yes    No<br>If no copy attached, please indicate results |
| <b>12. Additional Information/Comments</b><br><br>(a) Blood Alcohol Content _____<br>(b) Refund due<br>(c) Balance Owed _____<br>(d) Date of Birth                                                                                                                                                 | <b>13. Participants Mailing Address</b><br><br>Home Phone<br>Work Phone                                                                                                                 |
| <b>14. Client did not reinstate at sending program</b><br>Receiving Program Will Need<br><input type="checkbox"/> Current court docket with same case number as above<br><input type="checkbox"/> Provide DMV with DL104A                                                                          |                                                                                                                                                                                         |



## Participant Dismissal Policy

Zona Seca, Inc. must dismiss a participant for reasons including, but not limited to, the participant fails to participate in required program activities within 21 days of transfer to another licensed DUI program. Participant fails to maintain program sobriety. Fails to comply with DUI program rules. Fails to comply with additional county requirements established by the county alcohol and drug program administrator and approved by the Department. Fails to attend program services for 21 days or longer without obtaining an approved leave of absence. Exceeds the number of allowed absences. Fails to resume attending program activities within 21 days of the scheduled return from a leave of absence. Zona Seca may dismiss a participant who fails to pay their program fee or fails to reschedule and attend a financial assessment interview. If the participant was attending as a condition of probation or a court order, Zona Seca must notify the court and the Department of Motor Vehicles (if a proof of Enrollment Certificate, DL107, was issued). Zona Seca, must document the circumstances of the dismissal in the participants record. Zona Seca written policy for reinstating a dismissed participant must be included in the participant contract. (please reference contract for written policy)



## Re-Entry Activities

Not applying for 18-month program.

1. **Reinstatement** into the First Offender Program is as follows:
  - a. If the participant was attending the program as a condition of probation or in accordance with a court order, the DUI program shall notify the court that the participant was dismissed from the program. The DUI program shall also notify the Department of Motor Vehicles if the participant has been issued a DL107. (Proof of Enrollment Certificate)
  - b. If the participant is not attending the program as a condition of probation or in accordance with a court order, the DUI program may reinstate the participant in accordance with the DUI program's written policy, which is included below:
    - **Thirty (30) days after the date of first dismissal.**
    - Sixty (60) days after the date of second dismissal, and
    - Ninety (90) days after the date of third or subsequent dismissal
  - c. Prior to processing a participant's request for reinstatement to the program following a dismissal, voluntary withdrawal, or transfer, the DUI program may require the participant to pay his/her assessed program fee due for services provided by the DUI program, and any additional fees assessed in accordance with the provisions of this regulation.
  - d. The DUI program may refuse to reinstate a participant if the participant was dismissed because he/she was physically or verbally abusive to DUI program staff or other DUI program participants. The DUI program shall document in the participant's record the circumstances under which the participant was dismissed.



## Program Fee Requirements

### **Wet Reckless:**

Registration (includes county and state fee) = \$177.00 – charged at the time of enrollment by administration

Alcohol/drug Assessment = \$50.00 – conducted by certified counselor

6 Education Sessions @ \$30 per session + \$180 – conducted by certified instructor

### **Other Fees:**

Leave of Absence = \$40 – administrative cost for gathering documents and filling out appropriate forms.

Rescheduling= \$20 – conducted by assigned counselor when client has to redo their entire schedule

Duplicate DL107/101: \$12 – charged if a client needs a duplicate enrollment or completion certificate by administration

Alcohol/Drug Screening (drug test with positive result): \$30 – conducted by an assigned and certified counselor if a positive result occurs.

Transfer Out (with credits): \$65 – charged if a client should want to transfer to a different CA state licensed program by administration

Reinstatement: \$25 – charged upon a return from termination at the time of reinstatement by administration, a certified counselor will then place client back into program activities.

Missed Activity (education and/or individual sessions) = \$20 – charged anytime a client misses an education session and/or individual counseling session by administration.

If clients can pay in full on the day of enrollment, Zona Seca, Inc. will require the \$407 to be paid at the time of enrollment. If clients cannot afford the full payment, client is allowed to pay half of the total cost and only three classes are scheduled. When the remainder of the balance is paid (within 21 days from the last activity), Zona Seca will schedule the remaining activities. An extended payment schedule is made available to any participant who can document that their gross monthly income is equal to or less than 35% of the monthly median family income for the county (Santa Barbara County Median Family Income \$6,283.33 six thousand, two hundred, eight-three dollars, thirty-three cents) but greater than the general assistance benefit level for the county (Santa Barbara County General Relief Benefit \$300.00 three hundred dollars, 1993). If the client establishes that the monthly income is equal to or less than the general assistance benefit level for one person, Zona Seca shall assess the participant a maximum program fee of no more than \$5.00 per month of participation. Zona Seca, may assess a maximum additional fee of no more than \$5.00 each time it must reschedule a program service because the participant failed to attend or reschedule in advance. Zona Seca may assess a maximum additional fee of no more than \$10.00 each time it reinstates a participant who was dismissed from the program or who voluntarily withdrew from the program. Zona Seca, Inc. assess a maximum fee of \$5.00 per processing a transfer to another licensed DUI program.

### **3 Month Program:**

Registration (includes county and state fee) = \$372 – charged at the time of enrollment by administration

Alcohol/drug Assessment = \$50.00 – conducted by certified counselor

8 Education Sessions @ \$30 per session = \$240 – conducted by certified instructor

7 Group Sessions @ \$30 per session = \$210 – conducted by certified instructor

Face-to-Face & Midpoint @ \$35 = \$70 – conducted by certified counselor

Final Interview @ \$35 = \$35 – conducted by certified counselor

**Other Fees:**

Leave of Absence = \$40 – administrative cost for gathering documents and filling out appropriate forms.

Rescheduling = \$20 – conducted by assigned counselor when client has to redo their entire schedule

Duplicate DL107/101: \$12 – charged if a client needs a duplicate enrollment or completion certificate by administration

Alcohol/Drug Screening (drug test with positive result): \$30 – conducted by an assigned and certified counselor if a positive result occurs.

Transfer Out (with credits): \$65 – charged if a client should want to transfer to a different CA state licensed program by administration

Reinstatement: \$25 – charged upon a return from termination at the time of reinstatement by administration, a certified counselor will then place client back into program activities.

Missed Activity (education and/or individual sessions) = \$20 – charged anytime a client misses an education session and/or individual counseling session by administration.

Zona Seca, Inc. will require a deposit of \$488.50 to be paid at the time of enrollment and then placed on a monthly payment plan of 2 payments of \$163 and 1 payment of \$162.50. An extended payment schedule is made available to any participant who can document that their gross monthly income is equal to or less than 35% of the monthly median family income for the county (Santa Barbara County Median Family Income \$6,283.33 six thousand, two hundred, eight-three dollars, thirty-three cents), but greater than the general assistance benefit level for the county (Santa Barbara County General Relief Benefit \$300.00 three hundred dollars, 1993). If a client qualifies for the extended payment plan, they will be required to pay 1/3 of the cost of the program at the time of enrollment, \$326. The client will then be required to make 5 payments of \$108.50 and a final payment of \$110 at month 6. A completion certificate will not be issued until the client has paid the program in full. If the client establishes that the monthly income is equal to or less than the general assistance benefit level for one person, Zona Seca shall assess the participant a maximum program fee of no more than \$5.00 per month of participation. Zona Seca may assess a maximum additional fee of no more than \$5.00 each time it must reschedule a program service because the participant failed to attend or reschedule in advance. Zona Seca may assess a maximum additional fee of no more than \$10.00 each time it reinstates a participant who was dismissed from the program or who voluntarily withdrew from the program. Zona Seca, Inc. assess a maximum fee of \$5.00 per processing a transfer to another licensed DUI program.

**6 Month Program:**

Registration (includes county and state fee) = \$340 – charged at the time of enrollment by administration

Alcohol/drug Assessment = \$50.00 – conducted by certified counselor

6 Education Sessions @ \$30 per session = \$180 – conducted by certified instructor

17 Group Sessions @ \$30 per session = \$510 – conducted by certified instructor

4 Face-to-Face Interviews @ \$35 = \$140 – conducted by certified counselor

Final Interview @ \$35 = \$35 – conducted by certified counselor

**Other Fees:**

Leave of Absence = \$40 – administrative cost for gathering documents and filling out appropriate forms.

Rescheduling= \$20 – conducted by assigned counselor when client has to redo their entire schedule

Duplicate DL107/101: \$12 – charged if a client needs a duplicate enrollment or completion certificate by administration

Alcohol/Drug Screening (drug test with positive result): \$30 – conducted by an assigned and certified counselor if a positive result occurs.

Transfer Out (with credits): \$65 – charged if a client should want to transfer to a different CA state licensed program by administration

Reinstatement: \$25 – charged upon a return from termination at the time of reinstatement by administration, a certified counselor will then place client back into program activities.

Missed Activity (education and/or individual sessions) = \$20 – charged anytime a client misses an education session and/or individual counseling session by administration.

Zona Seca, Inc. will require a deposit of \$627.50 to be paid at the time of enrollment and then placed on a monthly payment plan of 5 payments of \$105 and 1 payment of \$102.50. An extended payment schedule is made available to any participant who can document that their gross monthly income is equal to or less than 35% of the monthly median family income for the county (Santa Barbara County Median Family Income \$6,283.33 six thousand, two hundred, eight-three dollars, thirty-three cents), but greater than the general assistance benefit level for the county (Santa Barbara County General Relief Benefit \$300.00 three hundred dollars, 1993). If a client qualifies for the extended payment plan, they will be required to pay 1/3 of the cost of the program at the time of enrollment, \$418. The client will then be required to make 9 payments of \$93.00. A completion certificate will not be issued until the client has paid the program in full. If the client establishes that the monthly income is equal to or less than the general assistance benefit level for one person, Zona Seca shall assess the participant a maximum program fee of no more than \$5.00 per month of participation. Zona Seca may assess a maximum additional fee of no more than \$5.00 each time it must reschedule a program service because the participant failed to attend or reschedule in advance. Zona Seca may assess a maximum additional fee of no more than \$10.00 each time it reinstates a participant who was dismissed from the program or who voluntarily withdrew from the program. Zona Seca, Inc. assess a maximum fee of \$5.00 per processing a transfer to another licensed DUI program.

**9 Month Program:**

Registration (includes county and state fee) = \$971 – charged at the time of enrollment by administration

Alcohol/drug Assessment = \$50.00 – conducted by certified counselor

6 Education Sessions @ \$30 per session = \$180 – conducted by certified instructor

23 Group Sessions @ \$30 per session = \$690 – conducted by certified instructor

6 Face-to-Face Interviews @ \$35 = \$210 – conducted by certified counselor

Final Interview @ \$35 = \$35 – conducted by certified counselor

**Other Fees:**

Leave of Absence = \$40 – administrative cost for gathering documents and filling out appropriate forms.

Rescheduling= \$20 – conducted by assigned counselor when client has to redo their entire schedule

Duplicate DL107/101: \$12 – charged if a client needs a duplicate enrollment or completion certificate by administration

Alcohol/Drug Screening (drug test with positive result): \$30 – conducted by an assigned and certified counselor if a positive result occurs.

Transfer Out (with credits): \$65 – charged if a client should want to transfer to a different CA state licensed program by administration

Reinstatement: \$25 – charged upon a return from termination at the time of reinstatement by administration, a certified counselor will then place client back into program activities.

Missed Activity (education and/or individual sessions) = \$20 – charged anytime a client misses an education session and/or individual counseling session by administration.

Zona Seca, Inc. will require a deposit of \$1068 to be paid at the time of enrollment and then placed on a monthly payment plan of 8 payments of \$119 and 1 payment of \$116. An extended payment schedule is made available to any participant who can document that their gross monthly income is equal to or less than 35% of the monthly median family income for the county (Santa Barbara County Median Family Income \$6,283.33 six thousand, two hundred, eight-three dollars, thirty-three cents) but greater than the general assistance benefit level for the county (Santa Barbara County General Relief Benefit \$300.00 three hundred dollars, 1993). If a client qualifies for the extended payment plan, they will be required to pay 1/3 of the cost of the program at the time of enrollment, \$712. The client will then be required to make 11 payments of \$118 and a final payment of \$126 month 12. A completion certificate will not be issued until the client has paid the program in full. If the client establishes that the monthly income is equal to or less than the general assistance benefit level for one person, Zona Seca shall assess the participant a maximum program fee of no more than \$5.00 per month of participation. Zona Seca may assess a maximum additional fee of no more than \$5.00 each time it must reschedule a program service because the participant failed to attend or reschedule in advance. Zona Seca may assess a maximum additional fee of no more than \$10.00 each time it reinstates a participant who was dismissed from the program or who voluntarily withdrew from the program. Zona Seca, Inc. assess a maximum fee of \$5.00 per processing a transfer to another licensed DUI program.