

**VENTURA COUNTY DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
DRIVING UNDER THE INFLUENCE PROGRAM - MIS DATA SHEET**

Print Clearly [*Escribir Claramente en letras de Molde*]

PERSONAL INFORMATION [INFORMACIÓN PERSONAL]

Last Name [<i>Apellido</i>]		First Name [<i>Primer Nombre</i>]		Middle Name [<i>Segundo Nombre</i>]	Sex [Sexo]: <input type="checkbox"/> Male-Hombre <input type="checkbox"/> Female -Mujer
Address [<i>Dirección</i>]					# Apt
City [<i>Ciudad</i>]		State [<i>Estado</i>]	Zip [<i>Zona Postal</i>]	Social Security # [<i>Numero de Seguro Social</i>]	
Home Phone [<i>Teléfono de Casa</i>] Work Phone [<i>Teléfono de Trabajo</i>]			Date of Birth [<i>Fecha de Nacimiento</i>]	Primary Language [<i>Lengua Primera</i>]	
Ethnicity [<i>Etnicidad</i>]: √ (one/uno): <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other					
Marital Status [<i>Estado Civil</i>]: √ (one/uno) <input type="checkbox"/> Single [<i>Soltero</i>] <input type="checkbox"/> Co-Habit [<i>Juntos</i>] <input type="checkbox"/> Married [<i>Casado</i>] <input type="checkbox"/> Separated [<i>Separado</i>] <input type="checkbox"/> Divorced [<i>Divorciado</i>]				Spouse's Name [<i>Nombre del Esposo(a)</i>]	
Occupation [<i>Ocupación</i>]			No. of Dependents	Total Household Monthly Income [<i>Ingreso Mensual Total</i>] \$	
Source of Income [<i>Origen de Ingreso</i>]: √ (one/uno) <input type="checkbox"/> Wages [<i>Sueldo</i>] <input type="checkbox"/> Public Assistance [<i>Asistencia Pública</i>] <input type="checkbox"/> Disability Payments [<i>Pagos de Incapacidad</i>] <input type="checkbox"/> Unemployment [<i>Seguro de Desempleo</i>] <input type="checkbox"/> Retirement [<i>Jubilación</i>] <input type="checkbox"/> Social Security [<i>Seguro Social</i>] <input type="checkbox"/> No Income [<i>No Ingresos</i>] <input type="checkbox"/> Other [<i>Otros</i>]					

EMERGENCY INFORMATION [INFORMACIÓN EMERGENCIA]

Contact In Emergency [<i>Contacto en Emergencia</i>]	Relationship [<i>Relación</i>]	Phone [<i>Teléfono</i>]
Existing Health Problems [<i>Problemas de Salud</i>] <input type="checkbox"/> Yes (SI) <input type="checkbox"/> NO Allergies (Alergias) <input type="checkbox"/> Yes (SI) <input type="checkbox"/> NO	Medication [<i>Medicación</i>]	

--- FOR DUI OFFICIAL USE ONLY ---

To be completed by reception/clerical staff prior to intake appointment)

ARREST & CONVICTION INFORMATION

Date of Arrest	Date of Sentence/Referral	Date Due to Enroll by	# Prior Convictions	Current Court Case #
County of Conviction			# Total Convictions	Prior Court Case # (re-referral only)
Type of Probation: <input type="checkbox"/> None <input type="checkbox"/> CRR/Summary <input type="checkbox"/> Formal <input type="checkbox"/> Elapsed	Driver's License # & State		Program Level: <input type="checkbox"/> 12 hour FCP Education <input type="checkbox"/> FCP (3 mos) <input type="checkbox"/> FCP (6 mos) <input type="checkbox"/> FCP (modified sentence) <input type="checkbox"/> MCP (12 mos pre-1990 DMV) <input type="checkbox"/> MCP (18 mos)	

REFERRAL & INTAKE INFORMATION

Type of Intake: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Transfer-In <input type="checkbox"/> Transfer Out <input type="checkbox"/> Return from LOA <input type="checkbox"/> Reinstatement from DQ <input type="checkbox"/> Other	<input type="checkbox"/> Current Referral (Dated within 30 days)	Client ID #
Source of Referral: <input type="checkbox"/> Court <input type="checkbox"/> Probation Speed Letter <input type="checkbox"/> Referral Agency <input type="checkbox"/> DMV <input type="checkbox"/> DUI Transfer-In with credit <input type="checkbox"/> DUI Transfer-In with no credit		
Referring Agency (if applicable)	Reporting Required (note on Tracking Sheet): <input type="checkbox"/> Verification of Enrollment <input type="checkbox"/> Quarterly Progress Reports <input type="checkbox"/> Grad/DQ	
MIS COMPLETED BY: Data Entry Initials _____	Date	Name of Assigned Intake Employee

Mark One: **READY FOR ENROLLMENT** -- (Current Referral, Enrollment due date, Court Case #, Program Level, and number of Convictions correspond correctly)
 NOT READY FOR ENROLLMENT -- (Outdated Referral, Past due Enrollment Date, Discrepancy in Court Case number, Program Level, or Number of Convictions)