

Board of Directors

April 23, 2015

Jerry Bunker
President

Anne C. Leach
Immediate Past President

Jim Lugg
Vice President

Jesse Lopez
Treasurer

Bruce Dunlap
Secretary

Oly Gomez

Jaqueline Cruz

Cyndy Pierson

Tony Tollner

Dora McKean

Kendra Clark

Pat Wilkinson

Kimberly Elliott

Andrew Heald, LMFT
Alcohol and Drug Services Manager
Monterey County Health Department Director
1441 Constitution Blvd. Bldg 400, Suite 202
Salinas, CA 93906

Dear Mr. Heald,

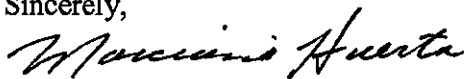
Currently, we provide Driving Under the Influence (DUI) services for South County residents at our satellite location for their convenience at 2167 De La Rosa Sr. St. Soledad, CA. This satellite location is covered by our Salinas provider license from the State of California. As such, this site has been audited by both County and State auditors over the past two years.

Per Department of Health Care Services (DHCS), satellite DUI programs are limited to providing services to two hundred clients annually. Currently our Soledad site has reached its cap and the demand for DUI services is steadily increasing. We predict to exceed our limit again next fiscal year, as well, so we are proposing to get our South County office approved as a separate licensed location. This will help Sun Street Centers DUI program to better service our community in South County. We are currently referring our South County clients to our Salinas office until July 1, 2015. Obtaining a license will insure that the Services are available to everyone in South County all year long.

The State needs formal approval from the Board of Supervisors of Monterey County, in order to provide a license for a DUI facility in South County. Again, this helps bring services to the residents there without forcing people to find rides to Salinas, or worse yet, postponing the education and counselling due to lack of transportation.

Please feel free to contact me if you should have any questions or should want to meet and discuss this matter.

Sincerely,



Marciano Huerta, LAADC/M-RAS
Deputy Director

Cc: Lynn Maddock, JD, LCSW Monterey County AOD Program
Administrator; Anna Foglia, Chief Executive Officer, Sun Street Centers



11 Peach Drive
Salinas, CA 93901

p 831.753.5135
f 831.753.6005

www.sunstreetcenters.org



residential . outpatient . dui classes . prevention


COUNTY OF MONTEREY SIGNATURES

COUNTY OF MONTEREY

By: _____
Ray Bullick
Director of Health

Date: _____

APPROVED AS TO LEGAL FORM:

By: 
Stacy L. Saetta
Deputy County Counsel

Date: 5/29/15

DHCS/DUI 100134

**DRIVING-UNDER-THE-INFLUENCE PROGRAM
LICENSE APPLICATION PACKET**

**FIRST OFFENDER PROGRAM,
18-MONTH PROGRAM,
AND 30-MONTH PROGRAM**

State of California
Health and Human Services Agency
DEPARTMENT OF HEALTH CARE SERVICES

DRIVING-UNDER-THE-INFLUENCE PROGRAM BRANCH
1501 Capitol Avenue MS 2602 Sacramento, CA 95814
(916) 322-2964

2015

SUBMISSION AND PROCESSING OF APPLICATION

License Application Fee

The Department of Health Care Services (DHCS) charges a one-time \$400 application processing fee. This fee is not refundable. Any application received without the processing fee will be returned to the County Alcohol Program Administrator or directly to the applicant (when applicable).

County Board of Supervisors

The County Board of Supervisors must recommend an applicant for licensing. This recommendation must be submitted with the application. Any application received without the County Board of Supervisors' recommendation will be returned to the County Alcohol Program Administrator or directly to the applicant (if applicable).

Application Forms

The application consists of submission of complete and accurate forms as directed and applicable and all requested information.

Application Processing

Submit the license application fee, board of supervisors recommendation and completed application to:

DEPARTMENT OF HEALTH CARE SERVICES
Driving-Under-the-Influence Program Branch
1501 Capitol Avenue, MS 2602
Sacramento, California 95814

Applications will be processed in the order received. Applications will be immediately returned to the applicant or county (if applicable) for the following reasons:

1. \$400 license application fee not submitted.
2. Recommendation of the county board of supervisors not submitted.
3. Required application materials or other information not submitted.

NOTE: THE PROGRAM SHALL NOT ENROLL PARTICIPANTS NOR PROVIDE SERVICES PRIOR TO THE EFFECTIVE DATE OF THE LICENSE.

Contact the Driving-Under-the-Influence Program Branch at (916) 322-2964 for information on completion, submission and processing of the application. Applicant should retain a copy of all application documents submitted. The Department of Health Care Services will not make available copies of any portion of the application.

Applicant Name: _____ County: _____ Date: _____

DRIVING-UNDER-THE-INFLUENCE PROGRAM LICENSE APPLICATION CHECKLIST

INSTRUCTIONS: Use the applicant column below to ensure that all required forms, documents and information are completed and submitted to the Department of Health Care Services. Please include the completed checklist with the application submitted to the Department. The applicant may use the forms provided in the license application packet or facsimiles of the forms containing the same information.

PART I - DEPARTMENT FORMS TO BE COMPLETED BY THE APPLICANT

APPLICANT	APPROVED	NOT APPROVED	
			1. APPLICATION FOR LICENSURE (FORM DHCS/DUI 7785) [This form identifies the applicant, program, program address and applicable information for licensure.] Please refer to Title 9, §9804 (b)(1-9) for requirements.
			2. ADMINISTRATIVE INFORMATION (FORM DHCS/DUI 7790) [This form identifies the entity applying for licensure.] Please refer to Title 9, §9804 (b)(1-9) for requirements.
			3. DESIGNATION OF ADMINISTRATIVE RESPONSIBILITY (FORM DHCS/DUI 7795) [This form identifies the program director/administrator responsible for the operation of the program.] Please refer to Title 9, §9804 (b)(12) for requirements.
			4. ADMINISTRATOR/DIRECTOR INFORMATION (FORM DHCS/DUI 7800) [This form identifies and verifies the qualifications of the Program Director/Administrator.] Please refer to Title 9, §10564 (a)(1-3) for specific requirements. Title 9, §9846 (a)(1-3)
			5. STAFF INFORMATION (FORM DHCS/DUI 7805) [This form identifies and verifies qualifications of program staff (group leader/counselor/facilitator) who will be providing services at the program.] Please refer to Title 9, § 10564 (b)(1-3) for specific requirements. Title 9, §9846 (b-h)
			6. FINANCIAL STATEMENT (FORM DHCS/DUI 7815) [This form provides a summary of the applicant's assets and liabilities.] Please refer to Title 9, §9804 (b)(13) for requirements.
			7. STATEMENT OF COMPLIANCE/NONDISCRIMINATION/TRUTH (FORM DHCS/DUI 7810) [This form provides assurances of compliance and adherence to Title 9, Chapter 3 of the California Code of Regulations (CCR).] Please refer to Title 9, §9804 (b)(11) for requirements.
			8. BUDGET (FORMS DHCS/DUI 7820, 7825, 7830, 7835 AND 7840) [These forms provide a proposed summary of revenue and expenditures.] Please refer to Title 9, §9804 (b)(13-14) for requirements.

PART II - GENERAL INFORMATION TO BE SUBMITTED BY THE APPLICANT

APPLICANT	APPROVED	NOT APPROVED	
			<p>1. BOARD OF SUPERVISORS RECOMMENDATION FOR LICENSURE INCLUDING A STATEMENT DEMONSTRATING THE NEED FOR A NEW DUI PROGRAM <i>[Provide a copy of the Board of Supervisors' approval of the selection of the applicant to operate within the county upon licensure by the Department.]</i> Please refer to Title 9, §9805 (a)(1) for requirements.</p>
			<p>2. ALCOHOL ADVISORY BOARD RECOMMENDATION (IF THE COUNTY HAS AN ADVISORY BOARD) <i>[Provide a copy of the Alcohol Advisory Board's recommendation to the Board of Supervisors regarding the application for licensure.]</i> Please refer to Title 9, §9805 (a)(2) for requirements.</p>
			<p>3. COPY OF OPERATING AGREEMENT BETWEEN COUNTY AND APPLICANT <i>[Provide a copy of the contract, memorandum of understanding, or any other operating agreement between the applicant and the county, if applicable.]</i> Please refer to Title 9, §9805 (a)(3) for requirements.</p>
			<p>4. ADMINISTRATIVE ORGANIZATION <i>[Provide an organizational chart identifying positions and names of proposed incumbents, if known.]</i> Please refer to Title 9, §9805 (a)(4) for requirements.</p>
			<p>5. COPY OF BUSINESS LICENSE ISSUED BY THE LOCAL COUNTY OR CITY, <i>[Provide a copy of the business license issued by the local county or city.]</i> Please refer to Title 9, §9805 (a)(5) for requirements.</p>
			<p>6. COPY OF FIRE CLEARANCE ISSUED BY THE LOCAL FIRE AUTHORITY Title 9, <i>[Provide a copy of the Fire Clearance issued to the applicant by the local fire authority.]</i> Please refer to Title 9, §9805 (a)(6) for requirements.</p>

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

APPLICANT	APPROVED	NOT APPROVED	
			<p>1. LOCATION AND SERVICES TO BE PROVIDED <i>[Provide the address, hours of operation, and program services, e.g., 3-mo, 9-mo., etc. to be provided at each location.]</i> Please refer to Title 9, §9805(a)(9)(B-C) for requirements.</p>
			<p>10. PROVIDE A COPY OF EACH PARTICIPANT CONTRACT <i>[Provide a copy of the contract and all documents that require participant signature, in all languages in which the DUI program provides services.]</i> Please refer to Title 9, §9848 (e) for specific requirements. Title 9, §9805 (a)(9)(I)</p>
			<p>11. PROVIDE COPIES OF ALL OTHER FORMS TO BE USED <i>[Provide copies of all forms, including, the fee payment agreement, notice of confidentiality, etc.]</i> Please refer to Title 9, §9805 (a)(9)(J) for requirements. <i>(Confirm that participant has signed authorization for the county/state to review participants files.)</i></p>

PART IV - LICENSE APPLICATION FEE

APPLICANT RECEIVED	NOT RECEIVED	NOT RECEIVED	
			<p>1. \$400 LICENSE APPLICATION PROCESSING FEE <i>[A one-time \$400 license application fee is charged to each applicant requesting licensure to operate a driving-under-the-influence program. This fee must be submitted with the application in order for the review of the application to commence.]</i></p>

PART V - PROGRAM INFORMATION

APPLICANT APPROVED	NOT APPROVED	NOT APPROVED	
			<p>1. INTAKE INTERVIEW/ENROLLMENT PROCESS <i>[Provide a narrative description of the procedures for the enrollment process/intake interview, including staff responsible, and copies of intake forms.] Please refer to Title 9, Section 9848 for specific requirements. Title 9, §9805 (a)(9)(D)</i></p>
			<p>2. FACE-TO-FACE INTERVIEWS <i>[Describe how face-to-face interviews will be conducted, include the topics to be covered, the length of interviews to be provided, and how documentation of such will be made.] Please refer to Title 9, Section 9858 for specific requirements. Title 9, §9805 (a)(9)(A)</i></p>
			<p>3. EDUCATIONAL SESSIONS <i>[Identify number of education hours to be provided, curriculum outline, proposed schedule and length of service hours, and number of participants per session.] Please refer to Title 9, §9852 for specific requirements. Title 9, §9805 (a)(9)(A)</i></p>
			<p>4. GROUP COUNSELING SESSIONS <i>[Identify the number of group counseling hours to be provided, process to be used, topics to be covered, proposed schedule and length of service hours, and number of participants per session.] Please refer to Title 9, Section 9854 for specific requirements. Title 9, §9805 (a)(9)(A)</i></p>
			<p>5. INDIVIDUAL COUNSELING SESSIONS <i>[Identify the process for providing or referring participants to individual counseling when the participant is unable to benefit from group counseling sessions.] Please refer to Title 9, Section 9856 for specific requirements. Title 9, §9805 (a)(9)(A)</i></p>
			<p>6. ASSESSMENT OF EACH PARTICIPANT'S ALCOHOL AND OTHER DRUG PROBLEM <i>[Provide a narrative description of the assessment process, staff responsible for conducting the assessment, and a copy of the assessment instrument to be used.] Please refer to Title 9, §9849 for specific requirements. Title 9, §9805 (a)(9)(E)</i></p>
			<p>7. REFERRAL TO ANCILLARY SERVICES <i>[Provide a detailed description of the process to refer participants to ancillary services.] Please refer to Title 9, §9849 (d), and Title 9, §9862 for specific requirements. Title 9, §9805 (a)(9)(G)</i></p>
			<p>8. INTERPROGRAM TRANSFERS <i>[Describe the procedures for transferring participants to and receiving participants who transfer from another state-license DUI Program. The description must address both the transfer in and transfer out process.] Please refer to Title 9, §9884 for requirements. Title 9, §9805 (a)(9)(N)</i></p>

			9. PARTICIPANT DISMISSAL POLICY <i>[Describe the policy and procedures for dismissing a participant.]</i> Please refer to Title 9, §9886 for requirements. Title 9, §9805 (a)(9)(O)
			10. RE-ENTRY ACTIVITIES <i>[Provide a detailed description of the re-entry phase for 18-month program participants.]</i> Please refer to Title 9, §9851 for specific requirements. Title 9, §9805(a)(9)(F)
			11. DESCRIPTION OF ADDITIONAL COUNTY REQUIREMENTS, IF APPLICABLE <i>[Provide a detailed description of approved additional county requirements, if any.]</i> Please refer to Title 9, §9805 (a)(9)(H) for requirements.
			12. PROGRAM FEE REQUIREMENTS <i>[Identify the program fee and any additional fees; provide a cost per unit of service analysis for each service provided (i.e. enrollment, group counseling session, face-to-face interview, etc.). For each additional fee requested, identify the service provided, the unit cost breakdown including associated tasks and responsible staff. Describe how fees will be assessed and collected. Specify the income level for waiving the program fee (e.g., county general assistance benefit level), the county's median family income level and the income level at which participants will be allowed to make extended payments. Include a copy of the "Standardized Payment Schedule", the procedures and forms for conducting financial assessments and the refund policy. (The Department has developed sample forms for conducting the financial assessment and fee collection; these are available upon request.)]</i> Please refer to Title 9, Sections 9878 and 9879 of the CCR for requirements.

PART VI - DOCUMENTS TO BE SUBMITTED FOR 30-MONTH PROGRAM ONLY

APPLICANT APPROVED ^{NOT} APPROVED

			COMPENDIUM OF PROBATIVE EVIDENCE INCLUDE DESCRIPTION OF THE FOLLOWING: <i>[Describe how provisions will be made for a participant to voluntarily enter a licensed chemical dependency recovery hospital or residential treatment program. The description must address the following: types of referral agencies to be used; approval to be obtained from the referring court; cost of services to be paid by participant; monitoring of the participant's progress during the course of treatment; Documentation of the treatment in the participant's file.]</i> Please refer to Title 9, Section 9851 (f)(1)(D-E) , for specific requirements. Title 9, §9805 (b)
			1. METHOD OF REVIEW OF PARTICIPANT COMPLIANCE: <i>[Identify the documentation to be reviewed, frequency and level of staff to perform the review.]</i> Title 9, §9805 (b)(1)
			2. SCHEDULE OF COMPLIANCE REVIEW BY PROGRAM STAFF: <i>[Provide a copy of the schedule used to verify participant compliance with this requirement.]</i> Title 9, §9805 (b)(1)
			3. COMMUNITY SERVICE REQUIREMENTS: <i>[Identify the community service options approved by the county, courts, and program. State process for verification and staff to perform verification.]</i> Title 9, §9805 (b)(2)
			4. PROVISIONS FOR PARTICIPANTS WHO ENTER LICENSED CHEMICAL DEPENDENCY PROGRAMS: <i>[Identify documentation required to verify participant treatment and staff level to verify.]</i> Title 9, §9851 (f)(2)(C)

APPLICATION FOR LICENSURE

County _____ License Number _____	FOR DHCS USE ONLY Rec'd _____ Analyst _____ Renewal Issued _____
--------------------------------------	--

APPLICATION INFORMATION

Applicant(s) Name: Sun Street Centers Telephone: 831-753-5135

Application Filed By:

Individual Ownership
 Corporation
 County Operated
 Other _____
 Partnership
 Non Profit
 Profit _____

Applicant Mailing Address: 11 Peach Dr.

City: Salinas State: Ca Zip Code: 93901

Name(s) and location(s) of other licensed DUI programs owned or operated by the applicant(s) within the last five years:

Sun Street Centers - Salinas, Ca
Sun Street Centers - Seaside, Ca.

PROGRAM INFORMATION

Program Type(s): W&R
 First Offender
 6-Month
 9-Month
 18-Month
 30-Month

Program Name: Sun Street Centers

Program Address: 21674 Dela Rosa Sr. St.

City: Soledad State: Ca. Zip Code: 93960

Program Director: Marciano Huerta Telephone: 8317535140

Note any fee, program, staff or other changes since last application submission.

Signed:  Date: 5/6/15

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>Sun Street Centers</u>				
Chief Executive Officer <u>Anna Foglia</u>				
Incorporation Date <u>Jan 25, 1966</u>				
Place of Incorporation <u>Salinas, California</u>				
Principal office of business: <u>11 Peach Dr.</u>				
Address _____				
City <u>Salinas</u>		State <u>Ca</u>		Zip Code <u>93901</u>
		Telephone <u>831-753-5140</u>		
Contact Person <u>Anna Foglia</u>		Title <u>CEO</u>		Telephone <u>831-753-5144</u>
Names and addresses of all persons who own ten per cent (10%) or more of stock in corporation.				
<u>N/A</u>				
Governing Board of Directors				
a. Number of Board Members <u>13</u>		b. Term of Office <u>3</u>		
c. Frequency of Meetings <u>monthly</u>		d. Method of Selection <u>Vote</u>		
Board Officers and Members USE A SEPARATE SHEET FOR ADDITIONAL NAMES				
Office	Name	Business Address, City, Zip Code	Telephone #	Term Expiration
President	<u>Jerry Bonker</u>	<u>1130 Kentfield Dr. Salinas, Ca 93901</u>	<u>831-320-5569</u>	<u>4/18</u>
Vice-President	<u>Jim Lugg</u>	<u>238 Rioverde Dr. Salinas, Ca 93901</u>	<u>831-595-9077</u>	<u>4/18</u>
Secretary	<u>Bruce Dunlap</u>	<u>4079 East Anillalake Pebble Beach, Ca 93953</u>	<u>831-625-5111</u>	<u>5/16</u>
Treasurer	<u>Jesse Lopez</u>	<u>1142 Fox Glen Way Salinas Ca. 93905</u>	<u>831-757-5311</u>	<u>2/16</u>
Other	<u>Anne C. Leach</u>	<u>295 Main St. Ste 600 Salinas Ca 93901</u>	<u>831-758-2401</u>	<u>2/16</u>



Administration
11 Peach Drive, Salinas, CA. 93901
Voice: (831) 753-5144
Fax: (831) 753-6005
sunstreetcenters.org

BOARD OF DIRECTORS 2015

All Board Members' Terms are for 3 years

BOD Listing 2015

Jerry Bunker, *President*

1130 Kentfield Drive, Salinas, CA 93901
(831) 320-5569 (c)
(831) 757-1519 (h)
j_bunker@sbcglobal.net
McCormick & Co Inc. (Retired)
Elected: 4/09 Expires: 4/18

Anne C. Leach, *Immediate Past President*

295 Main Street, Suite 600, Salinas CA 93901
(831) 758-2401 (w)
Anne.Leach@OLRLawFirm.com
Attorney at Law, Ottone Leach & Ray LLP
Elected: 2/95 Expires: 2/16

Jim Lugg, *Vice President*

238 Río Verde Drive, Salinas, CA 93901
(831) 595-9017 (c)
jlugg@att.net
Fresh Express/Chiquita (Retired)
Elected: 04/09 Expires: 4/18

Jesse Lopez, *Treasurer*

1142 Fox Glen Way, Salinas, CA 93905
(831) 757-5311(w)
(831) 443-3500(h)
jessel@bkpcpa.com
Partner, Bianchi, Kassavan & Pope, LLP
Elected: 2/10 Expires: 2/16

Bruce Dunlap, *Secretary*

4079 Castanilla Way, Pebble Beach, CA 93953
(831) 625-5111 (w)
(381) 624-3762 (h)
bdunlap@pmbhd.com.com
CPA, CVA, Partner PMB Helin Donovan
Elected: 5/10 Expires: 5/16

Oly Gomez,

PO Box 773, Salinas, CA 93902
(831) 776-1554 (c)
(831) 759-8760 (w)
oly@startdbs.com
Owner, Dataflow Business Systems
Elected: 3/00 Expires: 3/18

Jaqueline Cruz

1059 Riker St. Unit 8, Salinas, CA 93901
(831) 444-2446 (c)
(831) 755-6810 (w)
jcruz@hartnell.edu or Jackieocruz@gmail.com
Executive Director of Advancement,
Hartnell College Foundation
Elected: 4/09 Expires: 4/15

Cyndy Pierson

209 Pajaro Street, Suite B, Salinas, CA 93901
(831) 595-9488 (c)
(831) 758-8222 (w)
cyndy@piersonusa.com
Owner, Pierson & Associates Insurance Services
Elected: 3/11 Expires: 3/17

Tony Tollner

6 La Selva Ct., Monterey, CA 93940
(831) 595-3151 (c)
(831) 647-1085 (w)
tony@dtddining.com
President, Downtown Dining
Elected 4/13 Expires: 4/16

Dora McKean

P.O. Box 10401, Salinas, CA 93912
(831) 809-5931 (c)
mckeanemail@yahoo.com
Educator, MCOE Head Start
Elected: 2/14 Expires: 2/17

Kendra Clark

7420 Southside Rd, Hollister, CA 95023
(831) 772-6029 (w)
(831) 206-9297 (c)
kendraclark@hotmail.com
Vice President & Assistant General Manager
Chiquita Brands International
Elected: 3/14 Expires: 3/17

Pat Wilkinson

1010-6 Pacific Grove Lane, Pacific Grove, CA 93950
(408) 835-6050 (w)
(831) 747-1162 (h)
Pat.wilkinson@pacbell.net
Owner/Consultant
RTplaceRTtime Human Capital Consulting I
Elected: 7/14 Expires: 7/17

Kimberly Brown – Elliott

242 Elk St. Santa Cruz, Ca 95065
(831) 277-5023 (c)
(831) 757-4333 (w)
kbrown@svmh.com
Nursing Administrative Supervision,
Salinas Valley Memorial
Elected 8/14 Expires: 4/17

44 MONTGOMERY AVE
SUITE 2300 2315
SAN FRANCISCO, CALIFORNIA 94104

District Director
Internal Revenue Service

Date: NOV 19 1973 | In reply refer to:
L-225, Code 414

FA: 1139: EOMF
415-556-5792



SUN STREET CENTERS
8 Sun Street
Salinas, Calif. 93901

Date of Exemption: December 23, 1968
Internal Revenue Code Section: 501(c)(3)

Gentlemen:

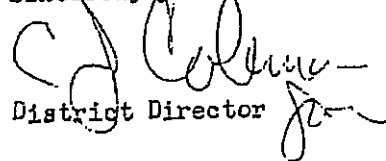
Thank you for submitting the information shown below. We have made it a part of your file.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect.

Please let us know about any future change in the character, purpose, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

Thank you for your cooperation.

Sincerely yours,


District Director

Item Changed

From

To

Name:

National Council on
Alcoholism of Salinas
Valley

SUN STREET CENTERS

Address any rep

Box 36040, San Francisco, Calif. 94102

US Treasury Department



District Director
Internal Revenue Service

Date:

In reply refer to:

December 23, 1968 | L-178, Code 414 :JCB:5102

National Council on Alcoholism of
Salinas Valley
8 Sun Street
Salinas, California 93901

Purpose: Educational & Charitable
Address Inquiries and File Returns with District
Director of Internal Revenue: San Francisco, California
Form 990-A Required: Yes No
Accounting Period Ending: December 31

Gentlemen:

SF:ED:68-770

On the basis of your stated purposes and the understanding that your operations will continue as evidenced to date or will conform to those proposed in your ruling application, we have concluded that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code. Any changes in operation from those described, or in your character or purposes, must be reported immediately to your District Director for consideration of their effect upon your exempt status. You must also report any change in your name or address.

You are not required to file Federal income tax returns so long as you retain an exempt status, unless you are subject to the tax on unrelated business income imposed by section 511 of the Code, in which event you are required to file Form 990-T. Our determination as to your liability for filing the annual information return, Form 990-A, is set forth above. That return, if required, must be filed on or before the 15th day of the fifth month after the close of your annual accounting period indicated above.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes under the provisions of section 2055, 2106 and 2522 of the Code.

You are not liable for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you file a waiver of exemption certificate as provided in such act. You are not liable for the tax imposed under the Federal Unemployment Tax Act. Inquiries about the waiver of exemption certificate for social security taxes should be addressed to this office, as should any questions concerning excise, employment or other Federal taxes.

This is a determination letter, subject to the advisory paragraphs shown on Exhibit A attached.

Very truly yours,

Handwritten signature of Joseph M. Cullen in cursive.

Joseph M. Cullen
District Director

STATE OF CALIFORNIA FILED

1966 JAN 28 1 51



EMMET G. MUMENAMIN
COUNTY CLERK
DEPUTY

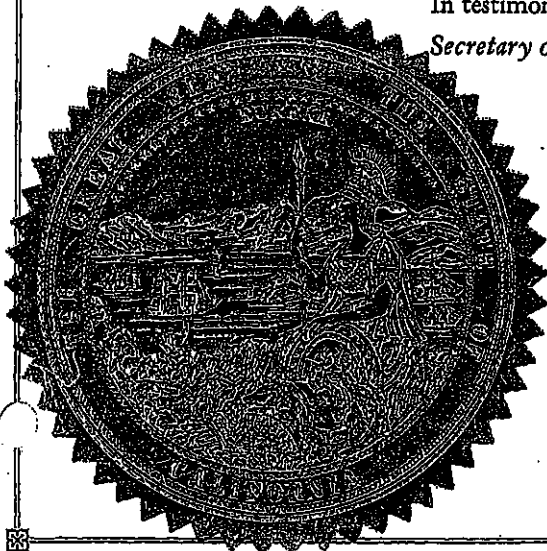
DEPARTMENT OF STATE

To all whom these presents shall come, Greetings:

I, FRANK M. JORDAN, Secretary of State of the State of California, hereby certify:

That the annexed transcript has been compared with the RECORD on file in my office, of which it purports to be a copy, and that the same is full, true and correct.

In testimony whereof, I, FRANK M. JORDAN, Secretary of State, have hereunto caused the Great Seal of the State of California to be affixed and my name subscribed, at the City of Sacramento, in the State of California, JAN 25 1966
this.....



Frank M. Jordan
Secretary of State

By *Arthur L. Mitchell*
Assistant Secretary of State

503427

ARTICLES OF INCORPORATION

OF

SALINAS VALLEY COUNCIL ON ALCOHOLISM

**ENDORSED
FILED**

In the office of the Secretary of State
of the State of California

JAN 24 1966

FRANK M. JORDAN, Secretary of State
BY JAMES E. HARRIS, Deputy

KNOW ALL MEN BY THESE PRESENTS:

That we, the undersigned, hereby associate ourselves for the purpose of forming a non-profit corporation under the laws of the State of California, and certify and declare as follows:

FIRST: The name of this corporation is the SALINAS VALLEY COUNCIL ON ALCOHOLISM.

SECOND: The objects and purposes for which this corporation is formed are the following:

A. To increase public understanding on alcoholism, its nature and treatment; to make this knowledge effectual in solving the problems of alcoholism; and the promotion of tenet that the alcoholic can be helped.

B. These objectives shall be made effective by means of:

1. Education of the community on the problems of alcoholism, the disease; and alcoholism, the public health program.

2. Establishment of an information center.

3. Stimulation of a clinic for the study of alcoholism, and the diagnosis and treatment of alcoholics.

4. The promotion of better hospital facilities for treating alcoholics.

C. In addition to the above stated primary and specific purposes, this corporation shall have and exercise all the powers and general purposes permitted by the laws of the State of California, and particularly including the following:

1. To take, establish, hold, control and manage an endorsement fund or other fund for the purposes of defraying the expenses of the corporation or promoting any of the objectives or purposes for which this corporation is organized.

2. To receive by gift, donation, devise, bequest, purchase, or otherwise, monies and real and personal property and to hold, control, manage and dispose of the same for the uses and purposes of this corporation.

4. To convey, exchange, lease, mortgage, encumber, transfer upon trust, or otherwise dispose of all property, real or personal.

5. To borrow money, contract debts, issue bonds and debentures and secure the payment or performance of its obligations.

6. To make, contract, and do all other acts necessary or expedient for the administration of the affairs and attainment of the purposes of the corporation.

THIRD: This corporation is organized pursuant to the general non-profit corporation law.

FOURTH: The principal office for the transaction of business of this corporation is located in the County of Monterey, State of California.

FIFTH: The number of directors of said corporation initially shall be twelve and shall be expanded to thirty members as soon as practically possible. The names and addresses of the persons who are to act as directors until the selection of their successors are the following:

<u>NAME</u>	<u>ADDRESS</u>
D. J. Mc Intyre	665 Palma Drive, Apt. 10, Salinas, California
H. W. Roberson	767 Fairfax Drive, Salinas, California
Reverend Paul Nussle	72 San Joaquin Drive, Salinas, California
Donald Clausen	145-B W. Gabilan Street, Salinas, California
Laura Chriss	1182 Polk Street, Salinas, California
Very Reverend Thomas J. Earley	14 Stone Street, Salinas, California
Honorable William L. Stewart	12 Mesa Del Sol, Salinas, California
Honorable Kenneth L. Blohm	1809 Elkhorn Road, Salinas, California
Reverend Joe D. Wright	366 Towt Street, Salinas, California
Bertram Young	345 Palma Drive, Salinas, California
Betty Arnold	311 Cayuga Street, Salinas, California
William F. Moreno	984 Lupin Drive, Salinas, California

SIXTH: These articles may be amended in the manner prescribed by law.

IN WITNESS WHEREOF, we, the undersigned, have executed these Articles of

9th day of March, 1967.

D. J. McIntyre
D. J. MCINTYRE

Paul A. Nussle
REVEREND PAUL NUSSLE

Donald Clausen
DONALD CLAUSEN

Laura Chriss
LAURA CHRIS

Rt. Rev. Thomas J. Earley of
Diocese of Salinas
RT. REVEREND THOMAS J. EARLEY

William L. Stewart
HONORABLE WILLIAM L. STEWART

Kenneth L. Blohm
HONORABLE KENNETH L. BLOHM

Joe D. Wright
REVEREND JOE D. WRIGHT

Bertram Young
BERTRAM YOUNG

Betty Arnold
BETTY ARNOLD

William F. Moreno
W. F. MORENO

D. J. McIntyre, Reverend Paul Nussle, Donald Clausen, Laura Chriss, Rt. Reverend Thomas J. Earley, Honorable William L. Stewart, Honorable Kenneth L. Blohm, Reverend Joe D. Wright, Bertram Young, Betty Arnold, and W. F. Moreno, constituting all of the directors of Salinas Valley Council on Alcoholism, a California corporation, each says:

I declare under penalty of perjury that the foregoing is true and correct of my own knowledge.

Executed on March 9th, 1967, at Salinas, California.

D. J. McIntyre
D. J. MCINTYRE

Paul A. Nussle
REVEREND PAUL NUSSLE

H. W. Roberson

 H. W. ROBERSON

Paul D. Nussle

 REVEREND PAUL NUSSLE

Donald Clausen

 DONALD CLAUSEN

Laura Chriss

 LAURA CHRISS

Rt. Rev. Thomas J. Earley

 VERY REVEREND THOMAS J. EARLEY D.D.

William L. Stewart

 HONORABLE WILLIAM L. STEWART

Kenneth L. Blohm

 HONORABLE KENNETH L. BLOHM

Joe D. Wright

 REVEREND JOE D. WRIGHT

Bertram Young

 BERTRAM YOUNG

Betty Arnold

 BETTY ARNOLD

William F. Moreno

 WILLIAM F. MORENO

STATE OF CALIFORNIA)
) ss.
 COUNTY OF MONTEREY)

On December 31, 1965, before me, GLENN C. PARMELEE, a Notary Public in and for the said County and State, personally appeared D. J. Mc INTYRE, H.W. ROBERSON, REVEREND PAUL NUSSLE, DONALD CLAUSEN, LAURA CHRISS, Rt. REV. THOMAS J. EARLEY, HONORABLE WILLIAM L. STEWART, HONORABLE KENNETH L. BLOHM, REVEREND JOE D. WRIGHT, BERTRAM YOUNG, BETTY ARNOLD and WILLIAM F. MORENO, known to me to be the persons whose names are subscribed to the foregoing articles of incorporation, and acknowledged to me that they executed the same

WITNESS my hand and official seal.

Glenn C. Parmelee

 Notary Public in and for said County
 and State

GLENN C. PARMELEE

STATE OF CALIFORNIA



1967 MAR 22 PM 3

EMMET G. HOMENAMIN
COUNTY CLERK
DEPUTY

DEPARTMENT OF STATE

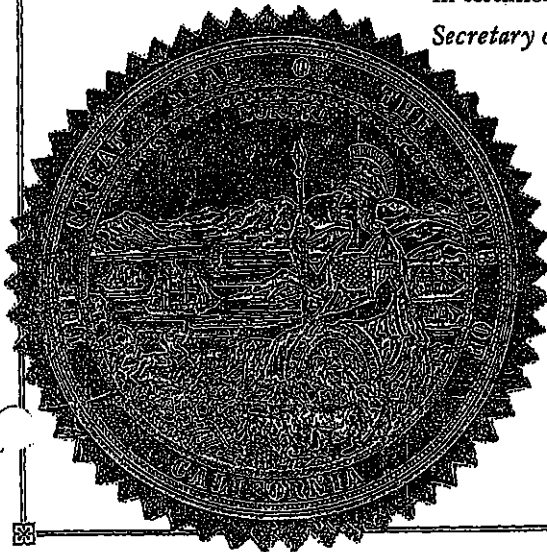
To all whom these presents shall come, Greetings:

I, FRANK M. JORDAN, *Secretary of State of the State of California, hereby certify:*

That the annexed transcript has been compared with the RECORD on file in my office, of which it purports to be a copy, and that the same is full, true and correct.

In testimony whereof, I, FRANK M. JORDAN, *Secretary of State, have hereunto caused the Great Seal of the State of California to be affixed and my name subscribed, at the City of Sacramento, in the State of California,*

this _____ MAR 15 1967



Frank M. Jordan
Secretary of State

By *W.P. Sullivan*
Assistant Secretary of State

CERTIFICATE OF AMENDMENT

OF

ARTICLES OF INCORPORATION

OF

SALINAS VALLEY COUNCIL ON ALCOHOLISM

**ENDORSED
FILED**
In the office of the Secretary of State
of the State of California
MAF 1 4 1967

FRANK M. JORDAN, Secretary of State
By C. Oscar Johnson
Deputy

WE, the undersigned, do hereby certify and declare:

1. That we constitute all of the incorporators of the Salinas Valley Council on Alcoholism, a California corporation, and that we adopt the Amendments to the Articles of Incorporation herein set forth.

2. That the said corporation has issued no shares and has no subscription to shares outstanding, and is not authorized to issue shares. No members other than the incorporators have been admitted.

3. That we hereby adopt the following amendment of said Articles of Incorporation:

RESOLVE that Article First of the Articles of Incorporation be amended to read as follows:

"FIRST: The name of the corporation is the National Council on Alcoholism of Salinas Valley."

RESOLVE that the following Article be added to the Articles of Incorporation:

"SEVENTH: Upon the winding up and dissolution of this corporation, and after paying or adequately providing for the debts and obligations of the corporation, remaining assets shall be distributed to a non-profit fund, foundation or corporation which is organized and operated exclusively for charitable purposes preferably for the treatment and cure of alcoholism and which has established its tax exempt status under Section 501 (c) (3) of the Internal Revenue Code. If this corporation holds any assets on trust, such assets shall be disposed of in such manner as may be directed by decree of the Superior Court of the county in which this corporation's principal office is located, upon petition therefor by the Attorney General, or by any person concerned with the liquidation."

Laura Chriss

Laura Chriss

Rev. Thomas J. Earley

Rev. Reverend Thomas J. Earley

William L. Stewart

Honorable William L. Stewart

Kenneth L. Blohm

Honorable Kenneth L. Blohm

Joe D. Wright

Reverend Joe D. Wright

Bertram Young

Bertram Young

Betty Arnold

Betty Arnold

William F. Moreno

W. F. Moreno

of the NATIONAL COUNCIL ON ALCOHOLISM of SALINAS VALLEY

The undersigned, RICHARD BRAGG and ANN ROHRKE hereby do certify that they are the President and Secretary, respectively; of the NATIONAL COUNCIL ON ALCOHOLISM of SALINAS VALLEY, a California nonprofit, nonstock, corporation, and further they do hereby certify as follows:

1. At a meeting of the Board of Directors held on February 4, 1970 in the City of Salinas, County of Monterey, State of California, said Board duly adopted the following resolutions:

RESOLVED: That Article FIRST of the Articles of Incorporation be amended to read as follows:

"FIRST: The name of the Corporation is SUN-STREET CENTERS."

RESOLVED: That sub-paragraph A. of Article SECOND of the Articles of Incorporation be amended by adding thereto the following sentence:

"To establish, maintain or operate rehabilitation, information and prevention Centers for alcoholics, drug addicts, and persons suffering from other related diseases, public health and community problems (including the families of such persons), and the objectives and powers hereinafter provided by reference to alcoholics and alcoholism shall refer to all such persons and families, and other diseases and problems."

RESOLVED: That Article SEVENTH of the Articles of Incorporation be amended by adding thereto as a separate and last paragraph the following provision:

"Notwithstanding any other provision of these Articles the property of this corporation is irrevocably dedicated to charitable purposes and only these purposes and upon the liquidation, dissolution or abandonment of the owner will not inure to the benefit of any private person except a fund, foundation or corporation organized and operated for charitable purposes."

2. That the members have adopted said Amendments by said Resolutions at a meeting held at the City of Salinas, County of Monterey, State of California on February 4, 1970, immediately preceding the aforesaid meeting of the Board of Directors of the corporation. That the wording of the additions to and amendments of the Articles of Incorporation, as set forth in the members' resolutions, is the same as set forth in the directors' resolutions in paragraph 1 above.

3. That the number of members who voted affirmatively for the adoption of said Resolutions is 5, and that the members constituting a quorum is 3.



Richard Bragg

President



Ann Rohrke

Secretary

Each of the undersigned declares under penalty of perjury that the matters set forth in the foregoing certificate are true and correct. Executed at Salinas, California on February 4, 1970.

ENDORSED



ARTICLE XVI

AMENDMENTS

No part of this Constitution shall be repealed, altered, or amended unless a resolution to that affect has been submitted in writing to each full member of the Parent Organization entitled to vote at least five days prior to any membership meeting, and has been read at that meeting of the Parent Organization (with a quorum of fifty percent of those entitled to vote) and adopted by affirmative vote of two-thirds (2/3rds) of the members present and voting at such meeting. The foregoing shall apply to Organization By-Laws unless otherwise provided therein.

CONCLUSION

WHEREAS, it is deemed in the best interests of the Corporation to adopt this Constitution for the Parent Organization and all Subsidiary Organizations to provide a concise and effective means for the guidance and government of the affairs of each Organization, IT IS THEREFORE HEREBY RESOLVED that the Constitution as set out above, be and the same hereby is, after having been read at the regularly scheduled meeting of the Board of Directors, and in compliance with Article IX (Amendments) of the original By-Laws of this Corporation, adopted by said Board to take effect immediately and to be from this date the official Constitution of this Organization.

Adopted this 12th day of MAY, 1970.

ATTESTED:

Richard Bragg
Richard Bragg - President

Marvin Dodd
Marvin Dodd - Secretary

N/A

County: _____

Date: _____

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

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: Sun Street Centers

2. Program Name: Sun Street Centers

3. Program Address: 2167 H. Dela Rosa Sr. St.

4. City: Soledad County: Monterey Zip Code: 93960

5. Telephone: (831) 753-5140

6. Marciano Huerta
(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. [Signature]
Signature of applicant(s)/licensee(s)

8. Title: CEO

9. Address: 11 Peach Dr.

10. City: Salinas County: Monterey Zip Code: 93901



Administration Office
11 Peach Drive + Salinas, CA. 93901
Tel: (831) 753-5144 + Fax: (831) 753-6005
www.sunstreetcenters.org

SUN STREET CENTERS
A California public benefit corporation

Resolution


The Board of Directors of Sun Street Centers, acting at a duly called and noticed meeting,, adopted the following resolution on May 26, 2015:

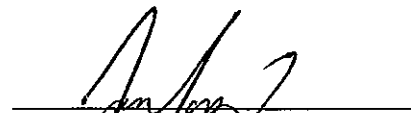
WHEREAS, it is deemed to be in the best interests of this Corporation that it apply for a separate license for the Driving Under the Influence (DUI) program in our South Monterey County office, located in Soledad; and

WHEREAS, a designated Program Director is required by the State of California to be designated as administrator for Sun Street Centers, who must be authorized to receive at the DUI office in Soledad on behalf of Sun Street Centers any documents including reports of inspection and consultations, accusations, and civil and administrative processes.

RESOLVED, that Marciano Huerta, Deputy Director, is hereby appointed and designated as the administrator of Sun Street Centers' Driving Under the Influence program located in Soledad, California, as defined by the State of California, and that as administrator, Marciano Huerta is authorized to receive on behalf of Sun Street Centers, any documents including, but not limited to, reports of inspection and consultations, accusations, and civil and administrative processes.

Date: May 26, 2015


Jerry Burker, President
Board of Directors
Sun Street Centers


Jesse Lopez, Treasurer
Board of Directors
Sun Street Centers

ADMINISTRATOR/DIRECTOR INFORMATION

IDENTIFYING INFORMATION	
NAME <i>MARCIANO HUERTA</i>	
TITLE <i>DEPUTY DIRECTOR / DUI DIRECTOR</i>	TELEPHONE NUMBER <i>(831) 261-4263</i>
ADDRESS <i>11 PEACH DR SALINAS, CA 93901</i>	
OTHER NAME(S) USED BY ADMINISTRATOR/DIRECTOR	

EDUCATION	
EDUCATION CIRCLE THE HIGHEST GRADE YOU COMPLETED HIGH SCHOOL GRADUATE 1 2 3 4 5 6 7 8 9 10 11 <u>12</u>	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
<i>SAN DIEGO UNIVERSITY OF CALIFORNIA</i>	<i>CRIMINALITY ADDICTION PSYCHOLOGY</i>	<i>2</i>	<i>76=90 units AA</i>	<i>2008</i>
<i>ALMEDA UNIVERSITY (WISS)</i>	<i>PSYCHOLOGY COUNSELING</i>	<i>3</i>	<i>76=121 credits BA</i>	<i>2011</i>

MANAGEMENT EXPERIENCE				
Type	Title	Date Started	Date Ended	Reason for Leaving
<i>DUI PROGRAM</i>	<i>DIRECTOR</i>	<i>2011</i>	<i>2015</i>	<i>PRESENT</i>
<i>GENERAL/DUI</i>	<i>DEPUTY DIRECTOR</i>	<i>2015</i>	<i>PRESENT</i>	<i>PRESENT</i>

DO YOU HAVE A PROFESSIONAL LICENSE OR CERTIFICATE? YES NO

IF YES, COMPLETE THE FOLLOWING

Type	Period Held	Issuing Agency
<i>MASTERS LEVEL AOD LICENSED ADVANCED ALCOHOL & DRUG COUNSELOR</i>	<i>2010 - PRESENT</i>	<i>CAADL/RPEINING</i>
	<i>2015 - PRESENT</i>	<i>CLAP</i>

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 <i>2009</i> TO <i>2015</i>	<i>SUN STREET CENTERS 1760 FREMONT BLVD. SEASIDE, CA</i>	<i>PREVENTION SPECIALIST, DUI PROGRAM MGR, DUI DIRECTOR</i>	<i>CURRENT</i>
FROM <i>2006</i> TO <i>2009</i>	<i>AMITY FOUNDATION 101 HWY, SOLEDAD, CA</i>	<i>CTF PRISON AOD COUNSELING</i>	<i>STATE BUDGET</i>
FROM <i>2004</i> TO <i>2006</i>	<i>SUN STREET CENTERS 8 SUN ST. SALINAS, CA 93901</i>	<i>IN-PATIENT COUNSELOR - TRANSITIONAL</i>	<i>TO LEARN OTHER MODALITIES IN AOD FIELD</i>

Completed by _____ Date _____

DHCS/DUI 7800 (Rev 4/15)

STAFF INFORMATION

IDENTIFYING INFORMATION	
NAME <i>Myra Sanchez</i>	
TITLE <i>DUI Facilitator</i>	TELEPHONE NUMBER (831) <i>585-0650</i>
ADDRESS <i>1274 La Mirada Drive, Salinas, Ca 93901</i>	
OTHER NAME(S) USED	

EDUCATION					
CIRCLE THE HIGHEST GRADE YOU COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12					
HIGH SCHOOL GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
GED HIGH SCHOOL EQUIVALENCY TEST <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED SEMESTER UNITS	COMPLETED QUARTER UNITS	DEGREE OBTAINED	DATE COMPLETED
<i>Questark College Hwy 1, Salinas, Ca</i>	<i>Administration of Justice</i>	<i>60</i>		<i>A.A. Criminal Law</i>	<i>Spring 1992</i>

WORK EXPERIENCE – BEGIN WITH YOU MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCES AND PERIODS OF EMPLOYMENT 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 <i>11/15/12</i> TO <i>" "</i>	<i>Sun Street Centers 11 Peach St. Salinas, Ca. 93901</i>	<i>Documentation, "CAADP" Assessments, "cert" Group counseling, Individual counseling Intakes</i>	<i>"still employed"</i>
FROM <i>2/1/09</i> TO <i>4/10/12</i>	<i>Interim Inc. P.O. Box 3022 Monterey, Ca 93942</i>	<i>Drug and alcohol groups. Drug & Alcohol Testing, Treatment plans for clients "cas registered"</i>	<i>seeking better opportunity fulltime with benefits.</i>
FROM <i>3/1/06</i> TO <i>6/30/08</i>	<i>Turning Point 1 E. San Luis St. Salinas, Ca</i>	<i>peer counseling, Drug & Alcohol testing Intakes, reports/Documentation Disbursement.</i>	<i>seeking employment for Drug Counselor</i>

Completed by: *Myra Sanchez* Date: *5/5/15*

County Where Signed _____

STAFF INFORMATION

IDENTIFYING INFORMATION	
NAME <u>DAVID TORRES</u>	
TITLE <u>DUI PROGRAM MANAGER</u>	TELEPHONE NUMBER <u>(831) 385-0100</u>
ADDRESS <u>2167 H DEL LA ROSA ST. ST. SOLEDAD, CA</u>	
OTHER NAME(S) USED <u>—</u>	

EDUCATION					
CIRCLE THE HIGHEST GRADE YOU COMPLETED		1 2 3 4 5 6 7 8 9 10 11 <u>12</u>			
HIGH SCHOOL GRADUATE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
GED HIGH SCHOOL EQUIVALENCY TEST		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED SEMESTER UNITS	COMPLETED QUARTER UNITS	DEGREE OBTAINED	DATE COMPLETED
<u>CSU FRESNO</u>	<u>CRIMINALITY</u>			<u>BS</u>	<u>2008</u>
<u>MPC ACADEMY</u>	<u>CRIMINALITY</u>			<u>POST CERT</u>	<u>2009</u>

WORK EXPERIENCE – BEGIN WITH YOU MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCES AND PERIODS OF EMPLOYMENT 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 <u>9/2009</u> TO <u>PRESENT</u>	<u>SUN STREET CENTERS 11 PEACH DR SALINAS, CA 95901</u>	<u>CSC, DUI COUNSELOR PROGRAM MANAGER. OVERSEES SOUTH COUNTY DUI PROGRAM AND ALL SPANISH COUNSELORS</u>	<u>PRESENT</u>
FROM <u>5/2008</u> TO <u>9/2009</u>	<u>EMINENCE HEALTHCARE INC. E. SHAW FRESNO CA.</u>	<u>REG-INTERN AOD COUNSELOR - WORKING WITH AT RISK YOUTH AND ADDICTION.</u>	<u>RELOCATED</u>
FROM			
TO			

Completed by: MARCIANO HUERTA Date: 5-5-15

County Where Signed MONTEREY COUNTY

FINANCIAL STATEMENT

As of FEBRUARY 28, 2015

PROGRAM NAME

ASSETS

Cash on hand	\$ <u>2,450</u>
Checking accounts	\$ <u>46,076</u>
Savings accounts	\$ <u>222,828</u>
Time deposits	\$ <u>101,911</u>
Notes and receivables (identify source) - <u>GRANTS, CONTRACTS, & PHARMACIES</u>	\$ <u>493,804</u>
Inventory	\$ <u>50,517</u>
Real Estate (at market value):	\$ _____
Land	\$ <u>190,260</u>
Buildings and Improvement	\$ <u>2,849,746</u>
Equipment, Furniture and Furnishings	\$ <u>429,377</u>
Other Investments or Assets (describe) - <u>ACCUMULATED DEPRECIATION</u>	\$ <u>1,836,257</u>
<u>PRE PAID EXPENSES</u>	\$ <u>105,287</u>
	\$ _____
A. Total Assets	\$ <u>2,596,499</u>

LIABILITIES

Accounts Payable (include installment contracts and balance due)	\$ <u>240,234</u>
Salaries and Wages Payable	\$ <u>88,560</u>
Payroll Taxes Payable	\$ <u>10,600</u>
Notes Payable (include personal notes). Show source and balance due.	\$ <u>100,000</u>
	\$ _____
Real Estate Loans or Mortgages (balance due):	\$ _____
Other debts (describe):	\$ _____
B. Total Liabilities	\$ <u>439,394</u>

OWNERSHIP (Equity)

C. Total Ownership (difference between A and B) \$ 2,156,605

COMPLETED BY <u>JAMES E. BARNES</u>	TITLE <u>CFO</u>	DATE <u>5/7/15</u>
-------------------------------------	------------------	--------------------

DRIVING-UNDER-THE-INFLUENCE PROGRAM BUDGET SUMMARY

DATE: _____ COUNTY: MONTEREY

Driving-Under-the-Influence Program Name: _____ License #: - _____

Address: _____

Corporate Name: SUN STREET CENTERSFiscal Year: JULY 1, 2015 TO JUNE 30, 2016

	A	B	C	D
1) PROJECTED FEE ANALYSIS	NO FEE	INCOMPLETE FEE	FULL FEE	TOTAL
2) Number of Clients		18	242	260
3) % of Total Clients		7%	93%	100%
4) Total Amount to be Collected		21,600	290,400	312,000
5) Average Fee to be Collected		1,200	1,200	1,200
6) ESTIMATED GROSS REVENUE			\$	<u>312,000</u>

Cost Summary:

	<u>Amounts</u>
7) PERSONAL SERVICES (from line 5, DHCS/DUI 7825)	\$ <u>165,415</u>
8) OPERATING EXPENSES (from DHCS/DUI 7830)	\$ <u>115,610</u>
9) EQUIPMENT DEPRECIATION (from line 2, DHCS/DUI 7835)	\$ <u>5,000</u>
10) FACILITY DEPRECIATION (from line 4, DHCS/DUI 7835)	\$ <u>—</u>
11) ESTIMATED GROSS BUDGET	\$ <u>281,525</u>
12) Profit/Surplus	\$ <u>30,475</u>

Bookkeeper: _____ Auditor: _____

Telephone: _____ Telephone: _____

Accountant: JAMES E. BARNES, CFO Telephone: 831-753-6008

DRIVING-UNDER-THE-INFLUENCE PROGRAM
BUDGET REQUIREMENTS AND INSTRUCTIONS

GENERAL REQUIREMENTS

The Department of Health Care Services is responsible for reviewing annual program budgets and cost reports, reference Title 9, Section 9878(h) of the CCR. The Department must ensure program fees are (1) set at an amount sufficient to cover the cost of administering and providing the required services, and (2) used only for the purpose set forth in Chapter 9, Section 11837.4(b)(2), of the Health and Safety Code. Therefore, a budget and standardized fee schedule are required to be submitted to the Department with the application.

If the Driving-Under-the-Influence (DUI) Program facility is multiservice (e.g., residential, nonresidential, prevention, etc.), a separate budget shall be prepared for the DUI Program portion.

DUI Programs are not required to provide separate budgets for first offender, 18-month and 30-month programs that operate at the same location/facility. However, if a single license has been issued for programs that operate at different locations/facilities, a separate budget is required for each location/facility.

GENERAL GUIDELINES

1. Complete forms DHCS/DUI 7825, 7830, 7835, 7840, and then transfer this information to form DHCS/DUI 7820.
2. Round off all amounts to the nearest dollar.
3. The budget forms are used to report projected costs and revenue.
4. The budget submitted with the application must be for a 12-month period and coincide with the state fiscal year of July through June.

BUDGET SUMMARY

1. Projected Fee Analysis - Enter the following information for the projected year in the proper corresponding columns.
2. Number of Clients.
 - A. No Fee: Enter the projected number of clients who will not pay any fees on Line 2A.
 - B. Incomplete Fee: Enter the projected number of clients who will pay only a partial fee due to termination or transfer on line 2B.
 - C. Full Fees: Enter the projected number of clients who will pay the full fee on Line 2C.
 - D. Total: Add lines 2A, 2B, and 2C and enter on line 2D.
3. Enter the percentage of total clients that will pay no fees on line 3A, Incomplete Fees on line 3B, full fee on line 3C and Total on line 3D.
4. Enter the total projected amount to be collected for Incomplete fees on line 4B, Full Fees on line 4C, and Total on line 4D.
5. Enter the projected average fee to be collected for Incomplete Fees on line 5B, Full Fees on line 5C, and Total on line 5D.
6. Estimated Gross Revenue - Enter the amount from line 4D.
7. Personal Services - Enter the amount from line 5, Form DHCS/DUI 7825, Personal Services.

8. **Operating Expenses** - Enter the amount of Total Operating Expenses from Form DHCS/DUI 7830, Operating Expenses.
9. **Equipment Depreciation** - Enter the amount from line 2, Form DHCS/DUI 7835, Equipment and Facility Depreciation Schedule.
10. **Facilities Depreciation** - Enter the amount from line 4, Form DHCS/DUI 7835, Equipment and Facility Depreciation Schedule.
11. **Estimated Gross Budget** - Enter the sum of lines 7, 8, 9, and 10.
12. **Profit/Surplus** - Subtract line 11 from line 6 and enter the amount.

Bookkeeper: Your in-house person who sorts bills, decides what type of expense each bill represents, and so forth.

Accountant: The person who is responsible for closing your books, preparing your financial statements and budgets.

Auditor: The independent, outside CPA who audits your accounting records. A CPA who can certify his/her statements is required.

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 MGR	\$ 20. - \$ 22. -	40	44,325	100%	44,325
INSTRUCTOR	\$ 17. - \$ 19. -	38	35,193	100%	35,193
INSTRUCTOR	\$ 17. - \$ 19. -	20	18,938	100%	18,938
INSTRUCTOR	\$ 17. - \$ 19. -	15	14,204	100%	14,204
DIRECTOR	\$ 28. - \$ 32. -	8	12,655	100%	12,655
	\$ _____ - \$ _____				
	\$ _____ - \$ _____				
	\$ _____ - \$ _____				
2) TOTAL SALARIES			\$ 125,315		

3) STAFF BENEFITS

- a) Social Security (OASDI) \$ 9,587
- b) Unemployment Insurance \$ 6,266
- c) Health Insurance \$ 19,234
- d) Worker's Compensation \$ 5,013
- e) Other (specify) \$ _____

4) TOTAL STAFF BENEFITS

(please indicate the %, if used) 32 % \$ 40,100

5) TOTAL PERSONAL SERVICES

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

\$ 165,415

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

PERSONAL SERVICES**1. Personnel Services**

- A. Position Classification - Enter all positions relative to the driving-under-the-influence (DUI) program in column A.
- B. Salary Range - For each position listed in column A, specify the salary range in column B. A salary range shall be shown to include anticipated wage increases for the reporting year.
- C. Number of Months/Weeks or Hours - List the number of months/weeks or hours each position will be filled in column C.
- D. Annual Salary - For each position itemized in column A, enter the total actual salary or the amount of budgeted salary in column D.
- E. DUI Program Percent of Time - Enter the percentage of salary time each position will devote to the DUI program in column E.
- F. DUI Program Annual Salary - Show the total actual DUI Program salary or the amount of budgeted salary for each position itemized under the Position Classification in column F. If DUI Program staff provide services to other programs, personal services costs shall be prorated based on the amount of time spent in each program to determine the amount attributable to the DUI Program.

2. **Total Salaries** - Enter the sum of all salaries shown in column F.

3. **Staff Benefits** - Enter total staff benefits for a) OASDI, b) Unemployment, c) Health Insurance, d) Worker's Compensation or e) any other benefits under Benefit Costs.

4. **Total Staff Benefits** - Enter the sum of 3a, b, c, d, and e on line 4. A percentage figure may be used in projecting staff benefits budgeted.

5. **Total Personal Services** - Enter the sum of lines 2 and 4 on line 5.

**DRIVING-UNDER-THE-INFLUENCE PROGRAM
OPERATING EXPENSES BUDGET**

ANNUAL COST

Rental of Space = \$ <u>1.33</u> /sq. ft. x <u>1500</u> sq. ft. x <u>12 mos</u> (time) \$ <u>23,940</u> (If owned, use Depreciation Schedule instead)	
Utilities (Gas, Elec., Water, Scavenger)	\$ <u>7,200</u>
Telephone	\$ <u>1,800</u>
Insurance	\$ <u>5,600</u>
Overhead	\$ <u>42,770</u>
Maintenance & Repair of Buildings (Routine)	\$ _____
Maintenance & Repair Office Equipment	\$ <u>1,000</u>
Maintenance of Automobile Equipment	\$ _____
Maintenance & Repair other Equipment	\$ _____
Cleaning & Janitorial Supplies/Services	\$ <u>6,000</u>
Contractor:	\$ _____
Service :	\$ _____
Contractor:	\$ _____
Service :	\$ _____
Printing & Reproduction Services	\$ _____
Postage	\$ <u>600</u>
Stationery & Office Supplies	\$ <u>1,200</u>
Rental of Equipment	\$ <u>2,100</u>
Educational Materials	\$ <u>2,400</u>
Travel	\$ _____
Staff Education/Training	\$ <u>400</u>
Professional Services (Legal, CPA, Med., Consulting Fees)	\$ <u>2,400</u>
County Program Monitor Costs	\$ <u>15,600</u>
State Program Monitor/Approval Costs	\$ <u>2,600</u>
Interest Paid	\$ _____
Property Taxes	\$ _____
Other Taxes (specify)	\$ _____
Other (specify)	\$ _____

TOTAL OPERATING EXPENSES:
(enter on DHCS/DUI 7820, line 8)

\$ 115,610

OPERATING EXPENSES

Operating expenses shall include all other direct cost line items, such as rent, mortgage interest, travel and subsistence, supplies, insurance, contractors, etc. A line item for rent must identify the number of square feet to be utilized for the driving-under-the-influence program, and the cost per square foot. A line item for equipment rental must identify the type of rental equipment. If rental of space is shared, show the prorated amounts and explain the basis of the allocation of costs on DHCS/DUI 7840 (Budget Justification).

Under Contracts, list only those contracts for direct services. Contractor's cost must be fully explained and justified, including the cost per hour and number of hours on DHCS/DUI 7840, Budget Justification.

Staff Education/Training/Travel includes reimbursement for local mileage, tuition, etc. You may break this out into separate categories.

You may charge off interest on loans taken out to cover operating expenses or meet payrolls. Please show loan expense under titled "Interest Paid" operating costs. You may pay for professional association/organizational memberships and professional periodical subscriptions related to alcohol and drug programs.

NOTE: LINE ITEMS LISTED ARE SAMPLES ONLY. APPLICANT IS TO LIST ONLY THE APPLICABLE OPERATING EXPENSES.

**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 DEPRE. LIFE	TOTAL YEAR DEP. \$
5	FURNITURE	NEW	900	4,500	3	2	1,500
3	OFFICE EQUIPMENT	NEW	1,000	3,000	3	2	1,000
5	COMPUTERS	NEW	1,500	7,500	3	2	2,500

2) TOTAL EQUIPMENT (DEPRECIATION) COSTS: \$ 5,000
(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 DEPRE. LIFE	CURRENT YR. DEPRE.

4) TOTAL FACILITY (DEPRECIATION) COSTS: \$ _____

EQUIPMENT AND FACILITY DEPRECIATION SCHEDULE

1. **Equipment** - Providers must depreciate equipment. Definition of Equipment: Nonexpendable personal property, each item of which has:

- A. A useful life of at least four years, and
- B. A unit acquisition cost of at least \$500 (e.g., four identical assets which cost \$300 each, for a \$1,200 total, would not meet the requirement).

Further, an item/unit of equipment is defined as equipment which in itself is whole and complete and not an element or component of such and includes any modification, attachment, accessory, or auxiliary apparatus necessary to perform the overall purpose of the whole or complete equipment.

If the item in question does not meet this test for the definition of equipment, then it does not have to be recaptured through depreciation and can be claimed as a reimbursable expense. Any loan charges for equipment should be included under "Interest Paid" on DHCS/DUI 7830. Equipment may be recorded as an expense if purchased from profit.

- 2. **Total Equipment Costs** - Enter the sum of column H on this line.
- 3. **Facility Depreciation** - Facility depreciation is an allowable expense (expenditures for remodeling are capitalized and depreciated).
- 4. **Total Facility (Depreciation) Costs** - Enter the sum of column G on this line.

DRIVING-UNDER-THE-INFLUENCE PROGRAM BUDGET JUSTIFICATION

All line items must be fully explained and justified. This section should explain why individual line items are being charged to the driving-under-the-influence program and justify the reasonableness of the cost of each line item including a formula for how the cost was determined. The budget justification will be evaluated on reasonableness in comparison to services, adequacy and appropriateness of the cost information.

If more than one program (i.e., residential, non-residential, prevention, etc.) is provided within the facility, shared costs should be prorated, using an appropriate statistical basis (i.e., square footage, time used), to determine the costs attributable to the DUI Program. If DUI Program staff provide services to other programs, personal services costs should be prorated based on the amount of time spent in each program to determine the amount attributable to the DUI Program. If the DUI Program is part of a larger organization, administrative costs of that organization may be charged to the DUI Program using one or more appropriate allocation bases (i.e., total direct costs, full time equivalents, square footage, and number of transactions). Statements should be in summary or outline format with calculations. Avoid Narrative.

Please reference all comments on this page to the appropriate DHCS form and section title.



2167 H Del La Rosa Sr. St. + Soledad, CA 93960
Tel: (831) 385-0100 + Fax: (831) 385-6842
www.sunstreetcenters.org

Sun Street Centers South county DUI adheres to all sections listed below

§ 9848. Participant Enrollment.

(a) The DUI program may enroll any person who presents documentation from the court or the Department of Motor Vehicles verifying his/her arrest or conviction for one of the DUI violations specified in Health and Safety Code Section 11836 (a). Such documentation shall indicate whether the offense is a first, second or third DUI violation.

(b) The DUI program may enroll and provide services to persons referred from another state for conviction of a DUI offense. The person must provide documentation from the state making the referral, indicating the requirement to attend and either the number of hours of program services or the program type required.

(c) The DUI program may accept a participant for enrollment after the date specified by the court, provided that the DUI program notifies the court of the enrollment through an established court referral and tracking system.

(d) Before a potential participant receives services from a DUI program, the DUI program shall conduct an intake interview and enroll the participant in the program.

(1) DUI program counseling staff, who meet the requirements of Section 9846(c) and Section 9846(d) shall complete the intake interview, which shall consist of:

(A) A discussion of goals and objectives for participation in the program, including abstinence from the use of alcohol and/or illicit drugs as a goal during the duration of participation in the program.

(B) Providing the participant with materials which describe how abstinence contributes to a healthy lifestyle.

(C) Explaining the counseling, education, and face-to-face interview requirements; attendance requirements; procedures for requesting a leave of absence; and reasons for dismissal from the program.

(D) Completing a participant contract listing the services to be provided, program rules, grievance procedures, program fees, additional fees, payment schedule and reasons for dismissal from the program, as stated in Section 9886. The contract shall include a statement that the participant may request the DUI program to conduct a financial

assessment to determine the participant's ability to pay the program fee. The counselor shall:

1. Explain and date the contract;
2. Sign the contract and require the participant to sign the contract; and
3. Give a copy of the signed, dated contract to the participant and retain a copy in the participant's record.

(2) DUI program staff shall enroll the participant by:

(A) Completing administrative forms required by the DUI program, the Department, county, and Department of Motor Vehicles;

(B) Scheduling program services; and

(C) Providing the participant with a written list of the date, time, and location of program activities the participant is scheduled to attend.

(e) The DUI program shall provide the contract, and all documents that require participant signature in all languages in which the DUI program provides services.

(f) The DUI program shall begin providing services (i.e. face-to-face interviews, educational sessions, and group counseling sessions) within 21 days of the date that it enrolls a participant.



DUI Program
 2167 H De La Rosa Sr. Street + Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
 www.sunstreetcenters.org

ENROLLMENT FORM

Today's Date: _____ Client #: _____

Title (Circle One): Mr. Ms. Ms. Sex (Circle one): Male Female

First Name: _____ MI _____ Last: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ **Name of Court:** _____ **Division:** _____

Court Address: _____

Phone #: (____) _____ **SS#** _____ **Court Case#:** _____

Driver License#: _____ **Probation:** _____

Race (Circle one): White/ Black/ Latino/ Indian/ Asian/ Pacific Islander
 /Other: _____

Language (Circle one): English Spanish Other

Conviction Date: _____ **DMV Docket #** _____

Violation Date: _____ **Transfer In? (Circle one):** Yes No

Transferring Program: _____ **Date to enroll by:** _____

Transfer Program Address: _____

PROGRAM SCHEDULE	Education	Group	Individual Face-to-Face
Class #			
Start Date:			
Start Day:			
Start Time:			
Ending Date:			
Instructor:			
Location:			

I understand that if I do not attend per this assigned schedule that I will receive an absence unless on an approved Leave of Absence.

 Participant's Signature
engaddAenroll.doc Revised 02/08/2012

 Date



DUI Program
 2167 H Del La Rosa Sr. Street + Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
 www.sunstreetcenters.com

FORMA DE MATRICULACION

Fecha de Hoy: _____ # De Cliente: _____

Titulo (Circule Uno): Sr. Sra. Srta. Sexo (Circule Uno): Masculino Femenino

Primer Nombre: _____ MI _____ Apellido: _____

Direccion: _____

Ciudad: _____ Estado: _____ Codigo Postal: _____

Fecha de Nacimiento: _____ Nombre de la Corte: _____ Division: _____

Direccion de la Corte: _____

de Telefono: _____ SS# _____ # de Caso (Corte): _____

de Licencia: _____ #de Aprobacion: _____

Origen (Circule Uno): Blanco/Afro Americano/Latino/Indio Americano/Asiatico/Islands del Pacifico/Otro: _____

Lenguaje (Circule Uno): Ingles Español Otro

Fecha de Conviccion: _____ # de DMV Docket (Si referido por DMV): _____

Fecha de Violacion: _____ Transferido? (Circule Uno): Si No

Programa del cual fue Transferido: _____ (Fecha) Inscribirse antes de: _____

Direccion del Programa de Transferencia: _____

HORARIO DEL PROGRAMA	Educacion	Grupo	Entrevistas Quincenales
Clase #			
Fecha Inicial:			
Dia De La Semana:			
Hora De Empesar:			
Ultimo Dia:			
Instructor:			
Localizadas:			

Yo entiendo que si no atiendo a mi clase que se me ha sido dada, me marcaran ausente, almenos que tenga un Permiso de Ausencia valido.

 Firma Del Participante
 SpnaddAenroll.doc Revised 02/08/2012

 Fecha



DUI Program
2167 H De La Rosa Sr. Street ♦ Soledad, CA. 93960
Tel: (831) 385-0100 ♦ Fax: (831) 385-6842
www.sunstreetcenters.org

LEAVE OF ABSENCE

To request a leave of absence, the participant shall submit to the program a written request for a leave of absence 2 weeks in advance, and any documentation substantiating the need for a leave of absence. The written request shall specify:

1. The name of the participant
2. The reason for requesting the leave of absence, and
3. The dates of the requested leave of absence

All requests will be approved for the following reasons:

Medical: Doctor / Hospital documentation is required. Beginning and ending date.

Military: Military leave order is required.

Vacation: Detailed letter requesting the leave of absence. Attendance and payment should be current.

Jail: Documentation from probation officer, county court, sheriff's department or jail is required.

Note: If client is already in custody please have him/her send a letter from jail directly to the program requesting the leave of absence at time of return provide proper documentation of release date.

Residential: Documentation from the probation officer or residential program required.
A release of confidentiality is needed authorizing Sun Street Centers to confirm admission to and release from program.

Employment: Letter from the employer on company letterhead, showing time needed away from the program. At time of return, bring first and last pay stub with a letter from employer confirming the working season is over.

Extreme Hardship: A detailed letter explaining the hardship. At time of return, documentation substantiating the hardship was required. Examples; documentation from an MD with dates indicating time needed away to care for an individual.

NOTE: A leave of absence is not granted for financial hardship, if the participant is having difficulty-paying the program fees, the client must apply for FEE ASSESSMENT or EXTENDED PAYMENT PLAN.

Client Signature: _____ **Date:** _____



DUI Program
2167 H De La Rosa Sr. Street + Soledad, CA. 93960
Tel: (831) 385-0100 + Fax: (831) 385-6842
www.sunstreetcenters.org

PERMISO DE AUSENCIA

Para solicitar un permiso de ausencia, el participante debe presentar al programa una petición por escrito 2 semanas por adelantado para estar ausente, y cualquier documentación que justifica la necesidad de un permiso de ausencia. La petición escrita tendrá que especificar:

1. Nombre del participante
2. El motivo por el cual necesita el permiso de ausencia, y
3. Las fechas en las que necesita el permiso de ausencia.

Todos los permisos de ausencia serán aprobados por las siguientes Razones:

Medica: Doctor / Hospital documentación es requerida. Fechas que empieza y termina el cuidado.

Militar: Necesita traer documentación que le notifica que necesita estar ausente.

Vacaciones: Necesita una carta detallada solicitando el permiso. Todas las ausencias y pagos necesitan estar al día.

Carcel: Documentación del oficial de probation, orden del juzgado, departamento del alguacil, carcel u otros documentos son requeridos.

Nota: Si el cliente se encuentra detenido en ese momento él/ella necesitan mandar una carta de la carcel, directamente a el programa solicitando su permiso de ausencia. Al momento de regresar al programa necesita proveer documentación.

Residencial: Es requerido traer documentación del oficial de probation o programa residencial. Necesita proveer autorización para obtener información confidencial a Sun Street Centers para obtener confirmación de admisión y finalización del programa.

Trabajo: Documentación del empleador notificando la transferencia de trabajo y por cuanto tiempo. Al regreso necesita proveer copias del primer y último talón de cheque adjunta a una carta del empleador notificando que su trabajo ha terminado.

Afflicción personal: Carta detallada explicando la situación. Al regresar necesita proveer documentación para comprobar la aflicción personal. Ejemplos: documentación del doctor/hospital indicando fechas en las que usted cuida a su familiar.

NOTA: Los permisos de ausencia por aflicción personal no son otorgados, si el participante tiene dificultad en pagar las cuotas del programa, el cliente tendrá que aplicar para FEE ASSESSMENT o PLAN DE PAGOS EXTENDIDOS.

Firma del Cliente: _____ **Fecha:** _____

SUN STREET CENTERS

EMERGENCY CONTACT/FAMILY INFORMATION

Participant: _____ Case #: _____

(Circle One)

Name of Spouse/Parent/Significant Other/Friend: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

SUN STREET CENTERS

CONTACTO DE EMERGENCIA/INFORMACION FAMILIAR

Participante: _____ # de Caso: _____

Nombre de (Circule Uno)

Esposo (a) Padres/Otro Significante/Amigo (a): _____

Direccion: _____

Numero de Telefono: _____

Sun Street Centers Dui Program

Assessment

General Status:

Client Name: _____ Gender: Male: ___ Female: ___ Age: ___
Race: _____ (MO.CO Stats)

Language: English ___ Spanish ___ Other: ___ note other (If applies): _____.

Employment Status:

1. Education completed: Yrs _____ Mos _____
2. How long was your longest full time job? Yrs _____ Mos _____
3. Usual or last occupation
Specify: _____

4. Current employment status: Full \ Part \ Unemployed

5. Usual employment pattern, within past three years?

- | | |
|-------------------------------------|------------------------|
| ___ Full time | ___ Retired/disabled |
| ___ Part time (regular hours) | ___ Unemployment |
| ___ Part time (irregular, day work) | ___ Service (Military) |
| ___ Student | |

Family Social Relationships

1. Marital Status? ___ Married ___ Remarried ___ Widowed ___ Separated ___ Divorced
___ Never Married
 2. How long have you been in this marital status? ___ Yrs. ___ Mos.
 3. Are you satisfied with this situation? ___ No ___ Yes ___ Indifferent.
- Do you live with anyone who:
4. Has an alcohol problem? ___ Yes ___ No
 5. Has an illicit drug problem? ___ Yes ___ No
 6. Uses non-prescribed drugs? ___ Yes ___ No

Family Substance Abuse History

1. Any history of alcohol or drug abuse in your family? ___ Yes ___ No : Check answer
___ Father ___ Mother ___ Grandparent ___ Sibling ___ Aunt/Uncle ___ Child : (0) or check answer
2. How long did they abuse? ___ Yrs ___ Mos.
3. Did they seek treatment for their substance use? ___ Yes ___ No
4. What is the outcome of their status? ___ Recovery ___ Non-Recovery ___ Unknown

Medical Status

1. Do you have any chronic medical problems which continue to interfere with your life? ___ Yes ___ No
If yes, specify: _____
2. Are you taking any prescribed medications on a regular basis for physical problem? ___ Yes ___ No
If yes, specify: _____
3. Do you receive a pension for physical disability? ___ Yes ___ No
4. Have you or are you taking any medication that is not prescribed for you: ___ Yes ___ No
If yes, specify: _____

Legal Status

1. Was this admission prompted or suggested by the criminal justice system (Judge, probation/parole officer)? Yes No
2. Are you currently on probation or parole? Yes No
How many times in your life have you been charged with the following?
3. Disorderly conduct, vagrancy, public intoxication? _____
4. Driving while intoxicated? _____
5. Major driving violations (reckless driving, speeding, no license)? _____
6. How many Days/months were you incarcerated in your life? _____ Days/ _____ months.
7. How long was your last incarceration? _____.
8. What was it for? _____
9. Are you presently awaiting charges, trial, or sentence? Yes No

Drug/Alcohol Use

DRINKING PATTERN

- Daily: AM and/or on the job Yes No
 Weekday evening drinking Yes No
 Stop after work Yes No
 Weekends Yes No
 Occasional Heavy Yes No

RELATED PHYSICAL PROBLEMS

- Blackouts Yes No
 Hangovers Yes No
 Passing out Yes No
 Liver Problems Yes No
 DT's Yes No

How many times in your life have you been treated for?

	Treatment	Detox only
Alcohol Abuse	_____	_____
Drug Abuse	_____	_____

How do you see yourself in relationship to alcohol/drugs?

ALCOHOL

- Abstaining without self-help (how long? _____)
 Social Drinker
 Potential Problem Drinker
 Alcoholic
 In recovery (how long? _____)

DRUGS

- Abstaining without self-help (how long? _____)
 Potential Drug Problem
 Drug Problem
 In recovery (how long? _____)

Substance	Total Years in Life Time	Current use (circle Y or N)	Route of Administration
1. Alcohol-any use at all			
2. Alcohol-to intoxication			
3. Heroin			
4. Methadone			
5. Other opiate/analgesics			
6. Barbiturates			
7. other sedatives			
8. Cocaine			
9. Amphetamines			
10. Cannabis			
11. Hallucinogens			
12. Inhalants			

R.A.P.
ALCOHOL AND DRUG ASSESSMENT

“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

- | | | | |
|-----|---|---|--|
| 1. | Y | N | I have a strong and clear faith in life. |
| 2. | Y | N | Many times I feel uneasy or blue. |
| 3. | Y | N | My home life is as happy as it should be. |
| 4. | Y | N | Some days I feel I am not my self. |
| 5. | Y | N | I feel sorry for myself and frequently indulge in self-pity. |
| 6. | Y | N | I am moderate in my habits. |
| 7. | Y | N | I often feel guilty or apologetic without knowing why. |
| 8. | Y | N | I am pretty much like everyone else I know. |
| 9. | Y | N | Sometimes I go out of my way to avoid people I dislike. |
| 10. | Y | N | It seems to me I am going nowhere in my life. |
| 11. | Y | N | I feel there is a barrier between the world and me. |
| 12. | Y | N | My interest or enthusiasm fades quickly. |
| 13. | Y | N | I keep thinking about things I fear. |
| 14. | Y | N | I am inclined to be serene and relaxed. |
| 15. | Y | N | I feel alone in the world. |
| 16. | Y | N | My mood changes rapidly. |

Part 2

- | | | | |
|----|---|---|---|
| 1. | Y | N | Discussion about my drinking makes me nervous. |
| 2. | Y | N | I am a shaky, jittery person. |
| 3. | Y | N | I have trouble remembering what I do when I drink. |
| 4. | Y | N | Drinking has caused me legal, family, health, job or social problems. |
| 5. | Y | N | I consume more alcohol than most of my friends do. |
| 6. | Y | N | I have sensations of numbness, or tingling, in my fingers or toes. |
| 7. | Y | N | I often want more drinks after the party is over. |
| 8. | 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

INTERPRETATION OF YOUR SCORE
PART -1 _____ PART-2 _____

S A F E	<p>LOW on PART 1, and low on PART 2 You don't have to worry. You are in no danger of addictive problems as long as you continue as you are. If life situations change or you begin to consume more, you will want to check yourself again.</p>
	<p>MEDIUM on Part 1, and LOW on Part 2 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>
C A U T I O N	<p>LOW on Part 1, and MEDIUM on Part 2 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>MEDIUM on Part 1, and MEDIUM on Part 2 This score indicates that you are a pre-alcoholic (or in early stages 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 plan 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 these rules, it is best to quit. See "Low-High" Interpretation.</p>
	<p>HIGH on Part 1, and LOW on Part 2 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. It is wise for you to get active and stay active in a self-help group. It would 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>
D A N G E R	<p>LOW on Part 1, and HIGH on Part 2 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>HIGH on Part 2, MEDIUM on Part 1 This 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 definitely can make your problems worse, but if you live entirely without these chemical aids you will develop strength which will make your whole life more satisfactory.</p>
	<p>MEDIUM on Part 1, and HIGH on Part 2 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>HIGH on Part 1, and HIGH on Part 2 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 your.</p>

COUNSELOR EVALUATION AND RECOMMENDATIONS

Counselor evaluates client as: Social Drinker
 Beginning Problem Drinker/Drug user
 Problem Drinker/Drug user

(Abstinent and/or in Recovery of substances/Alcohol)

Details of Follow-up Discussion if applicable to criteria above:

RAP Score: Part-1 _____ Part-2 _____

Counselor recommends:

AA NA MA Life Ring A.C.A Alanon : Must check one or more.
 Detox Residential Treatment Private Counseling Outpatient
 Other:

DUI PROGRAM: # OF MONTHS (3 Months / 6 Months / 9Months / 18 Months) : Circle

W&R-6WEEKS: _____ please check if applies.

Note for Other:

This assessment and recommendations has been discussed with me.

Client Signature: _____ Date: _____

Counselor Signature: _____ Credential: _____ Date: _____



PARTICIPANT AGREEMENT

PROGRAM OBJECTIVES:

The primary objective of the Sun Street Centers DUI Program is to assist participants to recognize possible chemical dependency and, if appropriate, to assist them in beginning their recovery. The second objective of the Program is to make drivers aware of the dangers and consequences of driving under the influence of alcohol and/or other drugs.

PROGRAM RULES AND REGULATIONS:

I agree to the following conditions of participation:

1. I will attend (check one)

- 3 month first offender program 9 month first offender program
 6 month first offender program 12 Hour Education Program (SB1176)
 18 month multiple offender program

The fee and service requirement of the program chosen above is included in this contract as Addendum C (Required Services and Fees).

2. I will arrive before class, group or interview starting time and understand that if I am late, I shall be considered absent. If I fail to sign the session roster at the end of a class or group session, I understand that I shall be counted absent.
3. In order to complete the program I must attend all required sessions. If I miss a session, I will be charged the appropriate fee for that session. I must attend all required sessions, before I can complete the program. If I am a multiple offender, I must have bi-weekly interviews until the core program is complete.
4. I will attend all program activities completely alcohol and drug-free. If any program staff member suspects that I am under the influence of alcohol or other drugs, I shall be tested to determine if there is any measurable amount of alcohol or drugs in my system. If I refuse testing, I shall be terminated from the program. I agree to pay the costs of any lab test necessary to determine the presence of alcohol or drugs. If the test is negative, I shall be reimbursed for any lab fees I have paid for that test.
5. I will receive a Certificate of Completion only if I have attended all required activities and all program fees have been paid in full.
6. Termination: I understand that I shall be terminated from the program for any of the following causes:
 - ✓ Exceeding the number of allowed absences shown on Addendum C (Required Services and Fees).
 - ✓ Fails to maintain program sobriety in accordance with Section 9874.
 - ✓ Physical or verbal abuse, or uncooperative or disruptive behavior
 - ✓ Failure to commence participation within 21 days from enrollment or transfer to another program
 - ✓ Failure to comply with program rules and regulations.
 - ✓ Failure to attend any scheduled program activity for twenty-one (21) consecutive calendar days without obtaining and approved Leave of Absence.
 - ✓ Failure to pay, within thirty (30) days of the date due, the program fees assessed in accordance with the requirements of Section 9879, or failure to reschedule and attend a financial assessment interview in accordance with the provisions of Subsection 9879 (j)

If a facilitator or any other member of the DUI staff has suspicions about a client being under the influence of drugs and/or alcohol, the facilitator or staff member will request that a second SSC DUI staff observe the client and together they will come to a decision as to whether or not to terminate the client based on their observations. If at that time the client disputes the decision, the client may have a drug/alcohol test done by an independent laboratory within 24 hours. If the test is positive the client is responsible for paying the fee. If the test is negative, Sun Street Centers will reimburse the client for the fee.

I understand that if I am terminated and was court referred, I may be reinstated after re-referral by the court. If DMV referred, I may be reinstated as soon as services rendered and re-instatement fees are paid. The program may refuse to reinstate anyone terminated for physical or verbal abuse of program staff or other participants.

I, further understand that if I lose contact (do not re-enroll and participate in program services) with the program for a period that exceeds two years, after I am terminated, I will lose all credit for services and monies that I have been credited with and will have to restart the program from the beginning.

LEAVE OF ABSENCE

I may be granted a leave of Absence if I am unable to attend any scheduled program activities for **any period of time** but understand that I **must** request a Leave of Absence if I am unable to attend for 21 days consecutively to avoid termination from the program. Time missed while on a Leave of Absence shall not be counted as participation time. Requests for Leave of Absence must be in writing and approved. A Leave of Absence will be approved for the following reasons:

1. Military duty requiring an extended absence.
2. Employment requiring travel for an extended period
3. Personal or family illness
4. Incarceration (jail) or participation in a residential alcohol or other drug recovery or treatment program.
5. Vacation, provided all absences have been made up and all outstanding fees paid as assessed.
6. Extreme personal hardship or family emergency.

I understand that I shall be charged a fee for scheduling the activities necessary to complete the program upon return from a leave of Absence. I also understand that it is my responsibility to schedule any make ups needed, when I have completed all scheduled program services and, need additional groups or interviews in order to complete the program.

I understand if I do not return from Leave of Absence within 21 days of my return date, I will be terminated.

FEES AND REFUNDS

The fees for the program are shown on Addendum C. They are payable according to the Fee Payment Agreement (Addendum B). In the event of transfer or termination, I may be due a refund if I have made advance payments. To determine if a refund is due, the total services received plus State and County fees will be charged as shown on Addendum C. This total charge will be deducted from the total of payments made. The balance will be refunded or charged to me. In the event of termination and subsequent reinstatement, any unpaid balance must be paid before I may resume program activities.

I agree that if I request a transfer to another program, that I shall pay all fees owed before the transfer will be granted.

I also acknowledge that Sun Street has the right to take all necessary steps to collect fees, which I owe, including but not limited to use of a collection agency.

If I wish to file a grievance against Sun Street Centers I can do so by calling the Director of DUI at (831)393-9316 or write to: Director of DUI at 1760 Fremont Blvd. Suite E-1, Seaside, CA93955
If not satisfied, contact the County Admin. (831) 796-1700 EX 1716 State DUI (916) 322-2964.

ACCEPTANCE OF THE AGREEMENT

I have read and/or had explained to me the above requirements plus the requirements outlined in the Fee Payment Agreement (Addendum B); Program Schedule (Addendum A); and Required Services and Fees (Addendum C). These three Addenda are incorporated by this reference as a part of this contract.

I further understand that my failure to maintain compliance with any of the above requirement will result in termination from this program and the obligation of Sun Street Centers DUI Program to refer me back to the Court (if I have been Court referred) and/or the Department of Motor Vehicles for non-compliance.

I have been furnished a copy of this contract, including Fee Payment Agreement (Addendum A); Program Schedule (Addendum B); and Required Services and Fees (Addendum C).

I understand the requirements and responsibilities placed upon me as a participant in this program, and agree to comply with them.

Participant Signature

Date

Sun Street Centers Program Staff

Date



Sun Street Centers
Programa Contra El Manejo Bajo Los
Efectos de Sustancias Reguladas
2167 H De La Rosa Sr. Street, Soledad, CA 93960
Tel: (831) 385-0100 Fax: (831) 385-6842

CONTRATO DE PARTICIPACION

OBJETIVOS DEL PROGRAMA:

El objetivo principal del programa de manejo bajo los efectos de sustancias reguladas de Sun Street Centers es ayudar a que los participantes se percaten de su posible farmacodependencia, y si procede, ayudarles a que empiecen a recuperarse. El segundo objetivo del programa es sensibilizar a los conductores acerca de los peligros y consecuencias de manejar bajo los efectos del alcohol, drogas o ambos.

REGLAMENTO DEL PROGRAMA:

Me comprometo a cumplir las siguientes condiciones de participacion:

1. Asistire a (indque una opcion):

____ Programa de 3 meses para primeros infractores

____ Programa de 6 meses para primeros infractores

____ Programa de 9 meses para primeros infractores

____ Programa de 18 meses para infractores con reincidencias multiples

La cuota y requisitos para participar en el programa que haya seleccionado en el apartado anterior se describen

____ Programa educativo de 12 horas (SB1176)

en el anexo C (Cuotas y Servicios Obligatorios) del presente contrato.

2. Me comprometo a llegar antes de que empiece la clase, sesion de grupo o entrevista y declaro que si llego tarde, contara como una falta. Si no firmo la lista de asistencia al final de la clase o sesion de grupo, reconozco que contara como falta.
3. Para terminar el programa, debere asistir a todas las sesiones obligatorias. Si faltó a una sesion, me cobraran la cuota correspondiente a esa sesion. Debo presentarme a todas las sesiones obligatorias para poder completar todo el programa. Si soy un Multiple Ofensor tendria que atender entrevistas, hasta que los grupos esten completados.
4. Me presentare a todas las actividades del programa sin haber consumido absolutamente nada de alcohol ni drogas. Si alguien del personal del programa sospecha que me encuentro bajo los efectos de alcohol u otra sustancia, me sometere a analisis para detectar la presencia de cualquier cantidad medible de alcohol o drogas en mi organismo. Si los resultados son negativos, me seran reembolsados los costos de laboratorio que yo haya pagado para realizar dichos analisis.
5. Me sera entregado un Certificado de Cumplimiento del Programa unicamente si he participado en todas las actividades obligatorias y si he pagado todas las cuotas del programa.
6. **Expulsion:** Comprendo que cualquiera de las siguientes causas amerita la expulsion del programa:
 - a) Exceder el numero de ausencias permitidas segun lo estipulado en el anexo C (Cuotas y Servicios Obligatorios).
 - b) El estar en la propiedad de SSS con cualquier cantidad medible de alcohol o drogas en mi organismo.
 - c) Mostrar mala conducta con abuso fisico o verbal y falta de cooperacion.
 - d) No emperzar el programa dentro de un plazo de 21 dias a partir de la fecha de inscripcion o de transferencia a otro programa.
 - e) Desobedecer el reglamento del programa.
 - f) Faltar a actividades programadas durante veintiun (21) dias de calendario consecutivos sin que me hayan autorizado a ausentarme.
 - g) No pagar la cuota del programa dentro de treinta (30) dias despues de la fecha de vencimiento del plazo previsto en la seccion 9879, o no solicitar un plan de pagos ni una entrevista de evaluacion financiera de conformidad con lo dispuesto en la subseccion 9879 (j).

Si un instructor o cualquier otro miembro o empleado de DUI tiene sospechos de que un cliente este bajo la influencia de drogas y/o alcol, el instructor o empleado pedira que un segundo empleado de SSC DUI observe el cliente y juntos determinaran si deben o no terminar el cliente del programa basado en la observacion. Si en ese instante el cliente no esta deacuerdo con la desicion, el cliente puede tomar un examen de droga/alcol echo por un laboratorio independiente dentro de 24 horas. Si el examen es positivo el cliente entonses es responsable por pagar el cargo del examen. Si el examen es negativo, Sun Street Centers entonses le re embolsara el cargo del examen.

Comprendo que si me expulsan y que si mi participacion era de caracter obligatorio por mandato judicial, me pueden volver a aceptar si el juzgado me confiere otra orden de inscripcion. Si he sido enviado por el Departamento de Vehiculos Motorizados, podran reinscribirme tan pronto como los servicios dados y la cuota de reingreso sea pagado. El programa puede rechazar la reinscripcion de toda persona expulsada por agresion fisica o abuso verbal dirigido al personal u otros participantes. Tambien entiendo que si pierdo contacto (no me reinscribo y participo en el programa) con el programa por el periodo de mas de dos años, despues de haber sido terminado, perdere todo mi credito de clases que he atendido, y el dinero que he dado, y tendre que comensar de nuevo.

Permiso para ausetarse:

Es posible obtener un permiso de ausencia en caso de que no pueda asistir a ninguna de las actividades programadas **por cualquier periodo de tiempo** pero entiendo que **tengo** que pedir un permiso de ausencia si no es posible que atienda alguna actividad por 21 días consecutivos para evitar el ser terminado del programa. Las faltas durante el permiso no constituyen tiempo de participacion. Las solicitudes para ausentarse deberan presentarse por escrito para su autorizacion. Se autorizaran los permisos que se deban a los siguientes motivos:

1. Servicio militar que requiera ausencia prolongada
2. Empleo que requiera viajar por un lapso prolongado
3. Enfermedad personal o familiar
4. Encarcelamiento o participacion en el programa residencial de recuperacion o tratamiento de habitos de consumo de alcohol y drogas.
5. Vacaciones, siempre que reponga las ausencias y que pague todas las cuotas correspondientes.
6. Difficultades personales de gravedad o emergencia familiar.

Comprendo que a mi regreso del permiso de ausencia me cobraran un recargo por los servicios de programacion de las actividades obligatorias para terminar el programa. Tambien comprendo que es mi responsabilidad reponer cualquier actividad que e fallado, antes o despues de terminar mi horario para completar el programa.

Si no regreso al programa dentro de 21 días de la fecha de regreso en mi permiso de ausencia, seria expulsado.

Cuotas y reembolsos:

Las cuotas del programa figuran en el anexo C. Se deben pagar de conformidad con lo dispuesto en el contrato de pago de cuotas (anexo A). En caso de ser transferido o expulsado, tal vez tenga derecho a que me reembolsen los pagos efectuados por adelantado. Para determinar si me corresponde recibir algun reembolso, se cobrara la cantidad total por servicios prestados mas las cuotas municipal y estatal segun lo dispuesto en el anexo C. La cantidad total sera deducida el importe total de pagos efectuados. La diferencia me sera reembolsada o cobrada. En caso de expulsion y reinscripciones subsiguientes, todo saldo pendiente debera cancelarse antes de reanudar las actividades del programa.

En caso de que yo solicite que me transfieran a otro programa, me comprometo a pagar todas la cuotas pendientes antes de que autoricen la transferencia.

Tambien reconozco que Sun Street tiene el derecho de tomar las medidas que sean necesarias, incluidias, entre otras, la contratacion de agencias de cobro, para obtener el pago de adeudos que yo tenga pendientes.

Si yo quisiera presentar alguna queja en contra de Sun Street Centers podria hacerlo llamando al (831)393-9316 o escribirle al: Director del de DUI en 1760 Fremont Blvd., Suite E-1, Seaside, CA 93955, Si no esta satisfecho, contacta el condado Y/O el estado. Condado 831-796-1700 EXT 1716. Estado DUI (916) 322-2964.

Aceptacion del Contrato:

He leído o me han explicado los requisitos antes descritos asi como los que se indican en el Contrato de Pago de Cuotas (anexo A); el Horario del Programa (anexo B); y Cuotas y Servicios Obligatorios (anexo C). Mediante la presente se incorporan dichos tres anexos al presente contrato.

Ademas, declaro que el incumplimiento de los requisitos antes descritos causara expulsion inmediata del programa y que los representantes del programa contra el manejo bajo los efectos de sustancias reguladas de Sun Street Centers se veran obligados a enviarme al juzgado (en caso de haber sido inscrito por orden judicial) o al Departamento de Vehiculos Motorizados por incumplimiento, o ambas consecuencias.

He recibido una copia del presente contrato, incluido el Contrato de Pago de Cuotas (anexo A); Horario del Programa (anexo B); y Cuotas y Servicios Obligatorios (anexo C).

Comprendo los requisitos y responsabilidades que me han impuesto para participar en este programa y convengo en cumplirlos.

Firma del Participante	Fecha
Representante del Programa Sun Street	Fecha



ADDENDUM C
SUN STREET CENTERS DUI PARTICIPANT AGREEMENT
REQUIRED SERVICES AND FEES
Wet and Reckless Education Program

Required Services¹

12 hours of Education minimum for basic program

Allowed Absences (missed sessions)

2 Missed Sessions are allowed, a 3rd absence will result in termination.

<u>Program & Service Fees²</u>	<u>Session</u>	<u>Service Total</u>
1 Intake Interview	\$200.00	\$200.00
1 Problem Assessment	Incl.	
(6) 2 hour educational sessions	\$ 30.00/each	\$180.00
County Monitoring Fee		\$ 19.00
State Monitoring Fee		\$ 10.00
Total Program Fee*		\$ 409.00

Additional Fees

Rescheduling of Services	each	\$ 25.00
Bad Check Fee ³	each	\$ 30.00
Reinstatement Fee	each	\$ 75.00
Transfer Out-of County ⁴	each	\$ 50.00
Duplicate Certificate/Letter	each	\$ 10.00
Leave of Absence	each	\$ 30.00
Alcohol Screen		\$ 10.00
Late fee		\$ 15.00

Program Fee Reduction

Program fees will be reduced if low income eligibility is documented.

Service fees charged prior fee reduction are to be paid in full.

Low Income participation fee per month	\$ 5.00
Rescheduling of Services	\$ 5.00
Re-instatement Fee	\$10.00
Transfer	\$ 5.00

Client Signature

Date

¹ A Completion letter will be issued only if all requirements are met and all fees are paid.

² This is the program fee if all requirements are met in minimum times and there are no additional fees incurred.

³ All subsequent payments by money order only.

⁴ All fees for services received must be paid before transfer is granted.



ADDENDUM C
 SUN STREET CENTERS DUI PARTICIPANT AGREEMENT
 REQUIRED SERVICES AND FEE

3 Month First Offender Program

Required Services:

- 3 Months minimum participation from date of enrollment.
- 3 Individual Interviews (beginning, middle, and end of program).
- 12 Hours of Education minimum for basic program
- 18 Hours of Group Counseling

Allowed Absences (missed sessions)

- 5 Missed Sessions are allowed. A 6th absence will result in termination.
- Missed Sessions do not count toward required services.

<u>Program & Service Fees²</u>	<u>Session</u>	<u>Service Total</u>
1 Intake Interview	\$ 200.00 each	\$200.00
1 Problem Assessment	incl.	incl.
3 15 minute individual interviews	\$25.00 each	\$ 75.00
9 2 hr group counseling sessions	\$30.00 each	\$ 270.00
6 2 hr education classes	\$ 30.00 each	\$ 180.00
County Monitoring Fee		\$ 36.25
State Monitoring Fee		\$ 10.00
Total Program Fee*		\$ 771.25

Additional Fees

Rescheduling of Services	\$ 25.00
Bad check fee ³	\$ 30.00
Reinstatement Fee	\$ 75.00
Transfer Out-of County ⁴	\$ 50.00
Duplicate Certificate DL101 / DL107	\$ 10.00
Leave of Absence	\$ 30.00
Alcohol Screen	\$ 10.00
Late fee	\$ 15.00

Program Fee Reduction

Program fees will be reduced if low income eligibility is documented.

Service fees charged prior fee reduction are to be paid in full.

Low Income participation fee per month	\$ 5.00
Rescheduling of services	\$ 5.00
Re-instatement	\$10.00
Transfer	\$ 5.00

 Client Signature

 Date

1 A Completion Certificate will be issued only if all requirements are met and all fees are paid.
 2 This is the program fee if all requirements are met in minimum times and there are no additional fees incurred.
 3 All subsequent payments by money order only.
 4 All fees for services received must be paid before transfer is granted.
 Rev. addendum c 02/04/2014



ADDENDUM C
 SUN STREET CENTERS DUI PARTICIPANT AGREEMENT
 REQUIRED SERVICES AND FEES
9 Month First Offender Program

Required Services:

- 9 Months minimum participation from date of enrollment.
- 21 Individual Interviews
- 12 hours of Education
- 44 Hours of Group Counseling

Allowed Absences (missed sessions)

- 7 Missed Sessions are allowed, an 8th absence will result in termination.
- Missed Sessions do not count toward required services.

Program & Service Fees²

<u>Program & Service Fees²</u>	<u>Session</u>	<u>Service Total</u>
1 Intake Interview	\$ 200.00/each	\$200.00
1 Problem Assessment	incl.	incl.
21 -15 minute individual interviews	\$ 25.00/each	\$ 525.00
6-2 hr educational sessions	\$ 30.00/each	\$ 180.00
22-2 hr group counseling sessions	\$ 30.00/each	\$ 660.00
County Monitoring Fee		\$ 78.25
State Monitoring Fee		\$ 10.00

Total Program Fee* \$ 1653.25

Additional Fees

Rescheduling of Services	each	\$ 25.00
Returned check fee ³		\$ 30.00
Reinstatement Fee		\$ 75.00
Transfer Out-of County ⁴		\$ 50.00
Leave of Absence		\$ 30.00
Duplicate Certificates DL 101 / DL107		\$ 10.00
Alcohol Screen		\$ 10.00
Late fee		\$ 15.00

Program Fee Reduction

Program fees will be reduced if, low income eligibility is documented.

Service fees charged prior fee reduction are to be paid in full.

Low Income participation fee per month	\$ 5.00
Rescheduling of services	\$ 5.00
Re-enstatement fee	\$ 10.00
Transfer	\$ 5.00

Client Signature

Date

¹ A Completion Certificate will be issued only if all requirements are met and all fees are paid.

² This is the program fee if all requirements are met in minimum times and there are no additional fees incurred.

³ All subsequent payments by money order only.

⁴ All fees for services received must be paid before transfer is granted.



ADDENDUM C
 SUN STREET CENTERS DUI PARTICIPANT AGREEMENT
 REQUIRED SERVICES AND FEES
18 Month Multiple Offender Program

Required Services

- 18 Months minimum participation from date of enrollment.
- 12 Months Minimum participation in basic program
 BI-weekly interviews for duration of basic program (minimum of 26)
- 12 Hours of Education minimum for basic program
- 52 Hours of Group Counseling for basic program
- 6 Months re-entry monitoring following completion of basic program

Allowed Absences (missed sessions)

10 Missed Sessions are allowed. An 11th absence will result in termination.
 Missed Sessions do not count toward required services.

<u>Program & Service Fees</u>	<u>Session</u>	<u>Service Total</u>
1 Intake Interview	\$200.00 each	\$200.00
1 Problem Assessment	incl.	incl.
26 15 minute BI-weekly interviews	\$ 25.00 each	\$ 650.00
6 2 hr educational sessions	\$ 30.00 each	\$ 180.00
26 2 hr group counseling sessions	\$ 30.00 each	\$ 780.00
6 1 hr group re-entry sessions	\$ 30.00 each	\$ 180.00
 County Monitoring Fee		 \$ 99.50
State Monitoring Fee		\$ 10.00

Total Program Fee* \$ 2099.50

Additional Fees

Rescheduling of Services	each	\$ 25.00
Returned check fee		\$ 30.00
Reinstatement Fee		\$ 75.00
Transfer Out-of County		\$ 50.00
Duplicate Certificates DL101 / DL107		\$ 10.00
Leave of absence		\$ 30.00
Additional bi-weekly interviews (see notes)		\$ 25.00 each
(Charged if client exceeds 12 months to complete the basic program)		
Alcohol Screen		\$ 10.00
Late fee		\$ 15.00

Program Fee Reduction

Program fees will be reduced if low income eligibility is documented.

Service fees charged prior fee reduction are to be paid in full.

Low Income participation fee per month	\$ 5.00
Rescheduling of services	\$ 5.00
Re-instatement fee	\$ 10.00
Transfer	\$ 5.00

Notes

1. A Completion Certificate will be issued only if all requirements are met and all fees are paid.
 2. Additional bi-weekly interviews are required if basic requirements are not completed in 12months.
 3. All subsequent payments by money order.
 4. All fees for services received must be paid before transfer is granted.
- *This is program fee if all requirements are met in minimum times and there are no additional Fees incurred.

Rev. addendum c 02/04/2014

 Client Signature

 Date



**ADDENDUM C
Sun Street Centers**

**CONTRATO DE PARTICIPACION EN EL PROGRAMA CONTRA
EL MANEJO BAJO LOS EFECTOS DE SUSTANCIAS REGULADAS
CUOTAS Y SERVICIOS OBLIGATORIOS**

Programa de 12 horas para infractores de Wet-Reckless

Servicios obligatorios¹

Participacion minima de 12 horas en cursos de educacion para programa basico.

Ausencias permitidas (faltas a sesiones)

Se permite tener 2 ausencias. La 3 falta causara expulsion.

Las sesiones a las que falte no cuentan como cumplimiento del servicio obligatorio.

Programa y Cuota²

<u>Programa y Cuota²</u>	<u>Sesion</u>	<u>Servicio Ttl</u>
1 Entrevista inicial	\$200.00 cada una	\$200.00
1 Evaluacion del problema	incl.	incl.
6 sesiones educativas de 2 horas	\$30.00 cada una	\$ 180.00
Cuota municipal de supervision		\$ 19.00
Cuota estatal de supervision		\$ 10.00
Cuota total del Programa*		\$ 409.00

Recargos adicionales

Actividad de Perdidas	cada vez	\$ 25.00
Regargo por cheque sin fondos ³	cada vez	\$ 30.00
Cuota de reinscripcion	cada vez	\$ 75.00
Transferencia a otro condado ⁴	cada vez	\$ 50.00
Duplicado de Carta/Certificado	cada uno	\$ 10.00
Permiso de Ausencia	cada vez	\$ 30.00
Prueba de Alcohol		\$ 10.00
Recargo por pago atrasado		\$ 15.00

Reduccion de la cuota del programa

Se reduciran las cuotas del programa si presenta documentos que comprueben que es persona de bajos ingresos. Las cuotas de servicios cobradas antes de la reduccion de la cuota se pagaran en su totalidad.

Cuota mensual para participantes de bajos ingresos	\$ 5.00
Reprogramacion de Servicios	\$ 5.00
Cuota de reinscripcion	\$ 10.00
Transferencia	\$ 5.00

Firma Del Cliente

Fecha

¹ Se expedirá Certificado de Cumplimiento del Programa únicamente si cumple todos los requisitos y efectúa pago de todas las cuotas.

Esta cuota se aplica únicamente si cumple todos los requisitos dentro de los plazos mínimos sin devengar cuotas adicionales.

Todos los pagos subsiguientes se podrán efectuar únicamente con giro postal (money order).

⁴ Se deberán pagar todas las cuotas por servicios prestados antes de conceder la transferencia.

Rev. addendum c 02/04/2014



**ADDENDUM C
SUN STREET CENTERS**

**CONTRATO DE PARTICIPADO EN EL PROGRAMA CONTRA EL
MANEJO BAJO LOS EFECTOS DE ALCOHOL Y DROGAS
CUOTAS Y SERVICIOS OBLIGATORIOS
Programa de 3 meses de Primera Ofensa**

Servicios obligatorios¹

Participacion minima de 3 meses a partir de la fecha de inscripcion.

3 Entrevistas (principio, medio y al terminar el programa)

Participacion minima de 12 horas en cursos de educacion para programa basico.

Asesoría en grupo durante 18 horas para programa basico.

Ausencias permitidas (faltas a sesiones)

Se permite tener 5 ausencias. La 6 falta causara expulsion.

Las sesiones a las que falte no cuentan como cumplimiento del servicio obligatorio.

<u>Programa y Cuota²</u>	<u>Sesion</u>	<u>Servicio Ttl</u>
1 Entrevista inicial	\$200.00 cada una	\$200.00
1 Evaluacion del problema	incl.	Incl.
3 entrevistas de quince minutos	\$ 25.00 cada una	\$ 75.00
6 sesiones educativas de 2 horas	\$ 30.00 cada una	\$ 180.00
9 sesiones de asesoría en grupo de dos horas	\$ 30.00 cada una	\$ 270.00
Cuota municipal de supervision		\$ 36.25
Cuota estatal de supervision		\$ 10.00
	Cuota total del Programa*	\$771.25

Recargos adicionales

Actividad de Perdiadas	cada vez	\$ 25.00
Regargo por cheque sin fondos ³	cada vez	\$ 30.00
Cuota de reinscripcion	cada vez	\$ 75.00
Transferencia a otro condado ⁴	cada vez	\$ 50.00
Duplicado de Certificado DL101 / DL107	cada uno	\$ 10.00
Permiso de Ausencia	cada vez	\$ 30.00
Prueba de Alcohol		\$ 10.00
Recargo por pago atrasado		\$ 15.00

Reduccion de la cuota del programa

Se reducirán las cuotas del programa si presenta documentos que comprueben que es persona de bajos ingresos. Las cuotas de servicios cobradas antes de la reduccion de la cuota se pagaran en su totalidad.

Cuota mensual para participantes de bajos ingresos	\$ 5.00
Reprogramacion de Servicios	\$ 5.00
Cuota de reinscripcion	\$10.00
Transferencia	\$ 5.00

Firma Del Cliente

Fecha

¹ Se expedirá Certificado de Cumplimiento del Programa únicamente si cumple todos los requisitos y efectúa pago de todas cuotas.

Esta cuota se aplica únicamente si cumple todos los requisitos dentro de los plazos mínimos sin devengar cuotas adicionales.

Todos los pagos subsiguientes se podrán efectuar únicamente con giro postal (money order).

⁴ Se deberán pagar todas las cuotas por servicios prestados antes de conceder la transferencia.



ADDENDUM C
SUN STREET CENTERS
 CONTRATO DE PARTICIPADO EN EL PROGRAMA CONTRA EL
 MANEJO BAJO LOS EFECTOS DE ALCOHOL Y DROGAS
 CUOTAS Y SERVICIOS OBLIGATORIOS
Programa de 6 meses de Primera Ofensa

Servicios obligatorios¹

Participacion minima de 6 meses a partir de la fecha de inscripcion.
 Trece entrevistas individuales
 Participacion minima de 12 horas en cursos de educacion para programa basico.
 Asesoría en grupo durante 30 horas minimas para programa basico.

Ausencias permitidas (faltas a sesiones)

Se permite tener 7 ausencias. La 8 falta causara expulsion.
 Las sesiones a las que falte no cuentan como cumplimiento del servicio obligatorio.

<u>Programa Y Cuota²</u>	<u>Session</u>	<u>Service Total</u>
1 Entrevista inicial	\$200.00 cada una	\$200.00
1 Evaluacion de Problema	incl.	incl.
13 Entrevistas individuales de 15 minutos	\$ 25.00 cada una	\$ 325.00
6 Sesiones educativas de 2 horas	\$ 30.00 cada una	\$ 180.00
15 Sesiones de asesoría en grupo de dos horas	\$ 30.00 cada una	\$ 450.00
Cuota municipal de supervisión		\$ 57.75
Cuota estatal de supervisión		\$ 10.00
	Cuota total del programa*	\$ 1222.75

Recargos adicionales

Actividad de Perdidas	cada vez	\$ 25.00
Recargo pro cheque sin fondos ³	cada vez	\$ 30.00
Cuota de reinscripción	cada vez	\$ 75.00
Transferencia a otro condado ⁴		\$ 50.00
Permiso de Ausencia	cada vez	\$ 30.00
Duplicado de Certificado DL-101/ DL-107	cada uno	\$ 10.00
Prueba de Alcohol		\$ 10.00
Recargo por pago atrasado		\$ 15.00

Reduccion de la cuota del programa

Se reduciran las cuotas del programa si presenta documentos que comprueben que es persona de bajos ingresos. Las cuotas de servicios cobradas antes de la reduccion de la cuota se pagaran en su totalidad.

Cuota mensual para participantes de bajos ingresos	\$ 5.00
Reprogramacion de servicios	\$ 5.00
Cuota de reinscripcion	\$10.00
Transferencia	\$ 5.00

 Firma Del Cliente

 Fecha

Se expedirá Certificado de Cumplimiento del Programa únicamente si cumple todos los requisitos y efectúa pago de todas las cuotas.
 Esta cuota se aplica únicamente si cumple todos los requisitos dentro de los plazos mínimos sin devengar cuotas adicionales.
 Todos los pagos subsiguientes se podrán efectuar únicamente con giro postal (money order).
⁴ Se deberán pagar todas las cuotas por servicios prestados antes de conceder la transferencia.
 Rev. addendum c 02/04/2014



ADDENDUM C
SUN STREET CENTERS
 CONTRATO DE PARTICIPADO EN EL PROGRAMA CONTRA EL
 MANEJO BAJO LOS EFECTOS DE ALCOHOL Y DROGAS
 CUOTAS Y SERVICIOS OBLIGATORIOS
Programa de 9 meses de Primera Ofensa

Servicios obligatorios¹

Participacion minima de 9 meses a partir de la fecha de inscripcion.
 Veintiuno entrevistas (principio, dos en medio y una al terminar el programa)
 Participacion minima de 12 horas en cursos de educacion para programa basico.
 Asesoría en grupo durante 44 horas minimas para programa basico.

Ausencias permitidas (faltas a sesiones)

Se permite tener 7 ausencias. La 8 falta causara expulsion.
 Las sesiones a las que falte no cuentan como cumplimiento del servicio obligatorio.

<u>Programa Y Cuota²</u>	<u>Session</u>	<u>Service Total</u>
1 Entrevista inicial	\$200.00 cada una	\$200.00
1 Evaluacion de Problema	incl.	incl.
21 Entrevistas individuales de 15 minutos	\$ 25.00 cada una	\$ 525.00
6 Sesiones educativas de 2 horas	\$ 30.00 cada una	\$ 180.00
22 Sesiones de asesoría en grupo de dos horas	\$ 30.00 cada una	\$ 660.00
Cuota municipal de supervisión		\$ 78.25
Cuota estatal de supervisión		\$ 10.00
	Cuota total del programa*	\$1653.25

Recargos adicionales

Actividad de Perdidas	cada vez	\$ 25.00
Recargo pro cheque sin fondos ³	cada vez	\$ 30.00
Cuota de reinscripción	cada vez	\$ 75.00
Transferencia a otro condado ⁴		\$ 50.00
Permiso de Ausencia	cada vez	\$ 30.00
Duplicado de Certificado DL-101/ DL-107	cada uno	\$ 10.00
Prueba de Alcohol		\$ 10.00
Recargo por pago atrasado		\$ 15.00

Reduccion de la cuota del programa

Se reduiran las cuotas del programa si presenta documentos que comprueben que es persona de bajos ingresos. Las cuotas de servicios cobradas antes de la reduccion de la cuota se pagaran en su totalidad.

Cuota mensual para participantes de bajos ingresos	\$ 5.00
Reprogramacion de Servicios	\$ 5.00
Cuota de reinscripcion	\$10.00
Transferencia	\$ 5.00

 Firma Del Cliente

 Fecha

Se expedirá Certificado de Cumplimiento del Programa únicamente si cumple todos los requisitos y efectúa pago de todas las cuotas.
 Esta cuota se aplica únicamente si cumple todos los requisitos dentro de los plazos mínimos sin devengar cuotas adicionales.
 Todos los pagos subsiguientes se podrán efectuar únicamente con giro postal (money order).
⁴ Se deberán pagar todas las cuotas por servicios prestados antes de conceder la transferencia.
 Rev. addendum c 02/04/2014



ADDENDUM C
 SUN STREET CENTERS
 CONTRATO DE PARTICIPADO EN EL PROGRAMA CONTRA EL
 MANEJO BAJO LOS EFECTOS DE ALCOHOL Y DROGAS
 CUOTAS Y SERVICIOS OBLIGATORIOS

Programa de 18 meses de múltiple ofensa

Servicios obligatorios¹

Participación mínima de 18 meses a partir de la fecha de inscripción.
 Participación mínima de 12 meses en el programa básico. Entrevistas quincenales durante el programa básico (mínimo de 26).
 Participación mínima de 12 horas en cursos de educación para programa básico.
 Asesoría en grupo durante 52 horas para programa básico.
 Seis meses de supervisión después de terminar el programa básico en caso de reinscripción.

Ausencias permitidas (faltas a sesiones)

Se permite tener 10 ausencias. La 11 falta causará expulsión.
 Las sesiones a las que falte no cuentan como cumplimiento del servicio obligatorio.

<u>Programa y Cuota²</u>	<u>Sesión</u>	<u>Servicio Total</u>
1 Entrevista inicial	\$200.00 cada una	\$ 200.00
1 Evaluación del problema	Incl.	Incl.
26 Entrevistas quincenales de 15 minutos	\$ 25.00 cada una	\$ 650.00
6 Sesiones educativas de 2 horas	\$ 30.00 cada una	\$ 180.00
26 Sesiones de asesoría en grupo de 2 horas	\$ 30.00 cada una	\$ 780.00
6 Sesiones en grupo de una hora para readmisión	\$ 30.00 cada una	\$ 180.00
Cuota municipal de supervisión		\$ 99.50
Cuota estatal de supervisión		\$ 10.00

Cuota total del Programa* \$ 2099.50

Recargos adicionales

Actividad de Perdidas		\$ 25.00
Recargo por cheque sin fondos ³	Cada vez	\$ 30.00
Cuota de reinscripción	Cada vez	\$ 75.00
Transferencia a otro condado ⁴	Cada vez	\$ 50.00
Duplicado de Certificado DL 101 / DL 107	Cada uno	\$ 10.00
Permiso de Ausencia	Cada vez	\$ 30.00
Entrevistas quincenales adicionales (consulte notas)	Cada una	\$ 25.00
(Se le cargaran si extienden de los 12 meses para	Prueba de Alcohol	\$ 10.00
Recargo por pago atrasado		\$ 15.00

Reducción de la cuota del programa

Se reducirán las cuotas del programa si presenta		
Cuota mensual para participantes de bajos ingresos		\$5.00
Reprogramacion de Servicios		\$5.00
Cuota de reinscripcion		\$10.00
Transferencia		\$5.00

 Firma Del Cliente

 Fecha

¹ Se expedirá Certificado de Cumplimiento del Programa únicamente si cumple todos los requisitos y efectúa pago de todas las cuotas.

² Esta cuota se aplica únicamente si cumple todos los requisitos dentro de los plazos mínimos sin devengar cuotas adicionales.

³ Todos los pagos subsiguientes se podrán efectuar únicamente con giro postal (money order).

⁴ Se deberán pagar todas las cuotas por servicios prestados antes de conceder la transferencia.

SUN STREET CENTERS

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I, _____ authorize Sun Street Centers to disclose to the State of California Alcohol and Drug Programs, County Alcohol and Drug Programs, County Municipal Courts, County Probation Departments, applicable Law Enforcement Agencies and the Department of Motor Vehicles any appropriate information regarding my progress in the Sun Street Program.

Additionally, if I am participating in more than one Sun Street Centers program, I authorize Sun Street Centers staff to exchange information regarding my participation in each program in which I am enrolled. I authorize Sun Street Centers staff to send information and/or contact my identified family/friends regarding the Sun Street Centers family program.

My participation in this program may also be discussed with the following persons:

The purpose or need for such disclosure is that it is a requirement of law that the State and County alcohol and drug programs, courts, probation departments and the Department of Motor Vehicles be kept advised of participants status in the Sun Street Centers program.

It may be necessary for Sun Street Centers to receive information regarding my participation in other programs, medical history, psychological history, etc. I authorize the following:

to discuss my participation/progress in the above mentioned program with Sun Street Centers staff.

I understand that Sun Street Centers is required to report any disclosure of child abuse to a child protective agency.

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except in the extent that action has been taken in reliance on it (e.g.,parole, probation, etc.) and that in any event this consent expires automatically as described below.

Specifications of the date, event, or condition upon which this consent expires is either by termination or completion, of the Sun Street Centers program.

Executed By:

Signature of Participant Date

Signature of Guardian or Representative Date
(Required ONLY if participant is unable to sign)

PROGRAMA DE SUN STREET CENTERS DE MANEJAR BAJO LA INFLUENCIA (DDP)

Autorizacion Para Dar Informacion Confidencial

Yo, _____ autorizo al Programa de Sun Street Centers de Manejar Bajo La Influencia (DDP) de revelar a Programas de Alcohol y Droga del Estado de California, Programas de Alcohol y Droga del Condado, Cortes Municipales del Condado, Departamento de Probacion del Condado y el Departamento de Vehiculos de Motor cualquier informacion apropiada sobre el progreso en el programa Sun Street Centers DDP.

Mi participacion en este programa tambien puede ser discutida con las siguientes personas:

El proposito o necesidad para tal revelacion es que es un requisito de la ley que los programas de alcohol y droga del estado y del condado, las cortes, departamento de probacion y el Departamento de Vehiculos de Motor mantengan aviso del estado de participantes en Sun Street Centers DDP.

Talves sea necesario para Sun Street Centers recibir informacion con respecto a mi participacion en otros programas, historia medica, historia psicologica, etc. Yo autorizo lo siguiente:

Para discutir mi participacion/progreso en el programa mencionado arriba con personal de Sun Street Centers.

Entiendo que Sun Street Centers DDP es requerido reportar cualquier revelacion de abuso de niños a una agencia de proteccion de niños.

Entiendo que mis archivos son protegidos bajo las Regulaciones Federales de Confidencialidad y no pueden ser revelados sin mi consentimiento por escrito de otro modo proveido en las regulaciones. Tambien entiendo que puedo revocar este consentimiento en cualquier momento excepto en el grado que alguna accion ha sido tomada en confianza (palabra de honor, probacion, etc.) y que en cualquier evento este consentimiento se vence automaticamente como esta descrito abajo.

Especificaciones de la fecha, evento, o condicion sobre cual este consentimiento se vence, es por expulsion o cumplimiento del Programa de Sun Street Centers de Manejar Bajo La Influencia.

Ejecutada por:

Firma del cliente o participe

Fecha

Firma del custodio o representante
(Requerida solamente si el participante es incapaz de firmar)
Revised 04/02/13

Fecha

**SUN STREET CENTER
INTAKE INTERVIEW**

Participant: _____ Case #: _____

Interviewer: _____ Date: _____

- A. _____ Discussed Rules and Regulations as outlined in Participant Agreement.
- B. _____ Discussed Reasons for Termination as outlined in Participant Agreement.
- C. _____ Discussed Payment Schedule (Addendum A), including Late Payment Policy.
- D. _____ Discussed Program Schedule (Addendum B), including Absence Policy, and Participant attendance in educational sessions and counseling sessions.
- E. _____ Discussed results of MAST test, Program Goal of Abstinence and any recognition of an actual, possible or potential problem with alcohol or Drugs.
- F. _____ Discussed need for a voluntary referral, if recognized a problem in #E.
Participant referred to: _____
- G. _____ Discussed any; barriers to successful completion of the program.

REMARKS:

Interviewer's Signature

DUI ENROLLMENT CHECKLIST

This checklist is to be filled out and placed in participant's file by intake worker. All items must be completed and checked.

1. Name: _____ Client #: _____

2. Is Participant court-referred? Yes _____ No _____ If yes, Docket # _____

a) (Check One) Yellow CRF is in file: _____ Data Clerk to put Yellow CRF in file _____

b) If NO, _____ put DMV Referral in file, or explain: _____

3. Services are requested in Spanish: _____ English: _____ Other: _____

4. Documents: _____ Contract/addenda: _____ Program schedules: _____ Confidentiality statement: _____
RAP Test: _____ Financial assessment: _____ Other forms are: _____

a) _____ Yes, in language noted above (#3), b) _____ Yes, dated and signed by participant.

If different, explain: _____

5. Participant is enrolling in: **First Offender Program** _____ **Multiple Offender Program** _____

Extended First Offender _____

6-Week Wet-Reckless Program _____

6. Enrollment Date: _____ Date 1st Activity _____ Date 1st Group _____

a) _____ Yes, first activity is within 21 days of enrollment.

b) _____ Multiple Offender, first group/interview session is within 10 days of enrollment, or

c) _____ First Offender, first interview is completed with times stated (at least 15 minutes).

7. I have provided materials, which describe how abstinence contributes to healthy lifestyle; and I have discussed the following with the participant in the language preferred.

_____ Results of problem assessment (MAST Test)

_____ Goals and objectives of participation, including program abstinence

_____ Counseling, education, and face-to-face interview requirements

_____ All reasons for dismissal

_____ Program rules

_____ Attendance requirements and limits on absences

_____ Procedures for obtaining a Leave Of Absence

_____ Location and time of program services

_____ Fees, payment schedules, and the right to a financial reassessment

8. _____ I have provided a copy of the signed and dated contract to the participant along with a written list of the date, time, and location of the program activities to be attended.

I have completed #1-8 above, signed _____ Intake Worker
Data Entry Clerk will verify and report deficiencies to supervisor along with copy.

I have verified #1-6 above, signed _____ Data Entry Clerk

Reviewed By: _____

Revised: 3/4/2015



2167 H Del La Rosa Sr. St. + Soledad, CA 93960
Tel: (831) 385-0100 + Fax: (831) 385-6842
www.sunstreetcenters.org

Sun Street Centers adheres to all sections listed below

§ 9858. Face-to-Face Interviews.

(a) Each DUI program shall conduct private, face-to-face interviews with each participant to:

- (1) Monitor payment of fees;
- (2) Discuss and encourage participant attendance in educational sessions and counseling sessions;
- (3) Discuss and identify problems which may be barriers to program completion, including progress in group and other counseling sessions; and
- (4) Evaluate the participant's need for referral to ancillary services.

(b) Face-to-face interviews shall be at least 15 minutes in length and shall be longer whenever the interviewer or the participant determines that additional time is needed.

(c) The DUI program shall conduct face-to-face interviews on a regularly scheduled basis, rather than on a drop-in basis.

(1) For three month first offender programs, face-to-face interviews shall be conducted pursuant to Section 9851(b)(4).

(2) For six-month programs for first offenders with court ordered duration of participation, face-to-face interviews shall be conducted pursuant to Section 9851(c)(3).

(3) For nine-month programs for first offenders with court ordered duration of participation, face-to-face interviews shall be conducted pursuant to subdivision 9851(d)(3).

(4) For 18-month multiple offender programs, the required number of face-to-face interviews, including make-ups, shall be conducted for the first 12 months or until completion of the core program requirements pursuant to subdivision 9851(e)(1)(C).

(d) Whenever possible, face-to-face interviews shall be conducted by the same interviewer for the duration of the program.

(e) The interviewer shall document the following information in each participant's record:

- (1) The date, time, and length of each face-to-face interview.
- (2) The counselor's assessment of the participant's progress regarding participation in program activities and any increased awareness in understanding his/her alcohol and/or

drug related problems. For DUI programs that require participants to document their own progress at the end of group sessions, the DUI program shall ensure that program staff review and provide feedback to the participant.

(f) No credit for attendance shall be given unless the participant attended the entire face-to-face interview as scheduled.

(g) The DUI program may only charge for additional face-to-face interviews as provided in Section 9851. Charges for additional face-to-face interviews shall be based on the approved unit of service fee for face-to-face interviews determined in accordance with Section 9878.

FACE TO FACE INTERVIEW:

Participant's Name: _____ ID #: _____
Print: (first) (last)

Discuss the following and place responses below: (except for #4 indicate your observation of participant):

1. Attendance, program schedule, absences, make-up(s), additional requirements etc.
2. Up to date in payments (check status prior to this interview) and any need for financial assessment.
3. Identify any problems which may be barriers to program completion and any need for ancillary services.
4. What is your assessment of the participant's progress and involvement in group (if the participant completes their own group note review and comment?)

Date: _____ Start: _____ AM / PM End: _____ AM / PM

Responses:

Q1 _____

Q2 _____

Q3 _____

Q4 _____

Counselor's Signature _____ Credential: _____

Date: _____ Start: _____ AM/PM End: _____ AM/PM

Responses:

Q1 _____

Q2 _____

Q3 _____

Q4 _____

Counselor's Signature _____ Credential: _____

Date: _____ Start: _____ AM/PM End: _____ AM/PM

Responses:

Q1 _____

Q2 _____

Q3 _____

Q4 _____

Counselor's Signature _____ Credential: _____



2167 H Del La Rosa Sr. St. + Soledad, CA 93960
Tel: (831) 385-0100 + Fax: (831) 385-6842
www.sunstreetcenters.org

Sun Street Centers South County DUI adheres to all sections listed below

§ 9852. Educational Sessions.

(a) Educational sessions shall be no less than one hour and no more than two hours in length. Time allowed for breaks shall not be counted toward meeting the number of hours for educational sessions in accordance with Section 9851.

(b) DUI program staff who conduct educational sessions shall meet the staff qualifications required in Section 9846(b).

(c) Educational sessions shall be informational in content and instructional in manner of presentation. Educational sessions may consist of lectures, seminars, films, audio tapes, written exercises, or any combination thereof. Educational sessions shall include information regarding the following topics:

(1) The use and effects of alcohol and other drugs.

(2) The nature of addiction to alcohol and other drugs.

(3) Impairment of driving abilities, skills, and judgment caused by consumption of alcohol or other drugs.

(4) Alternatives to the abuse of alcohol and the use of illicit drugs, including discussion of how abstinence, additional county requirements, ancillary services, and participation in self-help groups, assist the participant to recognize the effects of chemical dependency and understand the recovery process.

(5) The effects of alcohol or other drug use on the individual, the family, and society.

(d) The DUI program shall encourage participant discussion during educational sessions.

(e) A participant shall not attend more than one educational session per calendar day.

(f) The DUI program shall limit attendance at educational sessions to a maximum of 35 program participants.

(g) The instructor must be present during the entire educational session.

(h) A DUI program licensed as an 18 month program shall not allow an outside person, except an interpreter, family member, or significant other of a participant to attend educational sessions conducted for a participant. If the DUI program allows a family member or significant other of a participant to attend educational sessions, all of the following conditions shall apply:

(1) Each family member or significant other shall attend educational sessions only on a voluntary basis. A signed copy of the agreement confirming voluntary attendance by the family member or significant other shall be maintained in the appropriate participant record.

(2) The DUI program shall provide participant's family member or significant other, who attend educational sessions, with a copy of the program rules (including maintaining confidentiality) and shall inform the participant's family member and significant other, in writing, that they may be prohibited from attending future educational sessions if they fail to comply with program rules. The DUI program shall retain in the participant's record a copy of the program rules and the consequences of noncompliance, signed by the family member or significant other.

(3) Attendance by a family member or significant other shall not result in an increased cost to the participant. The DUI program may charge fees to the family member or significant other for attending educational sessions.

(i) The DUI program shall require each participant to sign a roster at each educational session in order to verify attendance. The DUI program shall maintain attendance rosters for each educational session. The attendance roster for each educational session shall list the following information:

(1) Date of the session,

(2) Starting and ending time,

(3) Topics presented or session number,

(4) Printed and signed names of participants in attendance, and

(5) Signature of the program staff who conducted the session.

(j) The DUI program shall document attendance at educational sessions in each participant's case record.

(k) No credit shall be given for attendance unless the participant attended the entire educational session as scheduled.

All Educational and Group curriculum used in classes are State approved DDP1 and DDP2 (English/Spanish) from Safety Center Incorporated.



2167 H Del La Rosa Sr. St. + Soledad, CA 93960
Tel: (831) 385-0100 + Fax: (831) 385-6842
www.sunstreetcenters.org

Sun Street Centers adheres to the section listed below

§ 9854. Group Counseling Sessions.

(a) Group counseling sessions shall be no less than one hour and no more than two hours in length.

(1) The DUI program may substitute one hour of individual counseling sessions for every two hours of group counseling sessions if the participant is unable to participate in or benefit from group counseling sessions because of a language barrier, an emotional problem, or other difficulty.

(2) Time allowed for breaks shall not be counted as part of the minimum time required for group counseling in Section 9851.

(b) Group counseling sessions shall be conducted by DUI program counselors in a manner that:

(1) Encourages the participants to talk and share ideas and information in order to identify and resolve alcohol or drug related problems;

(2) Provides an opportunity for participants to examine their own personal attitudes and behavior; and

(3) Provides support for positive changes in life style to facilitate reduction or elimination of alcohol or drug problems.

(c) Group counseling sessions may emphasize a specific topic or may be less structured in nature.

(d) The DUI program shall not use films or lectures to meet the number of hours of group counseling sessions required in section 9851.

(e) The licensee of a first offender program shall not allow an outside person, except an interpreter, to participate in group counseling sessions conducted for participants.

(f) A DUI program licensed as an 18-month program shall not allow an outside person, except an interpreter, a participant's family member, or a significant other to attend group counseling sessions conducted for the participant. If the DUI program allows a

participant's family member and significant other to attend group counseling sessions, the following shall apply:

(1) Each family member or significant other shall attend group counseling sessions only on a voluntary basis. A signed copy of the agreement confirming voluntary attendance by a family member or significant other shall be maintained in the respective appropriate participant's record.

(2) The family member or significant other who attend group counseling sessions shall be at least 18 years old.

(3) The DUI program shall provide a participant's family member or significant other, who attend group counseling sessions, with a copy of the program rules (including maintaining confidentiality) and shall inform the family member or significant other, in writing, of the consequences of failure to comply with program rules. The DUI program shall retain in the participant's record a copy of the program rules and the consequences of noncompliance, signed by the family member or significant other.

(4) Attendance by a family member or significant other shall not result in an increased cost to the participant. The DUI program may charge fees to the family member or significant other for attending group counseling sessions.

(g) Except as noted in (1) and (2) below, group counseling sessions shall be limited to 15 persons, including participants, their family members, and significant others.

(1) On an emergency basis, as defined in (2) below, 17 participants may be included in group counseling sessions. The DUI program shall not include more than 17 participants per group counseling session for any reason.

(2) As used in this Subsection, "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.

(3) Whenever a participant is added to a group counseling session on an emergency basis, the DUI program shall document the nature of the emergency in the participant's case record and on the attendance roster.

(h) DUI programs may be innovative in developing additional group counseling sessions (e.g., involving family and significant others) beyond the minimum requirements contained in this section.

(i) The DUI program shall require each participant to sign a roster at each group counseling session in order to verify attendance. The DUI program shall maintain attendance rosters for all group counseling sessions. The attendance roster for each group counseling session shall list the following information:

(1) Date of the session,

(2) Starting and ending time,

(3) Topics discussed or session number,

(4) Written exercise to be conducted, if any, the purpose and desired outcome, and the amount of time allocated for participants to complete the exercise.

(5) Printed and signed names of participants in attendance, and

(6) Signature of the program staff who conducted the session.

(j) The DUI program shall document attendance and participation at group counseling sessions in each participant record.

(k) No credit shall be given for attendance unless the participant attended the entire group counseling session as scheduled.

All Educational and Group curriculum used in classes are State approved DDP1 and DDP2 (English/Spanish) from Safety Center Incorporated.

GROUP NOTES

Client # _____

Client Name: _____ Date: _____
Print Name: (FIRST) (LAST)

Group Topic: _____ Session# _____

Q1. Describe how you participated in group discussion.

Q2. Describe any progress you have made in the program.

Q3. Describe what you think about the topic.

Q4. Describe your attitude and behavior during group.

Q5. State any additional information or comments.

Client Signature: _____ Date: _____

PROGRAM COUNSELOR USE ONLY BELOW THIS LINE

ATTITUDE:

- ENTHUSIASTIC
- COOPERATIVE
- PASSIVE RESISTANT
- UNCOOPERATIVE

BEHAVIOR:

- APPROPRIATE, AWARE OF RESPONSIBILITIES AS GROUP MEMBER
- BEHAVES APPROPRIATELY IN GROUP
- UNSURE OF GROUP MEMBER ROLE
- INAPPROPRIATE, DISRUPTIVE IN GROUP

COMMUNICATION:

- EXTREMELY VERBAL
- MODERATELY COMMUNICATIVE
- QUIET, RESPONDS WHEN ASKED
- NO COMMUNICATION

COUNSELORS NOTE:

Counselor's Signature _____ Credential: _____ Date: _____



2167 H Del La Rosa Sr. St. + Soledad, CA 93960
Tel: (831) 385-0100 + Fax: (831) 385-6842
www.sunstreetcenters.org

Sun Street Centers adheres to the listed section

§ 9856. Individual Counseling Sessions.

(a) Each drinking driver program shall provide, or shall have the capability of referring to other alcohol programs, without additional charge to the participant, individual counseling services when the participant is not able to benefit from group counseling sessions (e.g., because of a language barrier or special problems which preclude group participation).

(b) One hour of individual counseling may be substituted for two hours of group counseling under these circumstances. The reasons for individual counseling shall be documented in the participant's case record.

(c) Participation and progress in individual counseling shall be documented in the participant's case record.

(d) No credit for attendance shall be given unless the participant attended the entire individual counseling session as scheduled.

All Educational and Group curriculum used in classes are State approved DDP1 and DDP2 (English/Spanish) from Safety Center Incorporated.



2167 H Del La Rosa Sr. St. + Soledad, CA 93960
Tel: (831) 385-0100 + Fax: (831) 385-6842
www.sunstreetcenters.org

Sun Street Centers South county DUI adheres to all sections listed below

§ 9849. Assessment of Participant's Alcohol or Drug Problem.

- (a) Within the first 60 days of participation, the DUI program shall complete an assessment of each participant's alcohol or drug use. The assessment shall address patterns and history of alcohol and other drug use, addiction treatment history, gender, age, work status, family substance abuse history, legal history, and current health status.
- (b) Alcohol and drug assessments shall be conducted by DUI program counselors who meet the staff qualification standards listed in Section 9846(c).
- (c) The counselor conducting the assessment shall discuss the results of the alcohol or drug assessment with the participant.
- (d) As part of the assessment, the counselor shall recommend any ancillary services he/she thinks would be potentially beneficial to the participant. Ancillary services recommended should be appropriate to the individual participant and available nearby. The counselor shall record the results of the participant's alcohol or drug assessment, the follow up discussion, and the recommendations for ancillary services in the participant's case record. The referral process for ancillary services must be in accordance with Section 9862.
- (e) The participant and the counselor shall sign and date the results of the assessment and follow up discussion.

Sun Street Centers Dui Program

Assessment

General Status:

Client Name: _____ Gender: Male: ___ Female: ___ Age: ___
Race: _____ (MO,CO Stats)

Language: English ___ Spanish ___ Other: ___ note other (If applies): _____

Employment Status:

1. Education completed: Yrs _____ Mos _____
2. How long was your longest full time job? Yrs _____ Mos _____
3. Usual or last occupation
Specify: _____

4. Current employment status: Full \ Part \ Unemployed

5. Usual employment pattern, within past three years?

___ Full time
___ Part time (regular hours)
___ Part time (irregular, day work)
___ Student
___ Retired/disabled
___ Unemployment
___ Service (Military)

Family Social Relationships

1. Marital Status? ___ Married ___ Remarried ___ Widowed ___ Separated ___ Divorced
___ Never Married

2. How long have you been in this marital status? ___ Yrs. ___ Mos.

3. Are you satisfied with this situation? ___ No ___ Yes ___ Indifferent.

Do you live with anyone who:

4. Has an alcohol problem? ___ Yes ___ No

5. Has an illicit drug problem? ___ Yes ___ No

6. Uses non-prescribed drugs? ___ Yes ___ No

Family Substance Abuse History

1. Any history of alcohol or drug abuse in your family? ___ Yes ___ No : Check answer
___ Father ___ Mother ___ Grandparent ___ Sibling ___ Aunt/Uncle ___ Child : (0) or check answer

2. How long did they abuse? ___ Yrs ___ Mos.

3. Did they seek treatment for their substance use? ___ Yes ___ No

4. What is the outcome of their status? ___ Recovery ___ Non-Recovery ___ Unknown

Medical Status

1. Do you have any chronic medical problems which continue to interfere with your life? ___ Yes ___ No
If yes, specify: _____

2. Are you taking any prescribed medications on a regular basis for physical problem? ___ Yes ___ No
If yes, specify: _____

3. Do you receive a pension for physical disability? ___ Yes ___ No

4. Have you or are you taking any medication that is not prescribed for you: ___ Yes ___ No
If yes, specify: _____

Legal Status

1. Was this admission prompted or suggested by the criminal justice system (Judge, probation/parole officer)? Yes No
2. Are you currently on probation or parole? Yes No
How many times in your life have you been charged with the following?
3. Disorderly conduct, vagrancy, public intoxication? _____
4. Driving while intoxicated? _____
5. Major driving violations (reckless driving, speeding, no license)? _____
6. How many Days/months were you incarcerated in your life? _____ Days/ _____ months.
7. How long was your last incarceration? _____.
8. What was it for? _____
9. Are you presently awaiting charges, trial, or sentence? Yes No

Drug/Alcohol Use

DRINKING PATTERN

- Daily: AM and/or on the job Yes No
 Weekday evening drinking Yes No
 Stop after work Yes No
 Weekends Yes No
 Occasional Heavy Yes No

RELATED PHYSICAL PROBLEMS

- Blackouts Yes No
 Hangovers Yes No
 Passing out Yes No
 Liver Problems Yes No
 DT's Yes No

How many times in your life have you been treated for?

	Treatment	Detox only
Alcohol Abuse	_____	_____
Drug Abuse	_____	_____

How do you see yourself in relationship to alcohol/drugs?

- | | |
|---|--|
| <p>ALCOHOL</p> <p><input type="checkbox"/> Abstaining without self-help (how long? _____)</p> <p><input type="checkbox"/> Social Drinker</p> <p><input type="checkbox"/> Potential Problem Drinker</p> <p><input type="checkbox"/> Alcoholic</p> <p><input type="checkbox"/> In recovery (how long? _____)</p> | <p>DRUGS</p> <p><input type="checkbox"/> Abstaining without self-help (how long? _____)</p> <p><input type="checkbox"/> Potential Drug Problem</p> <p><input type="checkbox"/> Drug Problem</p> <p><input type="checkbox"/> In recovery (how long? _____)</p> |
|---|--|

Substance	Total Years in Life Time	Current use (circle Y or N)	Route of Administration
1. Alcohol-any use at all			
2. Alcohol-to intoxication			
3. Heroin			
4. Methadone			
5. Other opiate/analgesics			
6. Barbiturates			
7. other sedatives			
8. Cocaine			
9. Amphetamines			
10. Cannabis			
11. Hallucinogens			
12. Inhalants			

R.A.P.
ALCOHOL AND DRUG ASSESSMENT

“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

- | | | | |
|-----|---|---|--|
| 1. | Y | N | I have a strong and clear faith in life. |
| 2. | Y | N | Many times I feel uneasy or blue. |
| 3. | Y | N | My home life is as happy as it should be. |
| 4. | Y | N | Some days I feel I am not my self. |
| 5. | Y | N | I feel sorry for myself and frequently indulge in self-pity. |
| 6. | Y | N | I am moderate in my habits. |
| 7. | Y | N | I often feel guilty or apologetic without knowing why. |
| 8. | Y | N | I am pretty much like everyone else I know. |
| 9. | Y | N | Sometimes I go out of my way to avoid people I dislike. |
| 10. | Y | N | It seems to me I am going nowhere in my life. |
| 11. | Y | N | I feel there is a barrier between the world and me. |
| 12. | Y | N | My interest or enthusiasm fades quickly. |
| 13. | Y | N | I keep thinking about things I fear. |
| 14. | Y | N | I am inclined to be serene and relaxed. |
| 15. | Y | N | I feel alone in the world. |
| 16. | Y | N | My mood changes rapidly. |

Part 2

- | | | | |
|----|---|---|---|
| 1. | Y | N | Discussion about my drinking makes me nervous. |
| 2. | Y | N | I am a shaky, jittery person. |
| 3. | Y | N | I have trouble remembering what I do when I drink. |
| 4. | Y | N | Drinking has caused me legal, family, health, job or social problems. |
| 5. | Y | N | I consume more alcohol than most of my friends do. |
| 6. | Y | N | I have sensations of numbness, or tingling, in my fingers or toes. |
| 7. | Y | N | I often want more drinks after the party is over. |
| 8. | 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

INTERPRETATION OF YOUR SCORE
PART -1 _____ PART-2 _____

**S
A
F
E**

LOW on PART 1, and low on PART 2
 You don't have to worry. You are in no danger of addictive problems as long as you continue as you are. If life situations change or you begin to consume more, you will want to check yourself again.

MEDIUM on Part 1, and LOW on Part 2
 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.

**C
A
U
T
I
O
N**

LOW on Part 1, and MEDIUM on Part 2
 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.

MEDIUM on Part 1, and MEDIUM on Part 2
 This score indicates that you are a pre-alcoholic (or in early stages 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 plan 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 these rules, it is best to quit. See "Low-High" Interpretation.

HIGH on Part 1, and LOW on Part 2
 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. It is wise for you to get active and stay active in a self-help group. It would be a losing battle for you to handle your problems and feelings alone, but with help you can have a much more satisfying life.

**D
A
N
G
E
R**

LOW on Part 1, and HIGH on Part 2
 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.

HIGH on Part 2, MEDIUM on Part 2
 This 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 definitely can make your problems worse, but if you live entirely without these chemical aids you will develop strength which will make your whole life more satisfactory.

MEDIUM on Part 1, and HIGH on Part 2
 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.

HIGH on Part 1, and HIGH on Part 2
 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 your.

COUNSELOR EVALUATION AND RECOMMENDATIONS

Counselor evaluates client as: Social Drinker
 Beginning Problem Drinker/Drug user
 Problem Drinker/Drug user

(Abstinent and/or in Recovery of substances/Alcohol)

Details of Follow-up Discussion if applicable to criteria above:

RAP Score: Part-1 _____ Part-2 _____

Counselor recommends:

AA NA MA Life Ring A.C.A Alanon : Must check one or more.
 Detox Residential Treatment Private Counseling Outpatient
 Other:

DUI PROGRAM: # OF MONTHS (3 Months / 6 Months / 9Months / 18 Months) : Circle

W&R-6WEEKS: _____ please check if applies.

Note for Other:

This assessment and recommendations has been discussed with me.

Client Signature: _____ Date: _____

Counselor Signature: _____ Credential: _____ Date: _____

Evaluación de Drogas y Alcohol

Fecha de evaluación: _____

Perfil General:

Nombre del Cliente: _____

Sexo: Masculino ____ Femenino: ____ Edad: ____ Etnicidad: _____

Estado de empleo:

¿Modo de empleo habitual, pasados tres años?

- Tiempo Completo
- Tiempo Parcial (horario regular)
- Tiempo Parcial (jornada irregular)
- Desempleado/a
- Estudiante
- Desconocido
- Servicio
- Jubilado(a)/discapacitado(a)
- En un ambiente controlado

¿Recibe una pensión por discapacidad? Sí No

(Si empleado complete lo siguiente):

Empleador actual: _____

Sueldo: _____ semanal/mensual; Número telefónico: _____

Dirección: _____ Ciudad: _____

Relaciones Sociales Familiares:

1. ¿Estado civil? Casado/a Se volvió a casar Viudo/a Separado/a
 Divorciado/a Soltero/a

2 ¿Estas relacionado/a o vives con alguien que tiene problema/s con el abuso de sustancias controladas? Sí No

Estado Médico:

1¿Tienes algún problema médico crónico que continúan a interferir con su vida?

Sí No

Si contesto si, especifique el problema médico e identifique el medicamento:

2. ¿Está tomando algún medicamento de manera regular por un problema físico?

Sí No

Si contesto si, especifique el/los medicamento/s:

3. ¿Ha tomado o sigue tomando algún medicamento/s que no le ha sido prescrito para usted? Sí No

Si contesto si, especifique el/los medicamento/s:

Estatus legal:

1. ¿Fue esta admisión incitado o sugerido por el sistema de justicia penal (Juez, oficial de período de prueba/libertad condicional, etc.)? Sí No

2. ¿Está en libertad condicional o provisional? Sí No

3. ¿Cuántas veces en su vida ha sido acusado/a de las siguientes infracciones:

a. Embriaguez en público _____

b. Veces conduciendo bajo la influencia del alcohol y/o drogas: _____

c. ¿Se encuentra actualmente esperando cargos, juicio, o sentencia? Sí No

Uso de drogas y Alcohol:

Frecuencia del Consumo del alcohol:

Diario, y/o en el trabajo Sí No

Noche de la Semana Si No

Parada después del trabajo Si No

Fin de semana Si No

Demasiado ocasionalmente Si No

Problemas físicos relacionados con el alcohol

Desvanecimiento (desmayo)

Resaca

Desmayarse

Problemas al hígado

¿Cuántas veces en su vida ha sido tratado por: Abuso de alcohol _____ y/o Drogas _____?

¿Cómo te ves en relación con el consumo de alcohol/drogas?

Yo me considero un:

Alcohol:

- Bebedor Social
- Bebedor problema potencial
- Alcohólico
- En recuperación, (cuánto tiempo?)
- Abstinencia,, cuánto tiempo?
-

Drogas:

- No tengo problema con drogas
- drogadicto problema potencial
- Problema con drogas
- En recuperación, (cuánto tiempo?)
- Abstinencia,, (cuánto tiempo?)

"RAP" significa "**Riesgo de problemas con el ALCOHOL**". Si su puntaje es "BAJO" (la mayoría de la gente lo es), significa que no debería preocuparse. Sin embargo, Si su puntaje es "Medio" o "Alto", la información será de especial interés para usted.

CÍRCULO "S" = SI o "N" = No antes de cada pregunta, tal como se aplica a usted

Parte I

1. S N tengo una fe fuerte y clara en la vida.
2. S N muchas veces me siento incómodo/a o apenada.
3. S N mi vida casera es alegre como debe ser.
4. S N algunos días siento que no actúo como mi persona
5. S N siento perdón por mí misma y con frecuencia, siento lastima de mí mismo.
6. S N soy moderado con mis hábitos.
7. S N de a menudo me siento culpable o apologetico sin saber por qué.
8. S N Soy prácticamente igual que el resto de la gente que conozco.
9. S N a veces voy fuera de mi camino para evitar la gente que no me agrada.
10. S N me parece que no voy a ninguna parte en mi vida.
11. S N creo que hay una barrera entre el mundo y yo.
12. S N mi interés o entusiasmo se desvanece rápidamente.
13. S N Pienso de a menudo en las cosas que temo.
14. S N Me inclino a ser sereno y relajado.
15. S N Me siento solo/a en el mundo.
16. S N mis estados de ánimo cambian rápidamente.

Parte 2

1. S N discusiones acerca de mi hábito de beber me ponen nervioso.
2. S N soy una persona inestable, nerviosa.
3. S N tengo problemas para recordar lo que hago cuando bebo.
4. S N beber me ha causado problemas legales, familiares, de salud, de trabajo o sociales.
5. S N consumo más alcohol que la mayoría de mis amigos.
6. S N tengo sensaciones de entumecimiento u hormigueo en mis dedos o los pies.
7. S N de a menudo quiero más bebidas después de la fiesta.
8. S N me siento culpable acerca de mi hábito de beber.

Parte 1: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Baja

Media

Alta

Parte 2: 0 1 2 3 4 5 6 7 8

INTERPRETACIÓN DE SU PUNTUACIÓN	
PARTE 1:	PARTE 2:
S E G U R O	<p>A Puntaje baja en parte 1 y 2 No tienes que preocuparte. No estás en peligro de adicción siempre y cuando sigas con tu rutina. Si las situaciones de vida cambian o si empiezas a consumir más, es recomendable repetir el RAP.</p>
	<p>Puntaje medio en parte 1 y bajo en parte 2 No presentas ningún tipo de problema. Pero como has dado respuestas de "riesgo" a algunas de las preguntas, sería conveniente que se examinara en relación a sus declaraciones particulares. La voluntad de desarrollar una mayor madurez en estas áreas es algo positivo. Si ha hecho contestado como seis o siete respuestas de "riesgo", la luz de precaución es señalización sobre su uso de alcohol y otras drogas.</p>
	<p>Puntaje baja en Parte 1 y medio en Parte 2 Uso del alcohol y/o drogas podría ser riesgoso para usted. Practicar la moderación estricta como una herramienta en contra del desarrollo de problemas. Si encuentra que no disfruta de la moderación estricta, será mejor que renuncie a las sustancias antes de que se desarrollen problemas.</p>
P R E C A U C I O N	<p>Puntaje medio en parte 1 y medio en parte 2 Esta puntuación indica que usted es un pre-alcohólico (o en etapa temprana de consumo de drogas) es arriesgado para usted usar alcohol o drogas para cambiar la forma en que te sientes. Es posible encontrar que consumas más de lo previsto y sentirse peor por ello. Si esto continúa podría convertirse en un usuario compulsivo, eventualmente perder el control y creciendo progresivamente peor. Todavía puede controlar el uso de alcohol y/o drogas si usted se valora a usted mismo lo suficiente para hacer reglas firmes y adherirse a ellos. Si usted encuentra que no puede cumplir con la normativa, es mejor renunciar al alcohol y/o drogas.</p>
	<p>Puntaje alta en parte 1 y bajo en parte 2 Pueden ser susceptibles al alcoholismo si usted bebe. Entre más alto el puntaje en la parte 1, más importante será que usted se abstenga. Será sabio que se active y se mantenga activo en un grupo de autoayuda. Será una batalla perdida para usted si decide manejar sus problemas y sentimientos solos, pero con ayuda puede tener una vida mucho más satisfactoria.</p>
	<p>Puntaje baja en parte 1, alto en parte 2 Sus respuestas en la primera parte indican que es una persona razonablemente fuerte y estable, pero sus respuestas en la segunda indican una dependencia progresiva de alcohol y/o drogas. Daño físico y psicológico podría desarrollarse a lo que pase el tiempo, si sigues bebiendo o tomando drogas. Probablemente la moderación no es posible para usted.</p>
P E L I G R O S O	<p>Puntaje alta en parte 2, medio en parte 2 Esta puntuación indica alta susceptibilidad a problemas con el alcohol y/o las drogas, a pesar de que todavía no tiene problemas evidentes. Sería prudente no beber, al menos hasta que enderece las dificultades que ahora indican sus respuestas en la primera parte. El beber o consumir drogas definitivamente pueden empeorar sus problemas, pero si aprendes a vivir sin estas ayudas químicas desarrollas fuerzas que hará de tu vida más satisfactoria.</p>
	<p>Puntaje medio en parte 1 y alta en parte 2 Usted ya puede haber tenido problemas como consecuencia de su consumo. Su reacción al alcohol y las drogas ahora es anormal. ¿Puede tomar uno o dos tragos y dejar de tomar? Lo más sabio es que su límite sea ninguno.</p>
	<p>Puntaje alta en parte 1 y alta en parte 2 Alcohol para usted es una droga peligrosa que afecta su salud física y emocional. Sus respuestas demuestran que la mayoría de sus dificultades está relacionada directamente con la dependencia de alcohol y/u otras drogas. Cada aspecto de su vida será mejor cuando elimine esa dependencia. Y se</p>
	<p>Puntaje alta en parte 1 y medio en parte 2 Esta puntuación indica que usted es un pre-alcohólico (o en etapa temprana de consumo de drogas) es arriesgado para usted usar alcohol o drogas para cambiar la forma en que te sientes. Es posible encontrar que consumas más de lo previsto y sentirse peor por ello. Si esto continúa podría convertirse en un usuario compulsivo, eventualmente perder el control y creciendo progresivamente peor. Todavía puede controlar el uso de alcohol y/o drogas si usted se valora a usted mismo lo suficiente para hacer reglas firmes y adherirse a ellos. Si usted encuentra que no puede cumplir con la normativa, es mejor renunciar al alcohol y/o drogas.</p>

puede. La ayuda está disponible. La decisión para obtenerlo es suyo.

EVALUACIÓN DE CONSEJEROS Y RECOMENDACIONES

Consejero evalúa a cliente como:

- Bebedor social
- Principio problema bebedor
- Problema bebedor/drogas

Documentar el debate de seguimiento

Valoración del participante

Puntaje de RAP: Parte 1 _____ parte 2 _____

Servicios auxiliares recomendados

No hay recomendaciones AA NA MA Anillo de Vida A.C.A. Alanon

Detox

Tratamiento residencial; Asesoría Privada

Otro: _____

Esta evaluación y recomendaciones ha discutido conmigo.

Firma del Cliente: _____ fecha: _____

Firma del Consejero: _____ fecha: _____



2167 H Del La Rosa Sr. St. + Soledad, CA 93960
Tel: (831) 385-0100 + Fax: (831) 385-6842
www.sunstreetcenters.org

Sun Street Centers South county DUI adheres to section listed below

§ 9862. Referral to Ancillary Services.

- (a) The DUI program may refer participants to ancillary services, such as family counseling, residential treatment, mental health treatment and outpatient services.
- (b) Such referrals shall be voluntary, and the DUI program shall document the reasons for referral in the participant's record.
- (c) The cost of ancillary services shall not be part of the county administrative fee, but may be part of the funds allocated to the county by the Department pursuant to section 11818 of the Health and Safety Code.
- (d) Referral to ancillary services shall not result, directly or indirectly, in increased revenues for the referring DUI program. Exceptions for good cause may be granted by the county alcohol program administrator on a case-by-case basis.
- (e) Exceptions to voluntary referral to ancillary services and/or any referrals to services which require any additional fees, regardless of funding source, shall be made only on an individual basis with the approval of the county alcohol and drug program administrator.



2167 H Del La Rosa Sr. St. + Soledad, CA 93960
Tel: (831) 385-0100 + Fax: (831) 385-6842
www.sunstreetcenters.org

Sun Street Centers South County DUI adheres to section listed below

§ 9884. Interprogram Transfer.

(a) The DUI program shall inform a participant transferring to another licensed DUI program that he/she shall enroll and attend a face-to-face interview, an educational session, or a group counseling session in the new DUI program within 21 days from the date of transfer from the sending DUI program.

(b) The following requirements apply to interprogram transfers:

(1) If required by the court, written notice of transfer shall be provided to the court of conviction by the sending DUI program.

(2) The sending DUI program shall provide the receiving DUI program with a written history for the transferee, indicating the number of program activities completed. Any additional program information relevant to the participant shall be sent under separate cover marked "confidential."

(3) The receiving DUI program shall not accept any transferee who cannot enroll and commence services within 21 days following the date of transfer from the sending DUI program.

(4) The receiving DUI program shall provide the sending DUI program written notice of the transferee's enrollment or non-enrollment in the receiving DUI program within 10 days of the transfer deadline specified in (3) above.

(5) The sending DUI program shall notify the Department of Motor Vehicles and the court of conviction if the transferee does not enroll in the receiving DUI program.

(6) The receiving DUI program shall notify the court of conviction and the Department of Motor Vehicles of the participant's subsequent completion of or dismissal from the program.



2167 H Del La Rosa Sr. St. + Soledad, CA 93960
Tel: (831) 385-0100 + Fax: (831) 385-6842
www.sunstreetcenters.org

Sun Street Centers adheres to all sections listed below.

§ 9886. Dismissal of Participants.

- (a) The DUI program shall dismiss from the program any participant who:
- (1) Fails to participate in required program activities within 21 days of transfer to another DUI program licensed by the Department;
 - (2) Fails to maintain program sobriety in accordance with Section 9874;
 - (3) Fails to comply with DUI program rules;
 - (4) Fails to comply with additional county requirements which have been established by the county alcohol and drug program administrator and approved by the Department in accordance with Section 9860;
 - (5) Fails to attend program services for 21 days or longer without obtaining a leave of absence in accordance with Section 9876.5. This section shall not apply to multiple offenders in the last six months of the 18-month program.
 - (6) Exceeds the number of absences allowed in Section 9876(d);
 - (7) Fails to resume attending program activities within 21 days of the scheduled return from a leave of absence; or
 - (8) Is physically or verbally abusive or acts in a threatening manner to DUI program staff or DUI program participants.
- (b) The DUI program may dismiss a participant who fails to pay his/her program fee assessed in accordance with the requirements of Section 9879 or fails to reschedule and attend a financial assessment interview in accordance with the provisions of Subsection 9879(j). However, the DUI program shall not dismiss a participant, who has completed all required program services, for failure to pay program fees.
- (c) 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 DL 107. (Proof of Enrollment Certificate)
- (d) 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 shall be included in the participant contract.

(e) 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.

(f) The DUI program shall not give credit for services attended prior to dismissal if the participant has not been enrolled in a DUI program for a period of two years or longer. The DUI program shall give credit for services attended prior to dismissal if:

- (1) The dismissal occurred less than two years prior to re-enrollment; and
- (2) The DUI program who provided the services verifies in writing that the services were provided to the participant.



DUI Program
2167 H De La Rosa Sr. Street ♦ Soledad, CA. 93960
Tel: (831) 385-0100 ♦ Fax: (831) 385-6842
www.sunstreetcenters.com

Session # 1 overview of Program:

Session 1 offers participants an opportunity to discuss any changes they have made in their attitudes, careers, family, life style and behaviors. Session one serves as a reminder for participants to keep a diary up-to date. They will be asked to refer to it at the end of the program remember that they diary should be used to set goals and objectives for the following six months. They will also use the diary to keep track of any problems or successes and documents invitations to drink or use and their responses to those suggestions. Please be as detailed as possible in your response.

NAME: _____

CASE #: _____

DATE: _____



DUI Program
 2167 H De La Rosa Sr. Street + Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
www.sunstreetcenters.com

Session # 2 personal values:

Session 2 is designed to help participants discuss their personal, family, career, and social values. They will compare their philosophy of life before and after multi-offender program and describe any changes in their personal and family situations.

NAME: _____

CASE #: _____

DATE: _____



DUI Program
 2167 H De La Rosa Sr. Street ✦ Soledad, CA. 93960
 Tel: (831)385-0100 ✦ Fax: (831) 385-6842
www.sunstreetcenters.com

Multiple offender six month reentry programs
 Session # 3 relapse prevention

Session 3 allows participants to discuss relapse. The participants must define lapse and relapse and describe how relapse occurs. Why it occurs and how it can prevent. Remember to be as detailed as possible in your response.

NAME: _____ CASE #: _____ DATE: _____



DUI Program
2167 H De La Rosa Sr. Street ♦ Soledad, CA. 93960
Tel: (831) 385-0100 ♦ Fax: (831) 385-6842
www.sunstreetcenters.com

Session 4: support systems

Support systems are a vital part of the recovery process. In this session the participant must discuss the different support systems they may turn to for personal support. This may include friends, family, co-workers, or professional counselors.

NAME: _____ CASE #: _____ DATE: _____



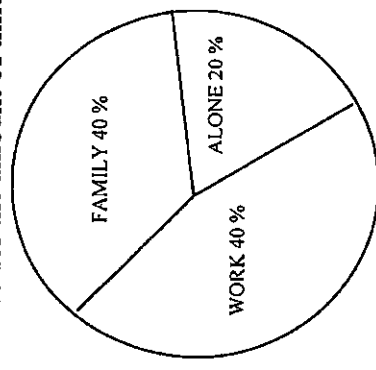
DUI Program
2167 H De La Rosa Sr. Street + Soledad, CA. 93960
Tel: (831) 385-0100 + Fax: (831) 385-6842
www.sunstreetcenters.com

Multiple offender six month reentry programs

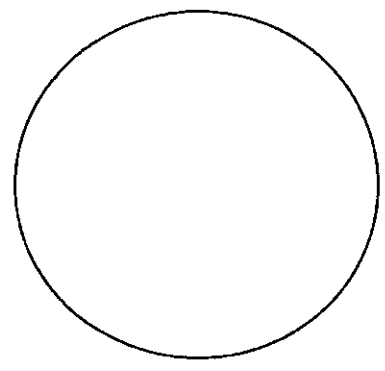
Session 5: Self Awareness

Session 5 requires that each participant discuss their experiences over the last five months using their diary from session one. Participants must also describe the relationships with their significant others (wife/husband, children, girlfriend, boyfriend, relatives, neighbors, co-workers, etc.) finally each participant is required to create a pie chart (using the circle below) by following the example. They chart will be divided for the amount of time spent on family, work and alone. They will also be allowed to list other areas where they spend their time.

Lined writing area for participant response



EXAMPLE



YOURS

NAME: _____ CASE #: _____ DATE: _____



DUI Program
2167 H De La Rosa Sr. Street ✦ Soledad, CA. 93960
Tel: (831) 385-0100 ✦ Fax: (831) 385-6842
www.sunstreetcenters.com

Multiple offender six Month reentry program

Session 6: closure and evaluations

Please complete the following questions to the best of your ability:

1. List positive and negative events in the last 18 months.
2. Evaluate personal relationship with alcohol and determine early, middle and late stages of alcoholism.
3. List goals and objectives achieved from session 1. Will these goals and objectives still be achievable after the program ends?
4. How has the program changed you in terms of personal growth?
5. Things you liked and disliked about the 18 month program.
6. Suggestions for improving the 18 month program.

NAME: _____ CASE #: _____ DATE: _____



DUI Program
2167 H De La Rosa Sr. Street + Soledad, C.A. 93960
Tel: (831) 385-0100 + Fax: (831) 385-6842
www.sunstreetcenters.org

Sesión # 1: Descripción del Programa

Sesión 1 les ofrece a los participantes una oportunidad de hablar de cualquier cambio que haigan hecho en sus actitudes, carreras, familia, estilo de vida y comportamientos. Sesión uno sirve como un recordatorio para que los participantes puedan guardar/mantener un diario al día. Les pedirán referirse a este al final de programa recuerden que se diario debe ser usado para escribir metas y objetivos para los siguientes seis meses. El diario también sera usado para mantener un recor de cualquier problema o éxito y documentar invitaciones a beber o usar y asi como su respuestas a esas sugerencias. Por favor sea tan detallado como le sea posible en su respuesta.

NOMBRE: _____

NO. DE CASO: _____

FECHA: _____



DUI Program
2167 H De La Rosa Sr. Street ♦ Soledad, CA. 93960
Tel: (831) 385-0100 ♦ Fax: (831) 385-6842
www.sunstreetcenters.org

Sesión # 2: Valores Personales

La sesión 2 ha sido diseñada para ayudar a los participantes a discutir sobre sus valores personales, familiares, laborales, y sociales. Ellos podran comparar su filosofía sobre su vida antes y después del programa de multiple-offensor y describir cualquier cambio de su situación personal y familiar.

NOMBRE: _____ **NO. DE CASO:** _____ **FECHA:** _____



DUI Program
 2167 H De La Rosa St. Street + Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
www.sunstreetcenters.org

Programa de reintegro de seis meses para multiple-offensor
 Sesión # 3: Prevención de Recaída

La sesión 3 permite que participantes hablen de la recaída. Los participantes deben definir el lapso y recaída y describir como ocurre la recaída. El por qué esto ocurre y el como se puede impedir. Recuerde sea tan detallado como le sea posible en su respuesta.

NOMBRE: _____ NO. DE CASO: _____ FECHA: _____



DUI Program
 2167 H De La Rosa Sr. Street ✦ Soledad, CA. 93960
 Tel: (831) 385-0100 ✦ Fax: (831) 385-6842
www.sunstreetcenters.com

Sesión # 4: Sistemas de Apoyo

Los sistemas de apoyo son una parte vital del proceso de recuperación. En esta sesión el participante debe hablar sobre los diferentes sistemas de apoyo diferentes a los que ellos pueden recurrir para obtener apoyo personal. Este sistema de apoyo puede incluir a amigos, familia, compañeros de trabajo, o consejeros profesionales.

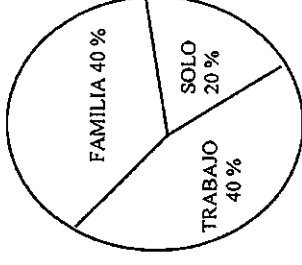
NOMBRE: _____ NO. DE CASO: _____ FECHA: _____



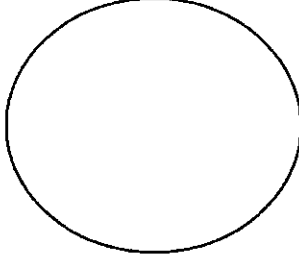
DUI Program
2167 H De La Rosa Sr. Street ♦ Soledad, CA. 93960
Tel: (831) 385-0100 ♦ Fax: (831) 385-6842
www.sunstreetcenters.org

Programa de reingreso de seis meses para multiple-offensor
Sesión # 5: Conciencia

La sesión 5 requiere que cada participante hable de sus experiencias durante los últimos cinco meses pasados utilizando su diario de la sesión 1. Los participantes también deben describir las relaciones con sus otros significativos/iguales (esposa/marido, hijos, novia, novio, parientes, vecinos, compañeros de trabajo, etc.) finalmente a cada participante se le requiere que ilustre un diagrama (usando el círculo abajo) siguiendo el ejemplo mostrado. Este diagrama será dividido en tres secciones para la cantidad de tiempo pasado en familia, trabajo y solo. También les permitirán poner otras áreas en la que pasan su tiempo.



EXEMPLO



USTED

NOMBRE: _____ NO. DE CASO: _____ FECHA: _____



DUI Program
2167 H Del La Rosa Sr. Street ♦ Soledad, CA. 93960
Tel: (831) 385-0100 ♦ Fax: (831) 385-6842
www.sunstreetcenters.org

Programa de reingreso de seis meses para multiple-offensor
Sesión # 6: Cierre y Evaluaciones

Por favor complete las siguientes preguntas de la mejor manera como le sea posible:

1. Escriba una lista de todos los acontecimientos positivos y negativos que le haigan ocurrido en los ultimos 18 meses.
2. Evalúe la relación personal con el alcohol y determinar las etapas temprana, media y final del alcoholismo.
3. Escriba una lista de las metas y objetivos realizados en la sesión 1. ¿Estas metas y objetivos serán alcanzables una vez que termine el programa?
4. ¿Este programa le ha ayudado a usted a tener un crecimiento personal? ¿De que manera?
5. ¿Que cosas le gustaron y disgustaron sobre el programa de 18 mes?
6. ¿Que sugerencias daría para mejorar el programa de 18 mes?

NOMBRE: _____ NO. DE CASO: _____ FECHA: _____



DUI Program
2167 H Del La Rosa Sr. Street + + Soledad, CA. 93960
Tel: (831) 385-0100 + Fax: (831) 385-6842
www.sunstreetcenters.com

Referring to Title-9 Sections 9878. / 9879. Participant Fees

Attached is a list of program fees and additional fees approved by DHCS for our License numbers 27-004-01-120 and 27-004-02-120 and this location as a satellite. Also, attached is the Cost Breakdown per unit of services we already provide at this location.

The clerical staff will collect and post all fee's in the computer to each participants account. A detailed payment schedule for regular and extended payments is attached with Fee Payment Agreement Addendum B and Fee Payment Agreement Adendum A for fee assessed participants. A counselor will go over the agreement with the participant and sign and date, along with the client.

Sun Street Centers has elected to use the extended payment option outlined in Title-9 9878 which states, "the DUI program shall assess the participant the full program fee shown on the DUI program's standardized payment schedule." "The DUI program shall allow the participant to extend payment of his/her assessed program fee as follows:

- The DUI program shall allow a participant in a three-month no less than six months from the date of enrollment to pay the program fee.
- The DUI program shall allow a participant in a six month program no less than nine months from the date of enrollment to pay the program fee.

- The DUI program shall allow a participant in a nine month program no less than 12 months from the date of enrollment to pay the program fee.
- The DUI program shall allow a participant in a 18-month program no less than 18 months from the date of enrollment to pay the program fee.

Also attached is General Assistance Payment Standard Chart Guideline for One Person, and the General Assistance Program Standard of Assistance passed and adopted on August 2012 for the Monterey County.

We have attached a Client Refund & Balance Due sheet that is used to show our procedure for any refunds that need to be issued.



DUI Program
2167 H De La Rosa Sr. Street + + Soledad, CA. 93960
Tel: (831)385-0100 + Fax: (831) 385-6842
www.sunstreetcenters.com

DHCS approved Fees according to Title-9

Wet Reckless	\$409.00
First Offender (3-months)	\$771.25
First Offender (6-months)	\$1,222.75
First Offender (9-months)	\$1,653.25
Multiple Offender	\$2,099.50
Bad Check	\$30.00
Reinstatement	\$75.00
Missed Activity	\$25.00
Late Fee	\$15.00
Alcohol/Drug Screening	\$10.00
Duplicate DL 101(Research)	\$10.00
Leave of Absence	\$30.00
Mid-course Transfer	\$50.00

Fee Assessed Clients

All Levels of the Program	\$5.00 a month
Missed Activity	\$5.00
Reinstatement	\$10.00
Mid coarse Transfer	\$5.00

These fees have been approved for Sun Street Centers License Numbers 27-004-01-120 and 27-004-02-120 and at this location as a satellite.

SSC DUI Program Cost Breakdown

	12 Hour Wet Reckless	3 Month First Offender	6 Month First offender
Intake Fee	\$200.00	\$200.00	\$200.00
State and County Education Classes	\$29.00	\$46.25	\$67.75
Groups	6x25=	6x30=	6x30=
Interviews	N/A	8x30=	15x30=
Re-Entry	N/A	3x25=	13x25=
		N/A	N/A
Total Cost Breakdown	\$409.00	\$771.25	\$1,222.75
	12 Hour Wet Reckless	3 Month F/O	6 Month F/O
Payment Schedule:	Down Payment \$229	Down Payment \$246.25	Down Payment \$267.75
	Balance: \$180	Balance: \$525.00	Balance: \$955.00
	1 Payment of \$180	4 Payments of: \$131.25	6 Payments of: \$159.17

9 Month First Offender	18 Month Multiple Offender
\$200.00	\$200.00
\$88.25	\$109.50
6x30= \$180.00	6x30= \$180.00
22x30= \$660.00	26x30= \$780.00
21x25= \$525.00	26x25= \$650.00
N/A	6x30= \$180.00
\$1,653.25	\$2,099.50
9 Month F/O	18 month M/O
Down Payment \$288.25	Down Payment \$309.50
Balance: \$1,356.00	Balance: \$1,790.00
9 Payments of: \$151.67	12 Payment of: \$149.17

Detailed Payment Schedule:

- **12 Hour wet Reckless Program:**
Total Program Fee: \$409.00
Down Payment: \$229.00
Balance Remaining: \$180.00
1 Monthly Payment of \$180.00

- **3 Month First Offender Program:**
Total Program Fee: \$771.25
Down Payment: \$246.25
Balance Remaining \$525.00
4 Monthly Payments of \$131.25

- **6 Month First Offender Program:**
Total Program Fee: \$1,222.75
Down Payment: \$267.75
Balance Remaining: \$955.00
6 Monthly Payments of \$159.17

- **9 Month First Offender Program:**
Total Program Fee: \$1,653.25
Down Payment: \$288.25
Remaining Balance: \$1,365.00
9 Monthly Payments of \$151.67

- **18 Month Multiple Offender Program:**
Total Program Fee: \$2099.50
Down Payment: \$309.50
Remaining Balance: \$1,790.00
12 Monthly Payments of \$149.17

Detailed Payment Schedule:

*****Extended Payments*****

- **12 Hour wet Reckless Program:**
Proposed Total Program Fee: \$409.00
Down Payment: \$229.00
Balance Remaining: \$180.00
2 Monthly Payment of \$90.00

- **3 Month First Offender Program:**
Proposed Total Program Fee: \$771.25
Down Payment: \$246.25
Balance Remaining \$525.00
6 Monthly Payments of \$87.50

- **6 Month First Offender Program:**
Proposed Total Program Fee: \$1,222.75
Down Payment: \$267.75
Balance Remaining: \$955.00
9 Monthly Payments of \$106.11

- **9 Month First Offender Program:**
Proposed Total Program Fee: \$1,653.25
Down Payment: \$288.25
Remaining Balance: \$1,365.00
12 Monthly Payments of \$113.75

- **18 Month Multiple Offender Program:**
Proposed Total Program Fee: \$2099.50
Down Payment: \$309.50
Remaining Balance: \$1790.00
18 Monthly Payments of \$99.44



DUI Program
 2167 H De La Rosa Sr. Street + + Soledad, CA. 93980
 Tel: (831) 385-0100 + Fax: (831) 385-6842
 www.sunstreetcenters.com

SUN STREET CENTERS

Participant Agreement-Fee Payment Agreement –Addendum B

Please have participant initial next to each item.

- I agree to pay the total program fee as described in the payment schedule.
- I have been advised of my right to a Financial Assessment, if I meet the necessary qualifications.
- I understand that a certificate of completion shall not be issued until all the program fees have been paid in full.
- I understand that I am liable for the total program fees as well as any additional fees assessed.
- I will be responsible to pay all past due fees for services rendered and additional fees assessed prior to dismissal from the DUI program including Transfer to another program and completion of the program.
- The total program fee shall be paid within the mandated duration of participation or an established extended payment plan time frame.
- I understand that a financial reassessment will be conducted upon my request, or;
- If two or more consecutive scheduled payments are missed and a minimum payment is made prior to the assessment.

PAYMENT SCHEDULE	
PROGRAM FEE*	\$409.00
Minimum Payment Due	\$229.00
TOTAL BALANCE DUE	\$180.00
Monthly Contract Payment Amount(Due every month)	\$ 180.00

Payment 1 of 1 payments is due on _____

Payments are due on the _____ of each month.
 (Due to the numerical rounding of the monthly payment amount the final payment may be adjusted to be more or less than the monthly payment amount).

Name of Participant (Print)	Case Number
Signature of Participant	Date
Signature/Title of Program Representative	Date
Name of Program South County DUI	License Number



DUI Program
 2167 H De La Rosa Sr. Street + + Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
 www.sunstreetcenters.com

SUN STREET CENTERS

Participant Agreement-Fee Payment Agreement –Addendum B

Please have participant initial next to each item.

- I agree to pay the total program fee as described in the payment schedule.
- I have been advised of my right to a Financial Assessment, if I meet the necessary qualifications.
- I understand that a certificate of completion shall not be issued until all the program fees have been paid in full.
- I understand that I am liable for the total program fees as well as any additional fees assessed.
- I will be responsible to pay all past due fees for services rendered and additional fees assessed prior to dismissal from the DUI program including Transfer to another program and completion of the program.
- The total program fee shall be paid within the mandated duration of participation or an established extended payment plan time frame.
- I understand that a financial reassessment will be conducted upon my request, or;
- If two or more consecutive scheduled payments are missed and a minimum payment is made prior to the assessment.

EXTENDED PAYMENTS

PAYMENT SCHEDULE

PROGRAM FEE*	\$409.00
Minimum Payment Due	\$229.00
TOTAL BALANCE DUE	\$180.00
Monthly Contract Payment Amount(Due every month)	\$90.00

Payment 1 of 2 payments is due on _____

Payments are due on the _____ of each month.
 (Due to the numerical rounding of the monthly payment amount the final payment may be adjusted to be more or less than the monthly payment amount).

Name of Participant (Print)	Case Number
Signature of Participant	Date
Signature/Title of Program Representative	Date
Name of Program South County DUI	License Number



DUI Program
 2167 H De La Rosa Sr. Street + + Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
 www.sunstreetcenters.com

SUN STREET CENTERS

Participant Agreement-Fee Payment Agreement –Addendum B

Please have participant initial next to each item.

- I agree to pay the total program fee as described in the payment schedule.
- I have been advised of my right to a Financial Assessment, if I meet the necessary qualifications.
- I understand that a certificate of completion shall not be issued until all the program fees have been paid in full.
- I understand that I am liable for the total program fees as well as any additional fees assessed.
- I will be responsible to pay all past due fees for services rendered and additional fees assessed prior to dismissal from the DUI program including Transfer to another program and completion of the program.
- The total program fee shall be paid within the mandated duration of participation or an established extended payment plan time frame.
- I understand that a financial reassessment will be conducted upon my request, or;
- If two or more consecutive scheduled payments are missed and a minimum payment is made prior to the assessment.

PAYMENT SCHEDULE

PROGRAM FEE*	\$771.25
Minimum Payment Due	\$246.25
TOTAL BALANCE DUE	\$525.00
Monthly Contract Payment Amount(Due every month)	\$131.25

Payment 1 of 4 payments is due on _____

Payments are due on the _____ of each month.
 (Due to the numerical rounding of the monthly payment amount the final payment may be adjusted to be more or less than the monthly payment amount).

Name of Participant (Print)	Case Number
Signature of Participant	Date
Signature/Title of Program Representative	Date
Name of Program South County DUI	License Number



DUI Program
 2167 H De La Rosa Sr. Street + + Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
 www.sunstreetcenters.com

SUN STREET CENTERS

Participant Agreement-Fee Payment Agreement –Addendum B

Please have participant initial next to each item.

- I agree to pay the total program fee as described in the payment schedule.
- I have been advised of my right to a Financial Assessment, if I meet the necessary qualifications.
- I understand that a certificate of completion shall not be issued until all the program fees have been paid in full.
- I understand that I am liable for the total program fees as well as any additional fees assessed.
- I will be responsible to pay all past due fees for services rendered and additional fees assessed prior to dismissal from the DUI program including Transfer to another program and completion of the program.
- The total program fee shall be paid within the mandated duration of participation or an established extended payment plan time frame.
- I understand that a financial reassessment will be conducted upon my request, or;
- If two or more consecutive scheduled payments are missed and a minimum payment is made prior to the assessment.

EXTENDED PAYMENTS

PAYMENT SCHEDULE	
PROGRAM FEE*	\$771.25
Minimum Payment Due	\$246.25
TOTAL BALANCE DUE	\$525.00
Monthly Contract Payment Amount(Due every month)	\$87.50

Payment 1 of 6 payments is due on _____

Payments are due on the _____ of each month.
 (Due to the numerical rounding of the monthly payment amount the final payment may be adjusted to be more or less than the monthly payment amount).

Name of Participant (Print)	Case Number
Signature of Participant	Date
Signature/Title of Program Representative	Date
Name of Program South County DUI	License Number



DUI Program
 2167 H De La Rosa Sr. Street + + Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
 www.sunstreetcenters.com

SUN STREET CENTERS

Participant Agreement-Fee Payment Agreement –Addendum B

Please have participant initial next to each item.

- I agree to pay the total program fee as described in the payment schedule.
- I have been advised of my right to a Financial Assessment, if I meet the necessary qualifications.
- I understand that a certificate of completion shall not be issued until all the program fees have been paid in full.
- I understand that I am liable for the total program fees as well as any additional fees assessed.
- I will be responsible to pay all past due fees for services rendered and additional fees assessed prior to dismissal from the DUI program including Transfer to another program and completion of the program.
- The total program fee shall be paid within the mandated duration of participation or an established extended payment plan time frame.
- I understand that a financial reassessment will be conducted upon my request, or;
- If two or more consecutive scheduled payments are missed and a minimum payment is made prior to the assessment.

PAYMENT SCHEDULE	
PROGRAM FEE*	\$1,222.75
Minimum Payment Due	\$267.75
TOTAL BALANCE DUE	\$955.00
Monthly Contract Payment Amount(Due every month)	\$159.17

Payment 1 of 6 payments is due on _____

Payments are due on the _____ of each month.
 (Due to the numerical rounding of the monthly payment amount the final payment may be adjusted to be more or less than the monthly payment amount).

Name of Participant (Print)	Case Number
Signature of Participant	Date
Signature/Title of Program Representative	Date
Name of Program South County DUI	License Number



DUI Program
 2167 H De La Rosa Sr. Street + + Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
 www.sunstreetcenters.com

SUN STREET CENTERS

Participant Agreement-Fee Payment Agreement –Addendum B

Please have participant initial next to each item.

- I agree to pay the total program fee as described in the payment schedule.
- I have been advised of my right to a Financial Assessment, if I meet the necessary qualifications.
- I understand that a certificate of completion shall not be issued until all the program fees have been paid in full.
- I understand that I am liable for the total program fees as well as any additional fees assessed.
- I will be responsible to pay all past due fees for services rendered and additional fees assessed prior to dismissal from the DUI program including Transfer to another program and completion of the program.
- The total program fee shall be paid within the mandated duration of participation or an established extended payment plan time frame.
- I understand that a financial reassessment will be conducted upon my request, or;
- If two or more consecutive scheduled payments are missed and a minimum payment is made prior to the assessment.

EXTENDED PAYMENTS

PAYMENT SCHEDULE	
PROGRAM FEE*	\$1,222.75
Minimum Payment Due	\$267.75
TOTAL BALANCE DUE	\$955.00
Monthly Contract Payment Amount(Due every month)	\$106.11

Payment 1 of 9 payments is due on _____

Payments are due on the _____ of each month.
 (Due to the numerical rounding of the monthly payment amount the final payment may be adjusted to be more or less than the monthly payment amount).

Name of Participant (Print)	Case Number
Signature of Participant	Date
Signature/Title of Program Representative	Date
Name of Program South County DUI	License Number



DUI Program
 2167 H De La Rosa Sr. Street + + Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
 www.sunstreetcenters.com

SUN STREET CENTERS

Participant Agreement-Fee Payment Agreement –Addendum B

Please have participant initial next to each item.

- I agree to pay the total program fee as described in the payment schedule.
- I have been advised of my right to a Financial Assessment, if I meet the necessary qualifications.
- I understand that a certificate of completion shall not be issued until all the program fees have been paid in full.
- I understand that I am liable for the total program fees as well as any additional fees assessed.
- I will be responsible to pay all past due fees for services rendered and additional fees assessed prior to dismissal from the DUI program including Transfer to another program and completion of the program.
- The total program fee shall be paid within the mandated duration of participation or an established extended payment plan time frame.
- I understand that a financial reassessment will be conducted upon my request, or;
- If two or more consecutive scheduled payments are missed and a minimum payment is made prior to the assessment.

PAYMENT SCHEDULE	
PROGRAM FEE*	\$1,653.25
Minimum Payment Due	\$288.55
TOTAL BALANCE DUE	\$1,356.00
Monthly Contract Payment Amount(Due every month)	\$151.67

Payment 1 of 9 payments is due on _____

Payments are due on the _____ of each month.
 (Due to the numerical rounding of the monthly payment amount the final payment may be adjusted to be more or less than the monthly payment amount).

Name of Participant (Print)	Case Number
Signature of Participant	Date
Signature/Title of Program Representative	Date
Name of Program South County DUI	License Number



DUI Program
 2167 H De La Rosa Sr. Street + + Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
 www.sunstreetcenters.com

SUN STREET CENTERS

Participant Agreement-Fee Payment Agreement –Addendum B

Please have participant initial next to each item.

- I agree to pay the total program fee as described in the payment schedule.
- I have been advised of my right to a Financial Assessment, if I meet the necessary qualifications.
- I understand that a certificate of completion shall not be issued until all the program fees have been paid in full.
- I understand that I am liable for the total program fees as well as any additional fees assessed.
- I will be responsible to pay all past due fees for services rendered and additional fees assessed prior to dismissal from the DUI program including Transfer to another program and completion of the program.
- The total program fee shall be paid within the mandated duration of participation or an established extended payment plan time frame.
- I understand that a financial reassessment will be conducted upon my request, or;
- If two or more consecutive scheduled payments are missed and a minimum payment is made prior to the assessment.

EXTENDED PAYMENTS

PAYMENT SCHEDULE

PROGRAM FEE*	\$1653.25
Minimum Payment Due	\$288.25
TOTAL BALANCE DUE	\$1,365.00
Monthly Contract Payment Amount(Due every month)	\$113.75

Payment 1 of 12 payments is due on _____

Payments are due on the _____ of each month.
 (Due to the numerical rounding of the monthly payment amount the final payment may be adjusted to be more or less than the monthly payment amount).

Name of Participant (Print)	Case Number
Signature of Participant	Date
Signature/Title of Program Representative	Date
Name of Program South County DUI	License Number



DUI Program
 2167 H De La Rosa Sr. Street + + Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
 www.sunstreetcenters.com

SUN STREET CENTERS

Participant Agreement-Fee Payment Agreement --Addendum B

Please have participant initial next to each item.

- I agree to pay the total program fee as described in the payment schedule.
- I have been advised of my right to a Financial Assessment, if I meet the necessary qualifications.
- I understand that a certificate of completion shall not be issued until all the program fees have been paid in full.
- I understand that I am liable for the total program fees as well as any additional fees assessed.
- I will be responsible to pay all past due fees for services rendered and additional fees assessed prior to dismissal from the DUI program including Transfer to another program and completion of the program.
- The total program fee shall be paid within the mandated duration of participation or an established extended payment plan time frame.
- I understand that a financial reassessment will be conducted upon my request, or;
- If two or more consecutive scheduled payments are missed and a minimum payment is made prior to the assessment.

PAYMENT SCHEDULE

PROGRAM FEE*	\$2099.50
Minimum Payment Due	\$309.50
TOTAL BALANCE DUE	\$1,790.00
Monthly Contract Payment Amount(Due every month)	\$149.17

Payment 1 of 12 payments is due on _____

Payments are due on the _____ of each month.
 (Due to the numerical rounding of the monthly payment amount the final payment may be adjusted to be more or less than the monthly payment amount).

Name of Participant (Print)	Case Number
Signature of Participant	Date
Signature/Title of Program Representative	Date
Name of Program South County DUI	License Number



DUI Program
 2167 H De La Rosa Sr. Street + + Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
 www.sunstreetcenters.com

SUN STREET CENTERS

Participant Agreement-Fee Payment Agreement –Addendum B

Please have participant initial next to each item.

- I agree to pay the total program fee as described in the payment schedule.
- I have been advised of my right to a Financial Assessment, if I meet the necessary qualifications.
- I understand that a certificate of completion shall not be issued until all the program fees have been paid in full.
- I understand that I am liable for the total program fees as well as any additional fees assessed.
- I will be responsible to pay all past due fees for services rendered and additional fees assessed prior to dismissal from the DUI program including Transfer to another program and completion of the program.
- The total program fee shall be paid within the mandated duration of participation or an established extended payment plan time frame.
- I understand that a financial reassessment will be conducted upon my request, or;
- If two or more consecutive scheduled payments are missed and a minimum payment is made prior to the assessment.

EXTENDED PAYMENTS

PAYMENT SCHEDULE

PROGRAM FEE*	\$2099.50
Minimum Payment Due	\$309.50
TOTAL BALANCE DUE	\$1,790.00
Monthly Contract Payment Amount(Due every month)	\$99.44

Payment 1 of 18 payments is due on _____

Payments are due on the _____ of each month.
 (Due to the numerical rounding of the monthly payment amount the final payment may be adjusted to be more or less than the monthly payment amount).

Name of Participant (Print)	Case Number
Signature of Participant	Date
Signature/Title of Program Representative	Date
Name of Program South County DUI	License Number



DUI Program
 2167 H De La Rosa Sr. Street + + Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
www.sunstreetcenters.org

FEE PAYMENT AGREEMENT-Addendum A
(With Financial Assessment)

By signing this agreement, I agree to pay the total program fee in the amount and manner determined by a financial assessment. I also understand and agree to the condition that a completion certificate shall not be issued until all program fees and any miscellaneous fees have been paid in full.

I understand that:

1. This fee waiver is based upon my documented low income/inability to pay the program fee.
2. This fee waiver pertains only to the regularly assessed program fee, and therefore does not completely waive The miscellaneous fee as itemized in the participant agreement.
3. Miscellaneous fees for make-up sessions, schedule changes, reinstatements, etc, are only partially waived and must be paid for at the time a service or transaction is rendered.
4. I am hereby obligated to inform Sun Street Centers immediately if my monthly income increases and the program may require another fee assessment at its discretion

THIS FEE WAIVER DOES NOT PERTAIN TO ANY PREVIOUS BALANCE (S) OWED TO SUN STREET CENTERS

5. I understand that I will be charged \$5.00 per month for every month I am in the program (this does not apply to any Program services completed prior to this Assessment.)

PAYMENT SCHEDULE

ASSESSED PROGRAM FEES (NUMBER OF REMAINING MONTHS X \$5.00)	\$
SERVICES RENDERED PRIOR TO ASSESSMENT	\$
SUBTOTAL	\$
PAYMENTS TO DATE	\$
MINIMUM PAYMENT DUE	\$
BALANCE DUE	\$
Monthly Contract Payment Amount	\$
Payment 1 of _____ payments is due on, _____ Payments are due on the _____ of each month. <i>(Due to numerical rounding of the monthly payment amount, the final payment may be adjusted to be more or less than the monthly payment amount.)</i>	
Name of Participant (Print)	Case Number
Signature of Participant	Date
Signature/Title of Program Representative	Date
Name of Program South County DUI	License No.

*Does not include Additional Fees as per "Participant Agreement"



DUI Program
 2167 H Del La Rosa Sr. Street+ Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
 www.sunstreetcenters.com

SUN STREET CENTERS
Contrato de Pago de Cuotas

Pedimos que el participante escriba sus iniciales a un lado de todos los apartados que correspondan.

- Me comprometo a pagar el importe total de cuotas correspondientes al programa que se describen en el Plan de Pagos.
- Me han informado de mis derechos de tener una evaluacion financiera, en caso de satisfacer las condiciones necesarias.
- Comprendo que no me expediran el Certificado de Cumplimiento del Programa hasta que haya pagado la cantidad total de las cuotas.
- Comprendo que soy responsable del pago total de cuotas del programa asi como de cualquier otro recargo adicional.
- Soy responsable de pagar todas las deudas atrasadas por servicios prestados y todso los recargos adicionales que se impongan antes de darme de alta del programa de manejo bajo los efectos de sustancias reguladas, entre los cuales se incluyen cobros por transferencia a otro programa o terminacion del programa.
- La cuota total del programa se pagara dentro del plazo obligatorio que dura el programa o dentro de un plazo ampliado convenido para efectuar pagos.
- Comprendo que la evaluacion financiera se llevara a cabo a solicitud mia o;
- Si me salto dos pagos consecutivos programados y efectuo un pago minimo antes de realizaar la evaluacion.

PLAN DE PAGOS

Importe Total Del Programa*	\$ 409.00
Pago inicial minimo	\$ 229.00
Importe Total Nuevo	\$180.00
Mensualidad convenida (se vence cada mes)	\$180.00

La primera mensualidad de 1 se vence el _____
 Los pagos se deben efectuar el _____ dia de cada mes.
 (Debido a que el importe mensual se ajusta a una cifra redondeada, el pago final tal vez sea una cantidad menor o mayor a la del pago mensual).

Nombre del participante (letra de molde)	Numero del caso
Firma del participante	Fecha
Firma/cargo del representante del programa	Fecha
Nombre del programa South County DUI	Numero de licencia



DUI Program
 2167 H Del La Rosa Sr. Street+ Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
 www.sunstreetcenters.com

SUN STREET CENTERS
Contrato de Pago de Cuotas

Pedimos que el participante escriba sus iniciales a un lado de todos los apartados que correspondan.

- Me comprometo a pagar el importe total de cuotas correspondientes al programa que se describen en el Plan de Pagos.
- Me han informado de mis derechos de tener una evaluacion financiera, en caso de satisfacer las condiciones necesarias.
- Comprendo que no me expediran el Certificado de Cumplimiento del Programa hasta que haya pagado la cantidad total de las cuotas.
- Comprendo que soy responsable del pago total de cuotas del programa asi como de cualquier otro recargo adicional.
- Soy responsable de pagar todas las deudas atrasadas por servicios prestados y todso los recargos adicionales que se impongan antes de darme de alta del programa de manejo bajo los efectos de sustancias reguladas, entre los cuales se incluyen cobros por transferencia a otro programa o terminacion del programa.
- La cuota total del programa se pagara dentro del plazo obligatorio que dura el programa o dentro de un plazo ampliado convenido para efectuar pagos.
- Comprendo que la evaluacion financiera se llevara a cabo a solicitud mia o;
- Si me salto dos pagos consecutivos programados y efectuo un pago minimo antes de realizaar la evaluacion.

EXTENSION DE PAGOS

PLAN DE PAGOS	
Importe Total Del Programa*	\$409.00
Pago inicial minimo	\$229.00
Importe Total Nuevo	\$180.00
Mensualidad convenida (se vence cada mes)	\$90.00

La primera mensualidad de _____ 9 _____ se vence el _____
 Los pagos se deben efectuar el _____ dia de cada mes.
 (Debido a que el importe mensual se ajusta a una cifra redondeada, el pago final tal vez sea una cantidad menor o mayor a la del pago mensual).

Nombre del participante (letra de molde)	Numero del caso
Firma del participante	Fecha
Firma/cargo del representante del programa	Fecha
Nombre del programa South County DUI	Numero de licencia



DUI Program
 2167 H Del La Rosa Sr. Street + Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
 www.sunstreetcenters.com

SUN STREET CENTERS
Contrato de Pago de Cuotas

Pedimos que el participante escriba sus iniciales a un lado de todos los apartados que correspondan.

- Me comprometo a pagar el importe total de cuotas correspondientes al programa que se describen en el Plan de Pagos.
- Me han informado de mis derechos de tener una evaluacion financiera, en caso de satisfacer las condiciones necesarias.
- Comprendo que no me expediran el Certificado de Cumplimiento del Programa hasta que haya pagado la cantidad total de las cuotas.
- Comprendo que soy responsable del pago total de cuotas del programa asi como de cualquier otro recargo adicional.
- Soy responsable de pagar todas las deudas atrasadas por servicios prestados y todso los recargos adicionales que se impongan antes de darme de alta del programa de manejo bajo los efectos de sustancias reguladas, entre los cuales se incluyen cobros por transferencia a otro programa o terminacion del programa.
- La cuota total del programa se pagara dentro del plazo obligatorio que dura el programa o dentro de un plazo ampliado convenido para efectuar pagos.
- Comprendo que la evaluacion financiera se llevara a cabo a solicitud mia o;
- Si me salto dos pagos consecutivos programados y efectuo un pago minimo antes de realizaar la evaluacion.

PLAN DE PAGOS

Importe Total Del Programa*	\$ 771.25
Pago inicial minimo	\$ 246.25
Importe Total Nuevo	\$525.00
Mensualidad convenida (se vence cada mes)	\$131.25

La primera mensualidad de _____ 4 _____ se vence el _____
 Los pagos se deben efectuar el _____ día de cada mes.
 (Debido a que el importe mensual se ajusta a una cifra redondeada, el pago final tal vez sea una cantidad menor o mayor a la del pago mensual).

Nombre del participante (letra de molde)	Numero del caso
Firma del participante	Fecha
Firma/cargo del representante del programa	Fecha
Nombre del programa South County DUI	Numero de licencia



DUI Program
 2167 H Del La Rosa Sr. Street + Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
 www.sunstreetcenters.com

SUN STREET CENTERS
Contrato de Pago de Cuotas

Pedimos que el participante escriba sus iniciales a un lado de todos los apartados que correspondan.

- Me comprometo a pagar el importe total de cuotas correspondientes al programa que se describen en el Plan de Pagos.
- Me han informado de mis derechos de tener una evaluacion financiera, en caso de satisfacer las condiciones necesarias.
- Comprendo que no me expediran el Certificado de Cumplimiento del Programa hasta que haya pagado la cantidad total de las cuotas.
- Comprendo que soy responsable del pago total de cuotas del programa así como de cualquier otro recargo adicional.
- Soy responsable de pagar todas las deudas atrasadas por servicios prestados y todos los recargos adicionales que se impongan antes de darme de alta del programa de manejo bajo los efectos de sustancias reguladas, entre los cuales se incluyen cobros por transferencia a otro programa o terminacion del programa.
- La cuota total del programa se pagara dentro del plazo obligatorio que dura el programa o dentro de un plazo ampliado convenido para efectuar pagos.
- Comprendo que la evaluacion financiera se llevara a cabo a solicitud mia o;
- Si me salto dos pagos consecutivos programados y efectuo un pago minimo antes de realizaar la evaluacion.

EXTENSION DE PAGOS

PLAN DE PAGOS

Importe Total Del Programa*	\$771.25
Pago inicial minimo	\$246.25
Importe Total Nuevo	\$525.00
Mensualidad convenida (se vence cada mes)	\$87.50

La primera mensualidad de _____ 6 _____ se vence el _____
 Los pagos se deben efectuar el _____ dia de cada mes.
 (Debido a que el importe mensual se ajusta a una cifra redondeada, el pago final tal vez sea una cantidad menor o mayor a la del pago mensual).

Nombre del participante (letra de molde)	Numero del caso
Firma del participante	Fecha
Firma/cargo del representante del programa	Fecha
Nombre del programa South County DUI	Numero de licencia



DUI Program
 2167 H Del La Rosa Sr. Street+ Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
 www.sunstreetcenters.com

SUN STREET CENTERS
Contrato de Pago de Cuotas

Pedimos que el participante escriba sus iniciales a un lado de todos los apartados que correspondan.

- Me comprometo a pagar el importe total de cuotas correspondientes al programa que se describen en el Plan de Pagos.
- Me han informado de mis derechos de tener una evaluacion financiera, en caso de satisfacer las condiciones necesarias.
- Comprendo que no me expediran el Certificado de Cumplimiento del Programa hasta que haya pagado la cantidad total de las cuotas.
- Comprendo que soy responsable del pago total de cuotas del programa asi como de cualquier otro recargo adicional.
- Soy responsable de pagar todas las deudas atrasadas por servicios prestados y todso los recargos adicionales que se impongan antes de darme de alta del programa de manejo bajo los efectos de sustancias reguladas, entre los cuales se incluyen cobros por transferencia a otro programa o terminacion del programa.
- La cuota total del programa se pagara dentro del plazo obligatorio que dura el programa o dentro de un plazo ampliado convenido para efectuar pagos.
- Comprendo que la evaluacion financiera se llevara a cabo a solicitud mia o;
- Si me salto dos pagos consecutivos programados y efectuo un pago minimo antes de realizaar la evaluacion.

PLAN DE PAGOS

Importe Total Del Programa*	\$1,222.75
Pago inicial minimo	\$267.75
Importe Total Nuevo	\$955.00
Mensualidad convenida (se vence cada mes)	\$159.17

La primera mensualidad de _____ 6 _____ se vence el _____
 Los pagos se deben efectuar el _____ dia de cada mes.
 (Debido a que el importe mensual se ajusta a una cifra redondeada, el pago final tal vez sea una cantidad menor o mayor a la del pago mensual).

Nombre del participante (letra de molde)	Numero del caso
Firma del participante	Fecha
Firma/cargo del representante del programa	Fecha
Nombre del programa South County DUI	Numero de licencia



DUI Program
 2167 H Del La Rosa Sr. Street + Soledad, CA, 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
 www.sunstreetcenters.com

SUN STREET CENTERS
Contrato de Pago de Cuotas

Pedimos que el participante escriba sus iniciales a un lado de todos los apartados que correspondan.

- Me comprometo a pagar el importe total de cuotas correspondientes al programa que se describen en el Plan de Pagos.
- Me han informado de mis derechos de tener una evaluacion financiera, en caso de satisfacer las condiciones necesarias.
- Comprendo que no me expediran el Certificado de Cumplimiento del Programa hasta que haya pagado la cantidad total de las cuotas.
- Comprendo que soy responsable del pago total de cuotas del programa asi como de cualquier otro recargo adicional.
- Soy responsable de pagar todas las deudas atrasadas por servicios prestados y todso los recargos adicionales que se impongan antes de darme de alta del programa de manejo bajo los efectos de sustancias reguladas, entre los cuales se incluyen cobros por transferencia a otro programa o terminacion del programa.
- La cuota total del programa se pagara dentro del plazo obligatorio que dura el programa o dentro de un plazo ampliado convenido para efectuar pagos.
- Comprendo que la evaluacion financiera se llevara a cabo a solicitud mia o;
- Si me salto dos pagos consecutivos programados y efectuo un pago minimo antes de realizaar la evaluacion.

EXTENSION DE PAGOS

PLAN DE PAGOS

Importe Total Del Programa*	\$1,222.75
Pago inicial mínimo	\$267.75
Importe Total Nuevo	\$955.00
Mensualidad convenida (se vence cada mes)	\$106.11

La primera mensualidad de 9 se vence el _____
 Los pagos se deben efectuar el _____ dia de cada mes.
 (Debido a que el importe mensual se ajusta a una cifra redondeada, el pago final tal vez sea una cantidad menor o mayor a la del pago mensual).

Nombre del participante (letra de molde)	Numero del caso
Firma del participante	Fecha
Firma/cargo del representante del programa	Fecha
Nombre del programa South County DUI	Numero de licencia



DUI Program
 2167 H Del La Rosa Sr. Street + Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
 www.sunstreetcenters.com

SUN STREET CENTERS
Contrato de Pago de Cuotas

Pedimos que el participante escriba sus iniciales a un lado de todos los apartados que correspondan.

- Me comprometo a pagar el importe total de cuotas correspondientes al programa que se describen en el Plan de Pagos.
- Me han informado de mis derechos de tener una evaluacion financiera, en caso de satisfacer las condiciones necesarias.
- Comprendo que no me expediran el Certificado de Cumplimiento del Programa hasta que haya pagado la cantidad total de las cuotas.
- Comprendo que soy responsable del pago total de cuotas del programa así como de cualquier otro recargo adicional.
- Soy responsable de pagar todas las deudas atrasadas por servicios prestados y todos los recargos adicionales que se impongan antes de darme de alta del programa de manejo bajo los efectos de sustancias reguladas, entre los cuales se incluyen cobros por transferencia a otro programa o terminacion del programa.
- La cuota total del programa se pagara dentro del plazo obligatorio que dura el programa o dentro de un plazo ampliado convenido para efectuar pagos.
- Comprendo que la evaluacion financiera se llevara a cabo a solicitud mia o;
- Si me salto dos pagos consecutivos programados y efectuo un pago minimo antes de realizaar la evaluacion.

PLAN DE PAGOS

Importe Total Del Programa*	\$1,653.25
Pago inicial minimo	\$288.55
Importe Total Nuevo	\$1,356.00
Mensualidad convenida (se vence cada mes)	\$151.67

La primera mensualidad de _____ 9 _____ se vence el _____
 Los pagos se deben efectuar el _____ dia de cada mes.
 (Debido a que el importe mensual se ajusta a una cifra redondeada, el pago final tal vez sea una cantidad menor o mayor a la del pago mensual).

Nombre del participante (letra de molde)	Numero del caso
Firma del participante	Fecha
Firma/cargo del representante del programa	Fecha
Nombre del programa South County DUI	Numero de licencia



DUI Program
 2167 H Del La Rosa Sr. Street + Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
 www.sunstreetcenters.com

SUN STREET CENTERS
Contrato de Pago de Cuotas

Pedimos que el participante escriba sus iniciales a un lado de todos los apartados que correspondan.

___ Me comprometo a pagar el importe total de cuotas correspondientes al programa que se describen en el Plan de Pagos.

___ Me han informado de mis derechos de tener una evaluacion financiera, en caso de satisfacer las condiciones necesarias.

___ Comprendo que no me expediran el Certificado de Cumplimiento del Programa hasta que haya pagado la cantidad total de las cuotas.

___ Comprendo que soy responsable del pago total de cuotas del programa asi como de cualquier otro recargo adicional.

___ Soy responsable de pagar todas las deudas atrasadas por servicios prestados y todos los recargos adicionales que se impongan antes de darme de alta del programa de manejo bajo los efectos de sustancias reguladas, entre los cuales se incluyen cobros por transferencia a otro programa o terminacion del programa.

___ La cuota total del programa se pagara dentro del plazo obligatorio que dura el programa o dentro de un plazo ampliado convenido para efectuar pagos.

___ Comprendo que la evaluacion financiera se llevara a cabo a solicitud mia o;

___ Si me salto dos pagos consecutivos programados y efectuo un pago minimo antes de realizaar la evaluacion.

EXTENSION DE PAGOS

PLAN DE PAGOS

Importe Total Del Programa*	\$1,653.25
Pago inicial minimo	\$288.25
Importe Total Nuevo	\$1,365.00
Mensualidad convenida (se vence cada mes)	\$113.75

La primera mensualidad de _____ 12 _____ se vence el _____

Los pagos se deben efectuar el _____ dia de cada mes.

(Debido a que el importe mensual se ajusta a una cifra redondeada, el pago final tal vez sea una cantidad menor o mayor a la del pago mensual).

Nombre del participante (letra de molde)	Numero del caso
Firma del participante	Fecha
Firma/cargo del representante del programa	Fecha
Nombre del programa South County DUI	Numero de licencia



DUI Program
 2167 H Del La Rosa Sr. Street+ Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
 www.sunstreetcenters.com

SUN STREET CENTERS
Contrato de Pago de Cuotas

Pedimos que el participante escriba sus iniciales a un lado de todos los apartados que correspondan.

- Me comprometo a pagar el importe total de cuotas correspondientes al programa que se describen en el Plan de Pagos.
- Me han informado de mis derechos de tener una evaluacion financiera, en caso de satisfacer las condiciones necesarias.
- Comprendo que no me expediran el Certificado de Cumplimiento del Programa hasta que haya pagado la cantidad total de las cuotas.
- Comprendo que soy responsable del pago total de cuotas del programa asi como de cualquier otro recargo adicional.
- Soy responsable de pagar todas las deudas atrasadas por servicios prestados y todso los recargos adicionales que se impongan antes de darme de alta del programa de manejo bajo los efectos de sustancias reguladas, entre los cuales se incluyen cobros por transferencia a otro programa o terminacion del programa.
- La cuota total del programa se pagara dentro del plazo obligatorio que dura el programa o dentro de un plazo ampliado convenido para efectuar pagos.
- Comprendo que la evaluacion financiera se llevara a cabo a solicitud mia o;
- Si me salto dos pagos consecutivos programados y efectuo un pago minimo antes de realizaar la evaluacion.

PLAN DE PAGOS

Importe Total Del Programa*	\$2099.50
Pago inicial minimo	\$309.50
Importe Total Nuevo	\$1,790.00
Mensualidad convenida (se vence cada mes)	\$149.17

La primera mensualidad de _____ 12 _____ se vence el _____
 Los pagos se deben efectuar el _____ dia de cada mes.
 (Debido a que el importe mensual se ajusta a una cifra redondeada, el pago final tal vez sea una cantidad menor o mayor a la del pago mensual).

Nombre del participante (letra de molde)	Numero del caso
Firma del participante	Fecha
Firma/cargo del representante del programa	Fecha
Nombre del programa South County DUI	Numero de licencia



DUI Program
 2167 H Del La Rosa Sr. Street + Soledad, CA. 93960
 Tel: (831) 385-0100 + Fax: (831) 385-6842
 www.sunstreetcenters.com

SUN STREET CENTERS
Contrato de Pago de Cuotas

Pedimos que el participante escriba sus iniciales a un lado de todos los apartados que correspondan.

- Me comprometo a pagar el importe total de cuotas correspondientes al programa que se describen en el Plan de Pagos.
- Me han informado de mis derechos de tener una evaluacion financiera, en caso de satisfacer las condiciones necesarias.
- Comprendo que no me expediran el Certificado de Cumplimiento del Programa hasta que haya pagado la cantidad total de las cuotas.
- Comprendo que soy responsable del pago total de cuotas del programa asi como de cualquier otro recargo adicional.
- Soy responsable de pagar todas las deudas atrasadas por servicios prestados y todso los recargos adicionales que se impongan antes de darme de alta del programa de manejo bajo los efectos de sustancias reguladas, entre los cuales se incluyen cobros por transferencia a otro programa o terminacion del programa.
- La cuota total del programa se pagara dentro del plazo obligatorio que dura el programa o dentro de un plazo ampliado convenido para efectuar pagos.
- Comprendo que la evaluacion financiera se llevara a cabo a solicitud mia o;
- Si me salto dos pagos consecutivos programados y efectuo un pago minimo antes de realizaar la evaluacion.

EXTENSION DE PAGOS

PLAN DE PAGOS

Importe Total Del Programa*	\$2099.50
Pago inicial minimo	\$309.50
Importe Total Nuevo	\$1,790.00
Mensualidad convenida (se vence cada mes)	\$99.44

La primera mensualidad de 18 se vence el _____
 Los pagos se deben efectuar el _____ dia de cada mes.
 (Debido a que el importe mensual se ajusta a una cifra redondeada, el pago final tal vez sea una cantidad menor o mayor a la del pago mensual).

Nombre del participante (letra de molde)	Numero del caso
Firma del participante	Fecha
Firma/cargo del representante del programa	Fecha
Nombre del programa South County DUI	Numero de licencia

**GENERAL ASSISTANCE PAYMENT STANDARD CHART
GUIDELINE FOR ONE PERSON - FEBRUARY 1, 1999**

Days	Housing	Utilities	Food	Personal	Transportation	Maximum Payment	Days
30	135	34	113	10	10	302	30
29	131	33	109	10	10	292	29
28	126	32	105	9	9	282	28
27	122	31	102	9	9	272	27
26	117	29	98	9	9	262	26
25	113	28	94	8	8	252	25
24	108	27	90	8	8	242	24
23	104	26	87	8	8	232	23
22	99	25	83	7	7	221	22
21	95	24	79	7	7	210	21
20	90	23	75	7	7	201	20
19	86	22	72	6	6	191	19
18	81	20	68	6	6	181	18
17	77	19	64	6	6	171	17
16	73	18	60	5	5	161	16
15	68	17	57	5	5	151	15
14	63	16	53	5	5	141	14
13	59	15	49	4	4	131	13
12	54	14	45	4	4	121	12
11	50	12	41	4	4	111	11
10	45	11	38	3	3	101	10
9	41	10	34	3	3	91	9
8	36	9	30	3	3	81	8
7	32	8	26	2	2	70	7
6	27	7	23	2	2	60	6
5	23	6	19	2	2	50	5
4	18	5	15	1	1	40	4
3	14	3	11	1	1	30	3
2	9	2	8	1	1	20	2
1	5	1	4	0	0	10	1

MAXIMUM PAYMENT LEVEL (02-01-99)	
1	\$302
2	493
3	611
4	728
5	829
6	931
7	1023
8	1114
9	1204
10	1293

BOARD AND CARE RATE 01-01-13	
Personal Needs	\$125
Max for Non-Medical Facility (includes personal needs)	\$1,122

Grant Amount When a Single, Adult GA Client Shares Housing Costs	Grant	%
Others in the Home		
1	\$257	15
2	242	20
3 or more	226	25

GENERAL ASSISTANCE PROGRAM
STANDARDS OF ASSISTANCE

Number of Persons	Maximum Payment
1	\$302
2	\$493
3	\$611
4	\$728
5	\$829
6	\$931
7	\$1023
8	\$1114
9	\$1204
10 or more	\$1293

PASSED AND ADOPTED upon motion of Supervisor Salinas, seconded by Supervisor Armenta, and carried this 28th day of August 2012, by the following vote, to wit:

AYES: Supervisors Armenta, Calcagno, Salinas, Parker, and Potter
NOES: None
ABSENT: None

I, Gail T. Borkowski, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 76 for the meeting on August 29, 2012.

Dated: August 30, 2012
File Number: RES 12-0075

Gail T. Borkowski, Clerk of the Board of Supervisors
County of Monterey, State of California

By Denise Hancock
Deputy

SUN STREET CENTERS

2167 H DE LA ROSA SR. STREET. SOLEDAD, CA 93960

CLIENT REFUND & BALANCE DUE

PROGRAM: NEW EDUCATIONAL PROGRAM

DRIVERS LIC B1111111

CLIENT NAME: JOHN DOE

DATE: 4/30/2015

CLIENT #: B55555

CASE #: MS 320342A

SERVICES RENDERED	FEE FOR EACH SERVICE	NUMBER OF BILLABLE SERVICES	TOTAL SERVICES CHARGES
STATE & COUNTY FEE	\$29.00	1	\$29.00
INTAKE INTERVIEW	\$200.00	1	\$200.00
BI-WEEKLY FEE ASSESSED	\$25.00	0	\$0.00
INTAKE, MIDAND EXIT	\$25.00	0	\$0.00
MISS INTERVIEWS	\$25.00	0	\$0.00
EDUCATION FEE ASSESSED	\$30.00	0	\$0.00
MISS EDUCATION CLASSES	\$25.00	0	\$0.00
EDUCATION CLASSES	\$30.00	6	\$180.00
COUNSELING FEE ASSESSED	\$0.00	0	\$0.00
COUNSELING GROUPS	\$30.00	0	\$0.00
MISS COUNSELING GROUPS	\$25.00	0	\$0.00
RE-ENTRY	\$30.00	0	\$0.00
CASE MANAGEMENT	\$0.00	0	\$0.00
LOA	\$30.00	0	\$0.00
SCHEDULE CHANGE	\$0.00	0	\$0.00
DDP WORK BOOK	\$0.00	0	\$0.00
REINSTATEMENT	\$75.00	0	\$0.00
REINSTATEMENT FEE ASSESSE	\$10.00	0	\$0.00
MISSED SESSIONS FEE ASSESSE	\$5.00	0	\$0.00
MISSED RE-ENTRY	\$25.00	0	\$0.00
MISSED SESSIONS NEW	\$25.00	0	\$0.00
MISSED SESSIONS OLD	\$25.00	0	\$0.00
REINSTATEMENT NEW	\$75.00	0	\$0.00
			\$409.00
		TOTAL PAID :	\$428.00
		REFUND BALANCE	-\$19.00

CLERK SIGNATURE:

DATE: 1/8/2015

PROGRAM MANAGER:

DATE: 1/8/2015

SUBMITTED TO ACCOUNTING ON:

REFUND ISSUED ON:

COPY OF CHECK PUT IN CLIENTS FILE

DATE: