



**DEPARTMENT OF HEALTH**  
Agency of Human Services

## ***STATE OF VERMONT***

### **PROJECT CRASH**

### **EDUCATIONAL PROGRAM RULES**

### **WEEKEND PROGRAM**

#### ***OBJECTIVES OF THE CRASH EDUCATIONAL PROGRAM:***

- To provide you education about alcohol use and its effects on you and the community.
- To provide you with the opportunity to examine your own drinking and driving behavior.
- To inform you of the resources available to assist you in changing your drinking behavior if you find you need or want to.

#### ***RULES AND REQUIREMENTS OF THE CRASH EDUCATION PROGRAM ARE:***

- Arrive promptly on Friday afternoon for screening and intake sessions.
- Attend all sessions. An absence during a session, will be considered a drop and will result in being dismissed from this course. A new registration for another CRASH Educational program is required.
- Come to session on time. Tardiness will result in being dismissed from this course. A new registration for another CRASH Educational program would be required.
- Attend program alcohol and drug free. Any evidence of the use of substances prior to or during the program will result in immediate dismissal from the course, and a registration for another CRASH Educational Program is required.
- Active participation in session discussion (as determined by group leaders) will be required at all sessions.
- A satisfactory plan to avoid future occurrences of driving under the influence of alcohol or drugs will be developed by the individual and presented at the final session for review by the group leaders, then again at the exit interview.
- Attend an exit interview following the completion of the weekend.
- CONFIDENTIALITY IS A MUST.

#### ***FEES and REGISTRATION***

- A fee of \$500.00 is due upon registering for the CRASH Educational Program. Payment by money order or Paypal, link to pay via paypal is on the <http://www.claramartin.org> website. Physical exam must be received by the Clara Martin Center *at least 2 weeks* prior to the beginning of the class. Registration and payment should be sent as soon as possible to ensure enrollment in the first weekend available. Registrations will be processed as they are received. Upon receipt of payment, you will be registered into the next available class; the program is run on a first come first serve basis.
- If an individual fails to successfully complete the CRASH Educational Program, no monies will be refunded. However, the individual may register into a second CRASH Program, at an additional \$500 fee.
- Failure to satisfactorily complete a second CRASH Educational Program will require an additional registration with another full payment of \$500.00

***NOTE: A physical exam is required in order to attend the Weekend Program. This needs to be received prior to your attendance in the weekend program.***



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# STATE OF VERMONT PROJECT CRASH

## REGISTRATION FORM WEEKEND EDUCATIONAL PROGRAM

To register for the Project CRASH Educational Program you must fill out the following information and return this form, *at least two weeks prior to the beginning of the School*, to:

Clara Martin Center  
Weekend CRASH Program  
PO Box 816  
Wilder, VT 05088

Date of Class: \_\_\_\_\_

Your Name (Please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Total Number of Alcohol Related Driving Offenses: \_\_\_\_\_ License Number (if available) \_\_\_\_\_

Reason Attending *this* School:  First DWI in Vermont  Second DWI in Vermont   
 Civil Suspension in state of \_\_\_\_\_  
 Court/Probation ordered in state of \_\_\_\_\_  
 DWI in another State: Date(s) \_\_\_\_\_  
State(s) \_\_\_\_\_  
 Other \_\_\_\_\_ in state of \_\_\_\_\_

Education:  Less Than High School  High School  Some College  College  More Than College

Marital Status:  Single  Married  Divorced/Separated  Significant Other  Other \_\_\_\_\_

Employment Status:  Unemployed  Employed, Number of years \_\_\_\_\_

Any disabilities that Project CRASH should be aware of?  No  Yes  
If yes, please list any assistance or assistive devices that you may need: \_\_\_\_\_

I hereby acknowledge receipt of a copy of the rules and requirements of the Project CRASH Educational Program.

Name: \_\_\_\_\_ Date: \_\_\_\_\_



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## CONSENT FOR THE RELEASE OF INFORMATION

I, \_\_\_\_\_, date of birth: \_\_\_/\_\_\_/\_\_\_, authorize Project CRASH to disclose information about the facts of my enrollment, current status, and completion of the Project CRASH School/therapy program to, and to obtain information to assist in determining completion of the Project CRASH School/therapy program from:

The Vermont Department of Motor Vehicles,  
The Vermont Department of Corrections, including Probation & Parole,  
Applicable Vermont District or Superior Court(s),

Please check any additional agencies/persons to whom information may be disclosed and received:

- Spouse and/or other family member (MUST list names) \_\_\_\_\_
- Attorney (MUST give name or agency) \_\_\_\_\_
- Department of Motor Vehicles in a State other than Vermont (MUST give department and address) \_\_\_\_\_
- Counselor/Treatment facility (MUST give name of counselor and address) \_\_\_\_\_
- Other agency or person \_\_\_\_\_

The purpose of the disclosure authorized herein is to:

Satisfy the conditions of my probation/parole and/or  
Satisfy conditions for the reinstatement of my driving privileges and/or  
Other \_\_\_\_\_.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse patient Records, 42 C.F.R. part 2, and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically upon my release from probation/parole and/or upon reinstatement of my driving privileges.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_