

North East Ohio Court Services

* Driver's Intervention Program * Diversion Classes * Court Ordered Assessments



940 Windham Court, Suite 7, Boardman, OH 44512
Cell: (330) 501-1988 Fax: (330) 758-2250

OhioMHAS Driver Intervention Program
Affidavit of Indigence

Name _____

Must Meet ALL the following criteria:

- I have not used the Medicaid discount for a DUI School within the past 6 years.
I was sentenced by a judge in good standing in a valid court within the state of Ohio.

The client must meet one (1) of the following criteria:

- I have current valid Medicaid number (valid for clients who have Medicaid or TANF)
I am receiving SSI (Supplemental Security Income) or SSDI (Social Security Disability Insurance)

Did you have a court appointed attorney? Yes No

Did you complete a financial disclosure form with the court and were found to be indigent and given court appointed counsel? Yes No

I agree to the following statements:
I am financially unable to pay for a driver's intervention program without substantial hardship to me or my family.

I understand that I must inform the driver intervention program if my financial situation should change before my attendance in the program.

I understand that if it is determined by the Ohio Department of Mental Health and Addiction Services that driver intervention program services were provided for me to which, I was not entitled, I WILL be required to reimburse the Department for the cost of the driver intervention program.

I hereby certify that the information I have provided on this Affidavit form is true to the best of my knowledge.

Client's Signature: _____ Date: _____



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Agency UPID #: 378

Intervention Date:

/ /

Client Information

Social Security Number:

Patient Control Number:

First Three Letters of Last Name:

Date of Birth

/ /

Gender

Male

Female

County of Residence

Sentencing Court Code

Indigent Type: Check on Below

Medicaid Number- MMIS:

____ - ____ - ____ - ____ - ____ - ____

SSDI (Social Security Disability Income)

PLEASE CHECK ANY DISABILITIES BELOW

- Vision Impaired
- Epileptic Symptoms
- Mental Illness
- Deaf/ Hearing Impaired
- Dyslexic/Learning Disabled
- Mental Retardation
- Neurological Dysfunction with Mobility Impairment
- Diabetic
- Other

1. **What is the client's race?**
 - Asian Black or African American
 - American Indian
 - Native Hawaiian/Other Pacific Islander
 - White/Caucasian Other

2. **What is the client's ethnicity?**
 - Puerto Rican Mexican
 - Cuban Other Hispanic
 - Not of Hispanic Origin

3. **What is the client's educational level**
 - Less than First Grade
 - First Grade Second Grade
 - Third Grade Fourth Grade
 - Fifth Grade Sixth Grade
 - Seventh Grade Eighth Grade
 - Ninth Grade Tenth Grade
 - Eleventh Grade
 - High School Diploma / GED
 - Trade or Technical School
 - Some College (No Degree Earned)
 - Two Year College / Associates Degree
 - Four Year College / Undergraduate Degree
 - Some Graduate College (No Post-Undergraduate Degree Earned)
 - Graduate Degree
 - Post Graduate Degree (Phd, Doctorate, etc)
 - Further Specialized Studies

4. **Is the client currently enrolled as a student?**
 - Yes No Don't Know

5. **What is the client's employment status?**
 - Full Time Part Time
 - Sheltered Employment
 - Unemployed Homemaker
 - Student
 - Retired Disabled
 - Inmate of Institution
 - Other

6. **How many arrests has the client had for OVI in the past 12 months? (must be at least 1 unless your OVI was over a year ago)**

7. **In the past 30 days, has the client been arrested for an offense not related to driving which was alcohol related?**
 - Yes No Don't know

8. **In the past 120 days how many times has the client been arrested for alcohol or illicit drug offenses?**

9. **In the past 30 days, how many nights has the client spent in jail?**

10. **Is the client currently pregnant?**
 - Yes No Don't know

11. **In the past 30 days, how many days has the client had any alcohol use?**

12. **In the past 30 days, how many days has the client had 4 or less drinks in one setting?**

13. **In the past 30 days, how many days has the client had 5 or more drinks in one setting?**

14. **In the past 30 days, how many days has the client had any illegal drug use?**

15. **In the past 30 days, has client participated in any voluntary self-help groups?**

Did the client participate in a nonprofessional, peer-operated organization devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, Women for Sobriety, etc...

 - Yes No Don't know

16. **In the past 30 days, has client attended any religious/faith affiliated recovery or self-help groups?**
 - Yes No Don't know