

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:

Three empty boxes for MM/DD/YYYY date format

Client Information

Social Security Number:

Empty box for Social Security Number

Patient Control Number:

Empty box for Patient Control Number

First Three Letters of Last Name:

Empty box for First Three Letters of Last Name

Date of Birth

Three empty boxes for MM/DD/YYYY date format

Gender

Male checkbox

Female checkbox

County of Residence

Empty box for County of Residence

Sentencing Court Code

Empty box for Sentencing Court Code

Indigent Type: Check on Below

Empty checkbox

Medicaid Number- MMIS:

Medicaid Number input field with dashes

Empty checkbox

SSDI (Social Security Disability Income)

PLEASE CHECK ANY DISABILITIES BELOW

- Vison 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?

Website: www.NEOCourtServices.com

Email: info@neocourtservices.com

- 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