FOR OFFICE USE ONLY	
Paid:	**Date:**
Signature:	

Bayshore Counseling Services

72-HOUR DRIVER INTERVENTION PROGRAM (ATAC)

To register for the ATAC Program, please complete the following information and return this form, ***along with payment***, ***no later than*** **seven (7) days prior to the program start date**, to:

Bayshore Counseling Services
1218 Cleveland Road, Suite B
Sandusky, Ohio 44870
419-626-9156 or 1-800-686-0088

Bayshore Counseling Services
201 Madison Street
Port Clinton, Ohio 43452
(419) 734-5535

Name: _____ Age:____ Date of Birth:_____ Male: ___ Female:___

Address: _____
Street City State Zip County

Phone: _____ Social Security Number: _____

Smoke: _____Yes _____ No Referring Court: _____

Special Diet Needs (i.e., allergies, diabetic, vegetarian…) Please explain in full: _____

*** PLEASE NOTE: Program begins promptly at 6:00 pm. Photo identification is required. If you are tardy and/or do not have an ID when you arrive at the program, you will not be permitted to attend the program and will be responsible to pay the entire fee in full to reschedule and attend another program date. If you need to keep ANY medication, including "Over the Counter" types, with you during the program, you will need to have a note from your physician. NO EXCEPTIONS.**

For limited-English-proficient persons, you must contact our office before registration

Assigned Program Dates:_____

PAYMENT INFORMATION:

Payment **in full** by **money order** or **certified check,** in the amount of **$295.00, MUST ACCOMPANY** this registration form. **Medicaid no longer covers all of the cost of the program; therefore, anyone with Medicaid must present their card and pay $157.48.** Registration and payment in full must be received before your name will be added to the program roster and permitted to attend the program. **Cash, Personal and/or Third Party checks will not be accepted as payment. There are guidelines that MUST BE MET TO DETERMINE IF YOU ARE ELIGIBLE TO USE YOUR VALID MEDICAID CARD AS YOUR PARTIAL SOURCE OF PAYMENT BEFORE YOU WILL BE REGISTERED FOR A CLASS. If these guidelines are not met, you will be responsible for paying for the program in full ($295.00) before you will be accepted to the program. Please note that once the budgeted funds for the ATAC program have been exhausted, Medicaid will not be accepted as a form of payment even if criteria has been met and you will not be accepted to the program until you have paid for the class in full ($295.00).**

CLASS SPACE IS LIMITED AND IS AVAILABLE ON A "FIRST REGISTERED and FIRST PAID" BASIS. Private rooms are not permitted. Consideration for a private room requires a verifiable written doctor's request and prior approval by our Agency. Additional costs will be required. You must contact our Agency for details.

RESCHEDULING AND NO-SHOWS

ALL RESCHEDULING NEEDS PRIOR COURT APPROVAL.

If you obtain prior approval from the court **AND** notify Bayshore Counseling Services within seven days before the program is to begin, **an $80.00** rescheduling fee is charged. Payment deadline for rescheduling is the same as above. If you simply **do not show up** to the assigned program, you will be responsible for paying the entire **$295.00** fee again in order to re-register and attend the program. Payment deadlines listed above apply.

*******If you have any chronic or acute medical problems, or if you are under the care of a psychiatrist / psychologist/mental health therapist, please alert Bayshore Counseling Services staff when registering for the program.*******