Hope Council on Alcohol & Other Drug Abuse, Inc. Intoxicated Driver Program 5942-6th Avenue * Kenosha, WI 53140 (262) 658-8166

IMPAIRED DRIVER PROGRAM FEES

Please be aware that the Hope Council charges the following fe	ees in the Impaired Driver Program:
Assessment for Kenosha County Residents	\$255.00
Non-Compliance Fee (Fee applied if appointment is not made Driver's Safety Plan with in year time frame or failure to comply	
Alcohol and Other Drug Testing for those who have 3 or mor DSP. You are charged the initial fee as a baseline test. (There DSP) which may be up to \$135 each)	will be additional tests (no fewer than 3 during the
Assessment for two (2) states (for example, a Kenosha Courstate)	· ·
Returned Check	\$40.00
There is no fee for cancellations made more than three (3) busing a \$25 fee for cancellations made no less than two (2) full busing a \$50 fee for cancellations made no less than one (1) full busing a \$100 no show fee for all appointment no shows and cancellate made the day before the appointment but after the agency has you are more than 15 minutes late! All fees must be paid in full. These fees do not include Driver Safety Plan costs or remote the most of the same and are subject to change without notice.	ness days in advance of the appointment. There iness days in advance of the appointment. There siness day in advance of the appointment. There is ions the day of the appointment or, cancellations closed. An appointment is considered missed if before an appointment can be rescheduled. -instatement fees with the Department of
POLICY ON ALCOHOL AND OTHER DRUG L	ISE PRIOR TO AN ASSESSMENT
It is the policy of the Hope Council to <u>refuse assess</u> appointments <u>under the influence of alcohol and/or other</u> not consume alcohol for <u>24 hours prior</u> to your appointment you appear to be under the influence of other drugs, you w *See Missed Appointment / Late Appointment / Reschedule	drugs. The Hope Council requires that you dont. Should the assessor suspect alcohol use or till be asked to reschedule your appointment*.
Your signature below indicates that you have read and und	derstand the above. Thank you!
Client's Signature	Date