

UDECIDE PROGRAM (UDP) OF BERKS COUNTY REFERRAL

PROGRAM TELEPHONE: (610) 685-4490

PROGRAM EMAIL: UDP@COCABERKS.ORG

Referrer Name: _____

Referrer Telephone Number: _____

Referrer Email Address: _____

Relation to Participant (circle one): Parent/Guardian SAP Team School Official Other

If other, please explain: _____

Reason for referral: _____

Participant Name: _____ School District: _____

Address: _____ Telephone Number: _____

_____ Date of Referral: _____

Participant Email Address: _____

Date of Birth: _____ Age: _____ Gender: _____

Deadline to complete program (if applicable): _____

REQUIREMENTS FOR SUCCESSFUL COMPLETION OF THE UDECIDE PROGRAM

1. The participant shall complete twelve (12) hours of drug and alcohol education in compliance with the requirements listed below. A non-refundable \$100.00 service fee and signed agreement must be submitted before the participant is eligible to schedule his/her classes. If paying by check, be advised that there will be a \$40.00 fee charged for each returned check.
2. Attendance and promptness to all educational classes is mandatory. No unexcused absence or tardiness will be allowed during the course. Any unexcused absence or tardiness may result in termination from the program.
3. If the participant is a minor, one or both parent(s)/guardian(s) are required to attend the Parent Session and exit interview. Questions regarding this policy must be directed to the coordinator of the UDecide Program. Failure to have a parent/guardian present may result in the participant being terminated from the program.
4. No alcohol or drug use will be permitted during involvement with the UDecide Program. The Program Instructor reserves the right to request a urine sample and/or breath test from the participant. Any positive results or a refusal to submit to a test could result in the participant being discharged from the program and/or require a drug and alcohol evaluation.
5. The Program Instructor has the option to dismiss any participant he/she perceives to be under the influence of drugs or alcohol and/or disruptive in class. No food, beverages, or tobacco of any type will be allowed during class.

I fully understand and agree to the conditions of this contract. I acknowledge that the UDecide Program of Berks County will contact me to arrange for enrollment in the program.

Signature of Participant

Signature of Parent/Guardian (if applicable)

Signature of Referrer

Date Signed