

Bee Services Inc.

Today's Date: _____

Probation Officer : _____

County of Conviction/Arrest: _____

Probation County: _____

Case/Cause Number: _____

Probation Location(Office): _____

Personal Data Form

Name(Last, First, M.I.): _____

Address(As shown on DL): _____

City/State/Zip-code: _____

Phone Number: _____ Date of Birth: _____

DL or ID #: _____ State: _____ SS# _____

Demographics (Circle one in each category)

Sex: Male Female Other
Marital Status: Single Married Divorced Separate Widowed
Ethnicity: Caucasian African-American Asian Hispanic Native American Other

Family/Dependents

How many times have you been married? _____ How many children do you have? _____
How many dependents other than yourself are living with you? Adults _____ Children _____
Do you feel drinking or drug's have contributed to family problems at any time in your life?
YES / NO If yes, why? _____

Education

How many years of school have you completed? _____
Highest Complete: None HS/GED Associates Bachelors Masters Doctorate
What type of work have you been trained to do? _____
Are you presently employed in the type of work you have been trained to do? YES NO

Employment

List all jobs held in the past 3 years starting with the present job. Give brief description of job type, length of employment and reason for leaving.

Job Description	Length of Employment	Reason for Leaving

What was the total amount of time you were unemployed the last 3 years? _____

What was the reason? _____

ARREST INFORMATION

Dates of current and previous arrest and charges:

DATE OF ARREST (YEAR)

CHARGE

If charged with DWI, what was the BAC? _____

Has your license ever been under any of these conditions? (including now)

Suspended	Y / N	Number of times _____	Reason _____
Revoked	Y / N	Number of times _____	Reason _____
Occupational	Y / N	Number of times _____	Reason _____

What was the status of your license at the time of the arrest that brought you here?

OK Revoked Suspended Occupational Did not have

Your age when you:

began drug activities _____

began drinking alcohol _____

were arrested for first offense _____

were arrested for first drug related offense _____

What are your drugs of choice? _____

Have you ever thought you might have a drug problem? YES NO

Have you ever thought you might have a drinking problem? YES NO

Where do you usually use drugs? (Circle all that apply)

Party or Social Event Home with friends and Home by self Bar/Restaurant/Club

family

Work or School On the Street Other _____

Have you ever received help from any of the following? (Circle all that apply)

Family Doctor	Relative/ Friend	Alcohol/Drug Rehab	Alcoholics Anonymous	Psychiatrist/ Psychologist	Church
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Agency(Name): _____ Other(Name): _____

I understand that the information about me and my progress in the Drug Education program will be used for research purposes and will be shared with probation and do hereby authorize such use, with the further understanding that this information will otherwise be held confidential and not released to other individuals for any reason without my signed consent.

Signature

Date

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize **BEE SERVICES INC.**
(NAME)

to disclose to _____
(name of person or organization to which disclosure is to be made)

the following information **attendance, participation and pre/post test** _____
(information to be disclosed)

The Purpose of the disclosure authorized in this is to: Inform Probation/Lawyers of Course Progress/
Completion. _____

I understand that all Offender Education Programs shall abide by and obtain any consent to disclosure required by applicable Federal and State laws regarding confidentiality of patient/client records including, as applicable and without limitation, 42 United States Code 290dd-2: 42 Code of Federal Regulations, part 2, and Health and Safety Code, Chapter 611. I understand my records cannot be disclosed without my written consent unless otherwise provided for by the regulations. i also understand that i may revoke this consent in writing at any time except to the extent that action has been taken in response to it, and that in any event, this consent expires automatically as follows **End of Probation / One(1) year**

Dated: _____

Signature of Participant

Signature of Parent, Guardian or Authorized
Representative, where required

Bee services

Class Education Class Rules

1. You MUST attend all sessions time in order to receive a certificate of completion. If you miss a class you must register for another class and re-pay the course fee.
2. You agree to do all assigned homework and turn it in prior to the beginning of the next session(class day)
3. Students must make a score of 70% or higher on Post-test to receive a certificate of completion(when applicable)
4. Students are encouraged to take notes in the class and they can use them on the final test
5. Please do not work ahead in your workbook as this can become confusing
6. An exit interview may be required
7. Full payments should be made prior to the start of the first session (Cash,Money order or Credit/Debit cards accepted) \$2.50 convenience fee is added to each credit card payment
8. Students must be on time for all classes
9. Students must dress appropriately
10. All students must participate
11. You may not use cell phones during the class without previous instructor permission.
12. No weapons(knives ,guns, etc.) allowed in the classroom
13. If you chew gum during a session. Please have common sense and manners when your done with and discard it in a trash can not the floor or underneath the table/ chairs
14. Visitors will not be permitted in the classroom without advance permission from the instructor
15. Certificate can be picked up after completion of the class or mailed if requested by email
16. If you lose your certificate you will be able to purchase a duplicate certificate for \$25.00 if the class was taken in the past three(3) years
17. Clients should not be under the influence of any illicit drugs or alcohol prior to and during class
18. ZOOM- video is to be on and face visibly present during entire class if doing class virtually
19. ZOOM - do not be involved in other activities while in class (e.g. working, driving , gaming, etc.)

Date:_____

Participant

Date:_____

Parent or Guardian