

COUNTY OF MONMOUTH
Department of Human Services
Division of Mental Health and Addiction Services
Intoxicated Driver Resource Center

Jennifer Luyster
Director

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CLIENT NAME: CLIENT PRINT NAME

Dear IDRC Client and Non-Affiliated Agency,

The above client would like to complete their IDRC requirements with your Non-Affiliated IDRC treatment agency. It is the client's responsibility to make sure the Non-Affiliated agency keeps the Monmouth County IDRC updated monthly regarding his/her progress in treatment. Following are the requirements the agency must agree to submit:

- The assessment report (including the level of care and admission date) within 7 business days.
- The monthly progress reports by the 15th of the following month and including compliance/non-compliance status, # of sessions attended, drug screen results, and any pertinent notes
- The discharge report (including the discharge date, total # of sessions attended, and any aftercare requirements) within 7 days
- A signed copy of this agreement within 10 business days or the client will have to choose an Affiliated Treatment Provider to comply with the IDRC requirements.

If the Non-Affiliated agency fails to provide any of the above, THE CLIENT will be placed into Non-Compliance. The Municipal Court and the Motor Vehicles Commission will be notified which could mean a possible **jail sentence and further license suspension**.

Three or More DUI Offenses: NJ State Regulations require a minimum of sixteen weeks (minimum of one session per week, minimum of one hour per session) of substance abuse treatment. The client will be followed for a total of one year, the balance may be done with attendance at self-help groups.

One or Two Lifetime Offenses: The length of treatment shall be a minimum of 16 weeks, minimum of one session per week, minimum of one hour per session). Treatment beyond the minimum sixteen week requirement is clinically determined according to ASAM Patient Criteria. Again, it is THE CLIENT'S responsibility to ascertain the agency keeps this IDRC up to date on his/her progress.

If the counselor identifies that the client does not meet ASAM criteria for treatment, the counselor is responsible to substantiate this through supporting information.

Kindly sign below to acknowledge your understanding of these mandatory requirements.
RETURN TO THIS IDRC FULLY EXECUTED.

CLIENT SIGN NAME

PRINT DATE

Client Signature

Date

I certify that I am currently licensed to provide alcohol and drug treatment in the state of _____*
and have a current Professional Liability Insurance policy.

COUNSELOR SIGN NAME AND CONTACT INFORMATION PRINT DATE

Counselor's Signature

Date

*COUNSELOR MUST IDENTIFY THE STATE THAT THEY ARE LICENSED TO PRACTICE IN.