

Monmouth County
Department of Human Services
Division of Mental Health & Addiction Services
Intoxicated Driver Resource Center

Human Services Building
3000 Kozloski Road
Freehold, NJ 07728



Phone: 732-308-3713
Fax: 732-625-3907
TDD: 711

CLIENT NAME: _____

Dear IDRC Client and Non-Affiliated Agency,

The below 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 no later than 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**.

1, 2, or 3+ Lifetime Offenses: The length of treatment shall be for a duration of time that is clinically necessary. The level of care identified for a client must be supported by ASAM criteria and a DSM diagnosis. Again, it is THE CLIENT'S responsibility to make sure 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.

Ten-Year Suspension: The client will be followed for a total of one year if treatment is warranted; the balance upon treatment program completion may be done with attendance at self-help groups.

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

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's Signature

Date