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| **DEPARTMENT OF HEALTH SERVICES**  Division of Care and Treatment Services  F-01268 (09/2016) | | | | **STATE OF WISCONSIN** | | | | |
| **APPLICATION TO CONDUCT INTOXICATED DRIVER ASSESSMENTS**  **TRIBAL TREATMENT FACILITY** | | | | | | | | |
| **INSTRUCTIONS**: Completion of this application is required to apply for approval to conduct Intoxicated Driver Program (IDP) assessments under Wis. Stat. [§ 343.50 (1q) (c)](http://docs.legis.wi.gov/statutes/statutes/343/III/30/1q/c) and prepare driver safety plans under Wis. Stat. [§ 343.30 (1q) (d)](http://docs.legis.wi.gov/statutes/statutes/343/III/30/1q/d). If your facility has satellite offices that will conduct IDP assessments, each location must complete an application.  For further information about program requirements, review Wis. Admin. Code ch. [DHS 62](http://docs.legis.wi.gov/code/admin_code/dhs/030/62). | | | | | | | | |
| Name – Tribal Nation | | | | | | | Date of Application | |
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| Name – Tribal Treatment Facility | | | | | | | | |
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| Tribal Treatment Facility Street Address | | | City | | | | State | Zip Code |
|  | | |  | | | | WI |  |
| Telephone - Tribal Treatment Facility | | | | | | | | |
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| Name - Tribal Chairperson/President | | Telephone – Chairperson/President | | | Email – Chairperson/President | | | |
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| Name – Designated IDP Supervisor | | Telephone - IDP Supervisor | | | Email - IDP Supervisor | | | |
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| Name - Designated IDP Coordinator | | Telephone - IDP Coordinator | | | Email - IDP Coordinator | | | |
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| **Required Documents** (Please submit all of the following) | | | | | | | | |
|  | A copy of the facility’s Wis. Admin. Code § DHS [75.13](http://docs.legis.wi.gov/code/admin_code/dhs/030/75/13) or § DHS [75.16](http://docs.legis.wi.gov/code/admin_code/dhs/030/75/16), certification for each location where IDP assessments will be conducted. | | | | | | | |
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|  | The names of individuals who will be conducting IDP assessments, any mental health and/or substance use disorder credentials they currently hold and either proof of completion of the Intoxicated Driver Program – Approved Training (IDP-AT) or the dates training will be completed. | | | | | | | |
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|  | The facility’s policy and procedures manual for the Intoxicated Driver Program describing facility procedures which comply with Wis. Admin. Code §§ DHS [62.05](http://docs.legis.wi.gov/code/admin_code/dhs/030/62/05) – [62.15](http://docs.legis.wi.gov/code/admin_code/dhs/030/62/15). | | | | | | | |
| **Agreements** (Checking these statements signifies agreement) | | | | | | | | |
|  | I agree, on behalf of the above-named tribal treatment facility, that the facility will notify the county IDP assessment agency identified in the court order under Wis. Stat. [§ 343.30 (1q) (c)1](http://docs.legis.wi.gov/statutes/statutes/343/III/30/1q/c) within 72 hours that the approved tribal treatment facility has been contacted for the assessment. | | | | | | | |
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|  | I agree, on behalf of the above-named tribal treatment facility, that the facility will execute all duties of an approved public treatment facility under Wis. Stat. [§ 343.30 (1q)](http://docs.legis.wi.gov/statutes/statutes/343/III/30/1q/) and rules promulgated under Wis. Stat. [§ 343.30 (1q)](http://docs.legis.wi.gov/statutes/statutes/343/III/30/1q/). | | | | | | | |
| **SIGNATURE –** Tribal Chairperson/President | | | | | | Date Signed | | |
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