

# TEXAS DWI INTERVENTION PROGRAM

(please type)

This application must be completed by all applicants seeking approval as one of the above approved Texas DWI Intervention Program. Submit the application, required attachments, and the non-refundable initial application fee to the **Texas Department of State Health Services, Professional Licensing & Certification Unit, Offender Education, P.O. Box 149347, Mail Code 2003, Austin, Texas 78714-9347.**

**INITIAL APPLICATION FEE -- \$300.00 (NON-REFUNDABLE)**

*Payment must be in the form of cashier's check, money order, commercial check, or agency voucher.*

**NOTE:** APPLICATION WILL NOT BE PROCESSED WITHOUT FEE AND PROOF OF REQUIRED PROGRAM MATERIALS.

Program Administrator Name (Provide name on file with DSHS-Administrator must be certified.)

Business Address of Headquarters (Street, City, State, Zip) [do not use P.O. box]

County

Business Phone

Business FAX

( )

( )

E-Mail Address

DWI Intervention Program Name

List physical branch sites where classes will be conducted, even if it is the same as business address. Please include street address, city, and phone number. Branch sites shall be located in the same county as the program headquarters or in an adjacent county. Each branch office/site must have a local address and telephone number (local or toll free call) for participants to register and obtain information. (Include \$5 per branch site with the \$300 application fee). Program Certificates of Approval are required for each branch site.

**Branch Site**

**Street Address**

**City & County**

**Phone Number**

**QUESTIONS**

*(All questions must be fully answered. If an explanation or additional information is required, please use "Explanations" sheet or attach additional sheets, if necessary, and submit with the application.)*

A. List names, business addresses and business telephone numbers of certified instructors who will be teaching the curriculum. Indicate for each, dates instructors attended and successfully completed the Texas DWI Intervention Administrator/Instructor training.

Name	Address	Phone	Dates Attended DWII Adm/Ins. Trg.

B.  Yes  No Will all classes be conducted by the certified instructor(s) listed above?

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\$ \_\_\_\_\_ Indicate amount of course fee?

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Yes  No Will Spanish classes be offered by this program? **If yes**, Spanish course materials must be purchased.

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Yes  No Will the state-approved curriculum be used in the class instruction and be presented in the prescribed manner and sequence?

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SASSI      Indicate which screening instrument(s) will be utilized? Check all that apply.  
 SALCE  
 Other (List)

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Who will administer the screening instrument? (First and Last Name)

Name	Title	Certified?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Bi-monthly      How often will you offer the program? Please check one.  
 Quarterly  
 Monthly  
 Other \_\_\_\_\_

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Yes  No Will two one-on-one sessions be held with each participant?  
 How will these sessions be scheduled?

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Yes  No Will the program require each participant to attend an exit interview?

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Yes  No Does your classroom have seating and desk-like writing facilities?

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Yes  No Is the classroom facility in compliance with the Americans with Disabilities Act - 1990?

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# \_\_\_\_\_ How many participants will your classroom accommodate?

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What provisions are made to provide the program for those persons who are unable to read and/or speak English? Are they screened prior to class? Will a separate class be offered for them? Will the classes be waived? Explain how the required written materials will be completed.

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Yes  No Will the Class Roster, Participant Agreement Form, Screening and Evaluation Form, Program Schedule, Attendance Sign-In Sheet, Family nights, and Personal Data forms currently available in the state-approved curriculum be used? (**If no**, please submit copies of forms to be used.)

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Yes  No Will your program require each participant to write an action plan?

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Yes  No Will you administer participant course evaluations?

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Overhead Projector  VCR  Projector (PowerPoint)  TV: Size \_\_\_\_\_  Flip Chart  White Board

Indicate what audio-visual equipment will be utilized. **Check all that apply.**  
(Indicate screen size of television monitor.)

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Yes  No Is all equipment in good working order?

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Yes  No Will you provide participants with a list of local chemical dependency counseling and treatment resources?

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Once approved, does the program agree to report the following information annually to the Texas Department of State Health Services, Offender Education Services?

Yes  No Driver's license numbers of all participants, or, in the absence of a driver's license number, the social security number and birth date of each participant?

Yes  No Total number of participants entering each course?

Yes  No Total number of participants completing each course?

Yes  No Total number of courses held annually?

Yes  No Names of all instructors employed by the program and number of courses each conducted during the year, respectively.

Yes  No Total number of participants who enter treatment as a result of participation in the Approved DWI Intervention Program.

## REQUIRED MATERIALS and ATTACHMENTS

Failure to provide evidence of purchase and/or acquisition of required materials, videos, equipment, etc. could result in the program application being denied. \*When ordering videos from FMS Productions, you must identify yourself as a Department of State Health Services (DSHS) DWI Intervention Program in order to purchase videos at the discounted price.

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### VIDEOS:

Module 2	<b>“Letting Go of Stress Video”</b>	<b>VHS &amp; DVD</b>	<b>\$29.95 + S&amp;H (VHS) 19.95 + S&amp;H (DVD)</b>
	Hazelden P.O. Box 176, Center City, MN 55012-0266 Margie Bibeau 1-800-328-9000, ext. 4689 Mention “TXCERT” to receive price shown <a href="http://www.hazelden.org/bookstore">www.hazelden.org/bookstore</a>		
Module 7	<b>“Alcohol &amp; Drugs: Body &amp; Mind, the Medical Consequences”</b>	<b>(Available in Spanish)</b>	<b>\$285.00 + S&amp;H</b>
	*FMS Productions, Inc. 5320-D Carpinteria Ave./ P.O. Box 5016 Carpinteria, CA 93014 1-800-421-4609 <a href="http://www.fmsproductions.com">www.fmsproductions.com</a>		
Module 8 (Choice of either video)	<b>“Life, Death, and Recovery of an Alcoholic”</b>	<b>(Not available in Spanish)</b>	<b>\$236.00 + S&amp;H (2% of total)</b>
	*FMS Productions 5320-D Carpinteria Ave./ P.O. Box 5016 Carpinteria, CA 93014 1-800-421-4609 <a href="http://www.fmsproductions.com">www.fmsproductions.com</a>		
		<b>-OR-</b>	
	<b>“Guidelines for Helping the Alcoholic”</b>	<b>(Available in Spanish)</b>	<b>\$311.00 + S&amp;H (2% of total)</b>
	*FMS Productions 5320-D Carpinteria Ave./ P.O. Box 5016 Carpinteria, CA 93014 1-800-421-4609 <a href="http://www.fmsproductions.com">www.fmsproductions.com</a>		
Module 9	<b>“Reflections From the Heart of a Child”</b>	<b>(Not Available in Spanish)</b>	<b>\$247.00 + S&amp;H (\$4.00 shipping per video)</b>
	Hazelden P.O. Box 176, Center City, MN 55012-0266 Margie Bibeau 1-800-328-9000, ext. 4689 Mention “TXCERT” to receive price shown <a href="http://www.hazelden.org/bookstore">www.hazelden.org/bookstore</a>		
Module 10	<b>“Medical Aspects of Co-Dependency”</b>	<b>(Available in Spanish)</b>	<b>\$295.00 + S&amp;H (2% of total)</b>
	*FMS Productions 5320-D Carpinteria Ave./ P.O. Box 5016 Carpinteria, CA 93014 1-800-421-4609 <a href="http://www.fmsproductions.com">www.fmsproductions.com</a>		

Module 11 "Twelve Steps" (Not available in Spanish) VHS & DVD \$29.95 + S&H (\$6 shipping per video)

Gerld T. Rogers Productions, Inc.  
511 Greenwood Avenue  
Kenilworth, IL 60043  
800/227-9100

"Un Dia A La Vez" (Spanish) \$ 10.00 + Tax (DVD)  
\$ 9.00 + Tax (VHS)

Caso Document Management  
3453 IH 35 North, Suite 215  
San Antonio, TX 78219  
(877) 840-3972  
FAX: (888) 371-3682

Module 13 "Staying Sober, Keeping Straight" (Not Available in Spanish) \$156.00 + S&H (2% of total)

\*FMS Productions  
5320-D Carpinteria Ave./ P.O. Box 5016  
Carpinteria, CA 93014  
1-800-421-4609 [www.fmsproductions.com](http://www.fmsproductions.com)

"Prevencion De La Recaida" (Spanish) \$10.00 + Tax (DVD)  
9.00 + Tax (VHS)

Caso Document Management  
3453 IH 35 North, Suite 215  
San Antonio, TX 78219  
(877) 840-3972  
FAX: (888) 371-3682

## REQUIRED RESOURCE MATERIALS

Please attach copy of DM2000 Order Form, indicating required resource materials being purchased. If the program will be offering Spanish classes, materials in Spanish are required to be purchased.

## REQUIRED ATTACHMENTS

1. Please submit a written job description that specifically outlines the qualifications, duties and responsibilities of the course instructor(s) and administrator.
2. Please provide a tentative schedule of courses to be offered. Include dates, times and location(s) of courses.

**CONDITIONS**

As a condition of the issuance of this Certificate of Approval to operate an approved DWI Intervention Program per the requirement of Article 42.12, Section 13(j), Code of Criminal Procedure, the undersigned undertake and agree to all of the following conditions:

- A. To comply with the Texas Department of State Health Services Offender Education Rules, Chapter 153.
- B. To maintain adequate records as prescribed by the Texas Department of State Health Services Offender Education Rules.
- C. To permit the Texas Department of State Health Services, or its designated representative, to monitor the program, either announced or unannounced, in order to assure compliance with the standards.
- D. To employ or otherwise make use of instructors and administrators who have been properly trained as stated in this application.
- E. To advise the Texas Department of State Health Services when a trained instructor or administrator is employed or terminated by the program.
- F. To advise the Texas Department of State Health Services within **twenty (20)** days of any material change in the application or the schedules which are made part of thereof.

I, the undersigned, swear (affirm) that I have read the entire foregoing application; that I am familiar with all of its content and that all answers, statements, explanations, and all other materials contained therein are true in substance and in fact.

\_\_\_\_\_  
(Program Administrator's signature in ink)

\_\_\_\_\_  
(Type Administrator's name)

\_\_\_\_\_  
(Type Administrator's title)

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

State of Texas, County of \_\_\_\_\_.

\_\_\_\_\_  
(Notary's signature in ink)

Notary Public State of Texas.  
My commission expires \_\_\_\_\_.

\_\_\_\_\_  
(Type Notary's name)

To knowingly make a false statement or conceal a material fact in this application will result in the denial and/or revocation of your Certificate of Approval.

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**AFTER COMPLETING THIS APPLICATION (INCLUDING REQUIRED ATTACHMENTS, \$300.00 INITIAL APPLICATION FEE, AND \$5.00 PER BRANCH SITE MAIL TO:**

**Texas Department of State Health Services  
Professional Licensing & Certification, Offender Education  
P.O. Box 149347, Mail Code 2003  
Austin, Texas 78714-9347**