

**Division of Behavioral Health  
 Driving Under the Influence (DUI) Program  
 275 East Main Street, 4-WG  
 Frankfort, KY 40621-0001  
 (502)564-9208  
 (502)564-9335 (fax)**

**PROGRAM SURVEY FORM**  
*(A separate form must be filled out for each DUI site)*

**Program Name:** \_\_\_\_\_ **Program Code:** \_\_\_\_\_

**Program Administrator's Name:** \_\_\_\_\_

**Administrative Mailing Address:** \_\_\_\_\_

**Location of Program Files:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Site Address (if different than above):** \_\_\_\_\_

**County:** \_\_\_\_\_

**Contact Person(s):** \_\_\_\_\_

**Scheduling Telephone Number(s):** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Days and Hours of Operation:** \_\_\_\_\_

*List DUI services and maximum fees charged at this site:*

SERVICE	OFFERED		MAXIMUM FEE	COMMENTS
Assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
20 Hour Education	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Individual Outpatient Treatment (cost per session)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Group Outpatient Treatment (cost per session)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Intensive Outpatient Treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Residential Treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Detoxification	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

**Name of Clinical Services Supervisor at this site:** \_\_\_\_\_

**Other Certified Staff for this site** *(if necessary, attach addendum)*

Name	DUI Certification	Date of Certification/Recert

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_