

# Pennsylvania Alcohol Highway Safety School Referral Form

## INTERCOUNTY AHSS REQUEST

|       |   |       |  |
|-------|---|-------|--|
| Date: |   |       |  |
| TO:   | <b>Delaware County DUI Department</b><br>201 West Front Street<br>Basement - Stairwell R<br>Media, PA 19063 | FROM: | DUI Coordinator<br>Agency<br>Address<br>City, State, Zip |

## Offender/Arrest Information

|              |      |                          |
|--------------|------|--------------------------|
| Name:        |      | D.O.B.                   |
| Address:     |      | Phone:<br>Alternate No.: |
| Arrest Date: | BAC: | Arresting Agency:        |
| OLN:         | OTN: |                          |

| Service Requested | Service Provided |
|-------------------|------------------|
|-------------------|------------------|

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Request client be enrolled in your AHSS (no online classes)</li> <li><input type="checkbox"/> CRN is enclosed for your review</li> <li><input type="checkbox"/> Copy of Criminal Complaint is enclosed</li> <li><input type="checkbox"/> Comments:</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Client Completed our 12.5-hour AHSS on _____</li> <li><input type="checkbox"/> Copy of Certificate of Completion enclosed</li> <li><input type="checkbox"/> Client has failed to complete our 12.5 hr. AHSS                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Failure to pay for services</li> <li><input type="checkbox"/> Failure to respond to scheduled appointments</li> <li><input type="checkbox"/> Failure to attend class as scheduled</li> <li><input type="checkbox"/> Other</li> </ul> </li> </ul> |
| Additional Service Requested:<br><br><input type="checkbox"/> Please refer for drug/alcohol assessment  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Assessment completion date _____</li> <li><input type="checkbox"/> Level of Care Recommended _____</li> <li><input type="checkbox"/> Treatment Completion Date _____</li> </ul>  |