

Turning Point Center of Bennington

Impaired Driver Rehabilitation Program (IDRP)

160 Benmont Avenue, 4th Floor, Suite C481, Bennington, VT 05201

IDRP Program Guidelines – Intensive Program and Non-Intensive Program

The Bennington IDRP program has two options for the IDRP Education and Evaluation program. The programs are for people with first and second offenses seeking reinstatement of driving privileges, as well as court ordered participants¹.

We continue to provide online Zoom meetings for the IDRP intake and 10 hours class.

Please note: Here are the 4 basic steps:

1. Print & Mail-in your registration packet and fees.
 - Mail: Complete and mail the registration material (3 pages) found below on this website (www.tpcbennington.org) along with your payments to:
 - **Paula Shulman, IDRP Registration**
 - **PO Box 814 , Arlington, Vermont 05250**

You may also contact Paula Shulman at 802 379-5117 to have the registration packet mailed to you if you can't print it out from our website or pick it up at the Turning Point Center

A total registration fee of **\$400.00** is due with your mail-in registration. A **\$220.00** money order / bank check made out to: The Turning Point Center and **\$180.00** money order / bank check made out to Paula Shulman. No personal checks, debit / credit cards.

2. Completion of a Drug and Alcohol Screening: Once we receive your registration, we will call you to schedule the screening and provide more detailed information about the program. You cannot be placed on the class roster until your intake is scheduled. The Treatment Requirements for License Reinstatement is provided to the client by the IDRP Evaluator. For first offenders, if treatment is determined to be necessary by the IDRP Evaluator, treatment must consist of a minimum of four (4) hours in no fewer than four (4) weeks. Clients with two or more convictions (including clients with life suspensions who are completing the Total Abstinence application) must complete 20 hours of treatment over a minimum of 24 weeks. Please note that these are the minimum requirements.
3. Completion of the IDRP Education Component: Participants with first and second offenses are required to complete the education component, either thru the weekend

¹ People with Life Suspension will need to complete an IDRP evaluation and treatment. More information about applying for the Total Abstinence process with DMV can be found at: <https://dmv.vermont.gov/licenses/suspensions/total-abstinence>

Intensive program or the 2-week Tuesday/Thursday evening program. An hour lunch break is included in the weekend program.

4. Completion of an exit interview (if required) with the IDRP Evaluator once the IDRP Education Component has been completed and the required Treatment Completion forms are faxed or sent to Paula Shulman, IDRP Evaluator.

Three Forms need for Mail-In

We ask you to please have your paperwork mailed to us no later than one week before the class begins. Early registration is recommended to reserve your spot.

1. **Intake Form** – Fill out the top section from your signature up. PID is your license # or photo ID #.
2. **Release of Confidential Information.** Please fill out your name and date of birth on top and sign and date on the bottom. Include your email. Include additional contact names, address, and fax numbers that you will need your completion forms sent to.
3. **Participant Agreement** – Sign and Add your 1st & 2nd class preference at bottom.

Other requirements or suspensions may need to be satisfied before your privilege to drive can be reinstated. In these instances, contact the Vermont DMV at 802 828-2050
fax: 866 272-7989

Contacts

Paula Shulman, IDRP Evaluator 802 379-5117 /f ax 802 881-0168

IDRP Central Office – Burlington, VT 802 651-1574/ Fax 866 272-7989

Ignition Lock DMV 802 828-2061

[VT State Website of IDRP programs](#)

www.healthvermont.gov/alcohol-drug-abuse/programs-services/idrp

Summary 2023 IDRP Schedule

| Intensive – <i>hour break included.</i> (Saturday 9-3pm and Sunday 9-3pm) 2023 | Non-intensive 2 week (Weekday Evenings 6pm—8:30pm) 2023 |
|---|--|
| February 11 th & 12 th | February 1 st ,2 nd ,7 th & 9 th |
| March 11 th & 12 th | |
| April 15 th & 16 th | April 4 th ,6 th ,11 th &13 th |
| May 6 th & 7 th | |
| June 10 th & 11 th | June 6 th ,8 th ,13 th & 15 th |
| July 8 th & 9 th | |
| August 12 th & 13 th | August 1 st ,3 rd ,8 th , & 10 th |
| Sept. 9 th & 10 th | |
| October 14 th & 15 th | October 3 rd , 5 th ,10 th & 12 th |
| November 4 th & 5 th | |
| December 2 nd & 3 rd | |

IDRP Vermont Counselor List & Area Resources - Telehealth Available.

| Name | Phone Number | City and State |
|--------------------------------------|------------------------|-----------------------------------|
| United Counseling Services | 802 442-5491/ 362-3950 | Bennington / Manchester, VT |
| Pepoon, Kristi, LADC | 802 733-5566 | Bennington, VT |
| Kevin Lenfest, LADC | 802 747-8812 | Bennington, VT |
| Kristyn Harrington LICSW, LADC | 802 367-3165 | Manchester, VT |
| Ky Treahy, LICSW - LADC | 802 440-3352 | Bennington, VT / Veterans Service |
| Battenkill Health Center | 802 375-6566 | Arlington, VT |
| Carter INC - Dr Bennett, PSYD | 802 373-2909 | Stowe, VT 05672 |
| Christopher Wesolowski, LICSW - LADC | 802 380-1474 | Newfane, VT |
| Heather Axman, LADC, LICSW | 802 464-8105 | Brattleboro, VT |
| Brattleboro Retreat | 802 258-6996 | Brattleboro, VT |
| John Cassin, LADC | 802-289-3404 | Brattleboro, VT |
| HCR Services of Vermont | 802 886-4500 | Brattleboro, VT |
| Melissa Johnson, LADC | 802 258-8226 | Brattleboro, VT |
| Mark Kilgallon, LICSW | 413 522-9158 | Brattleboro, VT |
| Karen Kraham, LADC, LICSW | 802 257-6930 | Brattleboro, VT |
| Richard Langsner, LADC LICSW | 802 490-5580 | Brattleboro, VT |
| David Levingston, LMFT | 415 717-0918 | Brattleboro, VT |
| Tony Parmenter, LADC, LCMHC | 802 451-8212 | Brattleboro, VT |
| Health Smith, LCHMC | 802 257-0361 ext:124 | Brattleboro, VT |
| David Allen, LADC | 802 747-7030 | Rutland, VT |
| Jeremy Ashton, LADC | 802 772-0700 | Rutland, VT |
| Sara Poisson, LADC, LCMHC | 603 504-8091 | Rutland, VT |
| Rutland Mental Health | 802 747-3588 | Rutland, VT |
| Craig Smith, LADC LICSW | 802 775-7798 | Rutland, VT |
| Ken Smith, LADC LCMHC | 802 349-8951 | Rutland, VT |

Area Resources:

Turning Point Recovery Center - Peer recovery support for those with Alcohol or Substance Use Disorder - Alcohol and Drug Abuse Self-Help & Area Resources – 802 442-9700 - 160 Benmont Avenue, 4th Floor, Bennington, Vermont 05201 tpcbennington.org

VT Covid-19 Testing and Vaccine information - Healthvermont.gov/MyVaccine - 855 722-7878

Bennington Free Clinic call for appointment 121 Depot St, Bennington, VT 05201 - 802 447-3700

The Kitchen Cupboard – Tuesdays 5:30-7:30/Thursday 10am – noon/Saturdays 2-4pm

Green Mountain Care/Vermont Health Connect - www.greenmountaincare.org - 800 250-8427

BROC Food Shelf – 332 Orchard Road, Bennington, VT 05201 - 802 447-7515

Family Emergency Services – 802 442 5491

Legal Aid – 800 889-2047

Domestic Violence Program (PAVE) – 802 442-2370

Bennington County Coalition for the Homeless – 802 442-2424 – 966 Main St, Bennington,

VTIDRP State Website – www.healthvermont.gov/alcohol-drug-abuse/Programs-services/IDRP

Interlock Device 50% discount available proof of LIHEAP, Reach Up or 3 squares. Fax to DMV at 802 828-2098. Total Abstinence Program – DMV

Expectations of Participants Form

Turning Point Center of Bennington VT
Impaired Driver Rehabilitation Program
160 Benmont Avenue, 4th Floor, Suite C481, Bennington, VT 05201
Phone (802) 379-5117 – Fax (802) 753-7369

Expectations for Participants

Participants must be in class on time. Tardiness may result in dismissal from IDRP. Participants must attend all sessions and be free of alcohol and drugs. Participants attending class/orientation or intake under the influence of alcohol or drugs can be dismissed from the course and/or you may be asked to do an alcohol/drug screen if indicated.

Participants are required to attend all education component classes for a total of ten (10) hours. These classes must be attended in sequential order. Participants are required to complete all assignments and must come prepared to each class. This includes having the assigned workbook at each session. The participant must contribute in small group discussions, complete assignments, and demonstrate knowledge of the information presented. Participants may be dismissed from the course for offensive behavior at the discretion of the facilitator. Cell phone and all electronics must be turned off during class time.

If the participant fails to complete the initial course for which they are registered, they can re-enroll for one more class at the same location for no additional cost. They need to contact the program when they are ready to begin the class to make sure there is space.

Cancellations and Excused Absences

The following circumstances and criteria are the guidelines for potentially excusable absences for participants, which can be at the discretion of the IDRP Provider:

- Medical emergency—with documentation
- Death in the immediate family
- Other emergent situations determined with the discretion of the IDRP Manager.

If the participant has signed up for the Education Component and they need to cancel, they may do so up until 24 hours before the start of the program. If the participant cancels the day of the start of the program, the fee is forfeited.

In rare cases, the IDRP Provider may need to cancel a class due to severe weather or other unforeseen circumstances. A notice (either by phone or text message, to be determined by the provider) will be sent to the participants no later than four hours before the class start time. The provider is responsible for collecting a means to communicate with the participants in case of an emergency. The IDRP Provider will be responsible for rescheduling the missed class.

Participant Signature _____ Date: _____

1st choice for class date: _____

2nd choice for class date: _____



VERMONT

Vermont Impaired Driver Rehabilitation Program

DEPARTMENT OF HEALTH

Evaluation Information

| | | | | | |
|----------------|--|-----------------|--|------------|--|
| First Name: | | Middle Initial: | | Last Name: | |
| Date of Birth: | | Phone: | | VT PID: | |
| Address: | | | | | |

| | | | |
|------------------|--|-------------|--|
| Education Level: | | Employment: | |
|------------------|--|-------------|--|

| Type of Offense | Date of Offense | BAC for Offense |
|-----------------|-----------------|-----------------|
| | | |
| | | |
| | | |

By signing this form, I am attesting that all the information that I provided is true to the best of my knowledge and that I must complete the IDRPs in its entirety within five (5) years from today's date or will be required to start the Program over and pay all applicable fees.

| | | | |
|-------------------|--|-------|--|
| Client Signature: | | Date: | |
|-------------------|--|-------|--|

Evaluation Information (To be completed by IDRPs Evaluator)

| | | | |
|----------------------------------|----------|---------------------|--|
| Location of IDRPs Evaluation: | | Date of Evaluation: | |
| DAST Score: | | AUDIT Score: | |
| Approximate time since last use: | Alcohol: | Drugs: | |

Clinician Comments:

Brief History of Substance Use:

Present Use:

Family History:

Additional Comments or Areas of Concern (including information about participation in IDRPs Education Program):

Evaluator expectations for IDRPs clinician:

Exit interview required? Yes No

By signing this form, I am attesting that all of the information that I provided is true to the best of my knowledge.

| | | | |
|----------------------------|--|-------|--|
| IDRPs Evaluator Signature: | | Date: | |
| License #: | | | |

Impaired Driver Rehabilitation Program Release of Confidential Information

I, , (with date of birth) authorize:

- The Impaired Driver Rehabilitation Program (IDRP),
- The Vermont Department of Motor Vehicles (DMV),
- The Vermont Department of Corrections, including Probation & Parole (if applicable),
- Applicable Vermont District or Superior Court(s),
- Court Diversion and/or Teen Alcohol Safety Program (if applicable)

to communicate with and disclose to one another information about the facts of my enrollment, current status, and completion of the IDR Program School/therapy program. The amount of information disclosed will be the minimum amount necessary to satisfy the purpose. This information may include substance abuse treatment information for the purpose of determining:

- Completion of requirements for the reinstatement of my driving privileges, and/or
- Compliance with the conditions of my probation/parole, and/or
- Other

Please check any additional agencies/person(s) to whom information may be disclosed and received:

Spouse and/or other family member (must list names)

Attorney (must list name)

Department(s) of Motor Vehicles in State(s) other than Vermont

State:

Address:

Fax:

Counselor/Treatment facility

Other person(s)

I authorize the IDR Program to communicate with me via email and understand that these communications cannot be guaranteed as secure or confidential.

Email address:

By signing this form, I understand: my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Substance Use Disorder Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise allowed by the regulations. IDR Program will protect my information but there is the potential for information disclosed pursuant to this consent to be redisclosed by the recipient. I may revoke this consent at any time by contacting IDR Program except to the extent it was already relied on. If not sooner revoked this consent expires automatically upon my release from probation/parole and/or upon reinstatement of my driving privileges. I am not required to sign this form to participate in IDR Program but if I do not sign this form IDR Program cannot share program completion information with DMV or any other party.

Signature of Participant:

Date: