



Massachusetts
Impaired Driving Program
at SSTAR

REFERRAL FORM - MIDP / SOA / 24Q

Please check the type of referral you are completing. (Check all that apply).

- Massachusetts Impaired Driving (First Offense) Evaluation for Higher Care Levels (24Q)
 Second Offender Aftercare (SOA)

PLEASE PRINT CLEARLY. Provide all requested information below.

Date of Arrest B.A.C. Date of Referral Driver's License # Social Security No.

Name of Referred Client / Probationer Date of Birth Primary Language

Complete Street or Mailing Address (Street, City/Town, State, Zip Code)

Primary Phone Text Capable? Email (Preferred) or Secondary Phone Number (if applicable)

Probation Officer APO/CPO Phone APO/CPO Fax

Referring Court Probation File Number

This section for MID Program Use Only

Attestation: As a condition of acceptance into the Massachusetts Impaired Driving Program (MID) at SSTAR, by my signature below, I agree to pay the prevailing **first offender** program fee listed below in full according to the payment option selected below. I also understand that I should contact the agency within seven (7) business days of this referral, if an agency representative has not contact me.

- Option A** (\$910.96 at intake)
 Option B (\$410.96 at intake, followed by two (2) equal payments of \$250 at Week 5 and Week 10.
 Option C (\$410.96 at intake, followed by ten (10) equal payments of \$50 for the first 10 weeks of group.

**A payment receipt can be emailed to clients who submit payments by phone. Please ask when paying.
 TO MAKE PAYMENT BY CREDIT CARD OR DEBIT CARD CALL (508) 235-7070 OR (508) 329-0358**

Signature of Client / Probationer or Authorized Representative Date Signed

PROGRAM CONTACT:
 Robert J. Oliveira, LCSW Program Coordinator Tel. (508) 324-3507 roliveira@sstar.org

→ Scan/Fax Completed Referral to (508) 673-3182 ←