

Prime for Life Referral Form (both sides)

Class Dates you would like to attend:

Date Referral Made: ___/___/_____

Court Location: _____

Referral Name (name, title):

Youth's Information:

Age: _____ Gender: Male Female

Race/Ethnicity:

- White Hispanic African American
 Asian American Indian
 Alaska Native Native Hawaiian
 Pacific Islander More than one
 Other: _____

Month & Year of Most Recent Violation/Incident

Leading to Referral: ___/___/_____

Reason for Referral (check all that apply):

- Self Referral to Program Parent Referral
 Violation of School ATOD Policy
 Arrest of Citation involving alcohol and/or drugs
 Violation of Probation
 Reports of being impaired w/in last 30 days
 Other: _____

Program Expectations

This PRIME for Life program is offered as an alternative or reduction to a court ordered fine. To ensure reduction in fines and/or other sanctions, as discussed with an Assistant District Attorney, individuals must:

- Attend all 12 hours of PRIME for Life with your class,
- Complete the paperwork required by the program,
- Behave appropriately while participating in the program, and
- Pay the registration fee.

Payment/Registration

\$100 per person

- Register on line www.hccame.org
- Pay by CC on line or the day of at the start of class (checks payable to HCCA)
- No computer? Contact Karen at 588-5012 to register
- If you register and do not come, you will need to register and pay the full \$100 again.

What Past Participants Have Said

The vast majority of 18-20 year olds who complete this class last year said that:

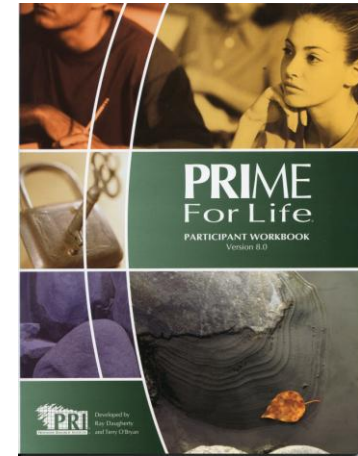
- The instructor was positive and engaging
- The class was worth their time
- They learned useful information in the class.

For your reference:

I registered for a class for the weekend of:

Location is:

Prime for Life



**Building Knowledge and Skills To
Make Low-Risk Choices About The
Use of Alcohol and Other Drugs**

Provided By



In Cooperation with the
Kennebec County District Attorney's Office

About the Class

This 12-hour educational program is for people under 21 who have made high-risk choices about substance use: alcohol and/or other drugs. It provides evidence-based information to youth and young adults about the risks of use, and helps them weigh—for themselves—the advantages and disadvantages of continuing to use. Most important, it helps participants plan for and commit to changes in their behavior. The program is offered to small groups: 2-12 people and, as needed, on a tutorial basis to individual participants. It is a conversation, not a lecture. Each class is taught by a nationally certified PRIME for Life instructor.

Who Is Eligible?

- first time offenders charged with underage drinking and/or related violations who are referred by Kennebec County District Attorney's office
- individuals referred by an educational institution for substance use concerns

Note: This is NOT a Driver Education and Evaluation Program (DEEP) class for an Operating Under the Influence (OUI) violation.

Call us today!
Karen Tucker, Proj. Coord.
207-588-5012
Fax: 207-582-5804
E-mail: ktucker@mcd.org

Approach

The program's nonjudgmental approach presents life-saving information in a way that may make it easier to change behaviors involving alcohol and other drugs that can harm yourself and others, because it just makes sense.

Training

The program is taught by trained and certified PRIME for Life instructors. Initial intensive training and follow-up support services help instructors deliver the material effectively.

Ask questions...

- **One in 10** drinkers develops alcoholism or other serious alcohol-related problems at some point in their lives.
- **200,000 people** seek help each year for marijuana dependence.
- **Many people** who are dependent on alcohol or drugs started out drinking or using drugs for fun and relaxation. They believed that getting high for fun would not lead to problems. This belief is common but inaccurate, and encourages more use without a sense of risk.

Prime Referral Form (both sides)

Last Name: _____
First Name: _____ Middle Initial: _____
Date of Birth: _____
Home Address: _____

Phone #: _____
E-Mail: _____

Court Location: _____
Court Date: _____

Emergency Contact: _____
Phone #: _____

Comments/Notes by Referral Source (include special conditions, accommodations, and/or needs): _____

Payment (circle one):

Register on line at www.hccame.org/pfl & pay by CC or state you will pay with a check or cash at the door, OR Register by mail & pay by check by:

- Making check payable to -- HCCA
- Send this completed referral section with cash to:
Karen Tucker, HCCA
36 Brunswick Ave
Gardiner, Me 04345
Fax: 207-582-5804

- Be sure to fill out both sides of referral form, tear off and keep the remainder for your reference