



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCE

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Governor

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West Virginia DUI Program Checklist

Client Name: Last: _____ First: _____ Middle Initial: _____

Rec'd Date Requirement/documentation:

- Interstate DUI Transfer Form- **Section III, to be completed by Provider.**
- Written verification of status (if out of state):- **Client sends information.**
 - Residency
 - Actively employed
 - Active military/student status
- Written / signed release of information (ROI)- **Client dates and signs.**
- Assess/evaluation/summary by qualified SA professional including intake/psychosocial/biomedical history – **Provider sends copy of.**
- Documentation reflecting course of treatment/services rendered to the Individual- **Provider sends copy of.**
- Documentation reflecting amount of hours within a structured Educational Component, if required, treatment component including topics addressed status – **Provider sends copy of.**
- Documentation reflecting progress/lack thereof with individual treatment-plan (as applicable)- **Provider sends copy of.**
- Termination Summary = progress = satisfactory /unsatisfactory – compliance/non-compliance-**Provider send copy of.**
- \$125.00 Fee for Driver’s Rehabilitation Fund- Client sends in.**