

British Columbia's Remedial Program

The Responsible Driver Program (RDP) is a remedial education program for alcohol and/or drug affected drivers. RoadSafetyBC has partnered with the Centre for Addiction and Mental Health (CAMH) to deliver the Responsible Driver Program.

The program consists of the following three components:

1. Screening

The purpose of the screening is to assign you to either the 8-hour (Level 1) or 16-hour (Level 2) workshop. Workshop placement is dependent on a number of factors, including driving history.

2. Workshop

Level 1 or Level 2 group workshop: Both workshops present information on topics such as how alcohol and other drugs affect your ability to drive safely, and how to separate drinking and other drug use from driving.

3. Follow-up

A one-on-one follow-up discussion takes place 6 months after the workshop component and is an essential component of the RDP. The purpose of the follow-up is to review the skills gained and goals set at the workshop.

It may take up to 11 months to complete the entire program. Prompt registration is strongly advised.

The fastest way to register is online by visiting: www.responsibledriverprogram.ca

Alternatively, you can send this completed form by:

EmailFaxMailRDP.info@camh.ca416-260-4136Responsible Driver Program250 College Street,
Toronto ON M5T 1R8

- ➤ For questions regarding the *registration process*, please contact CAMH: Phone: 1-844-398-4144 or Email: RDP.info@camh.ca
- ➤ For questions regarding *licence status or reinstatement*, please contact RoadSafetyBC: Phone: 1-855-387-7747
- > CAMH does not have information about licensing and cannot answer licensing questions.

All personal information that you provide on this form and during your participation in the Responsible Driver Program is being collected by RoadSafetyBC, a program of the Ministry of Public Safety and Solicitor General as authorized by s. 26(c) of the *Freedom of Information and Protection of Privacy Act*. This information is collected to register you in the program and facilitate delivery of the program, including the disclosure of personal information between RoadSafetyBC and its service provider, CAMH. Contact the Service Manager at rdp.info@camh.ca or the Director of Driver Programs at RoadSafetyBC@gov.bc.ca if you have questions about the management of your personal information.



Responsible Driver Program

I acknowledge that,

- ➤ I have been referred by RoadSafetyBC to the Responsible Driver Program.
- ➤ I must successfully complete all three parts of the RDP to have my licence reinstated or to maintain my driving privileges.
- ➤ I am required to complete the Responsible Driver Program under s. 25.1 or 25.2 of the *Motor Vehicle Act*, as applicable.

		I		I		
LAST NAME YYYY MM DATE OF BIRTH	DD B	FIRST NAME	CENCE	MID	DLE NAME	
MAILING ADDRESS						
CITY				PROVINCE	РО	STAL CODE
PRIMARY PHONE		EXTENSION	PRIMAR	Y EMAIL		
	that your contact in gularly check your en		kept up to c			
□ No. For reas	ame Responsible Dr sons of confidentiality sessages for me.	_		-	_	-
☐ Yes . You ca	n identify the name R	esponsible D	river Progran	n when calling	ı or leaving	messages for me.
Program Accom	nmodations					
Please check any tl	hat apply:					
☐ Hearing	☐ Physical Disability	/ [☐ Language o	other than Eng	ılish (transl	ator required)
☐ Special learning needs			☐ Unable to read English (translator required)			
☐ Helper required (please specify requir	ements):				

If a translator or helper is required, please complete a separate Consent form and provide their name and phone number where they may be contacted. To obtain a copy of the Consent form, please contact CAMH. Phone: 1-844-398-4144 or Email: RDP.info@camh.ca

☐ Additional needs (please specify requirements):_____



Requirements for Successful Completion

- ➤ **Do not use** alcohol, drugs or cannabis products (including CBD products that may contain THC) 24 hours prior to, or during, any component session participation.
- > Attend all scheduled sessions and arrive on time for each session.
- Give 24 hours notice that you are unable to attend by leaving a message directly with the local service provider.
- ➤ Participate fully in the program activities and demonstrate that you have learned about separating your drinking and other drug use from your driving.
- > **Provide** accurate information to program personnel.
- > **Treat** the program staff and other participants with respect.
- ➤ Ensure that your payments are made in a timely manner and that you complete the program within the applicable timeframe. CAMH disclaims any liability related to your failure to pay in a timely manner or complete the program in the applicable timeframe.

Participants that fail to comply with the requirements may be removed from the program.

RoadSafetyBC makes all decisions regarding a participant's ability to remain in or retake the program.

Additional Charges

I understand that I must attend all scheduled appointments and meet program requirements. I understand that if I do not complete the RDP, I may be required to pay another RDP fee to re-register for the RDP. CAMH may charge additional fees to re-take any components I do not attend or complete.

Retaking screening appointment: \$240
 Retaking Level 1 or Level 2 workshop: \$400
 Retaking the follow-up appointment: \$100
 Disputes of credit card payments: \$50
 Declined credit card payments: \$10

Please note: Refunds are issued only in exceptional circumstances.

By signing below, I acknowledge that I have read and understood the Responsible Driver Program Requirements set out above and I am agreeing to participate in the program as described.

SIGNATURE	DAT	E



Affordability Payment Plan

Participants can opt for the Affordability Payment Plan which allows the total program cost to be made in four separate payments. The four payments are to be paid as follows:

\$505.00	at the time of Registration
\$150.00	prior to scheduling the Screening component
\$450.00	prior to scheduling the Workshop component
\$95.00	prior to scheduling the Follow-up component

Participants are encouraged to follow the *Recommended payment schedule*, as shown below, in order to complete the program within the required timeframe. Any delayed payments will affect the scheduling of the next component, and participants risk not completing the program on time and risk cancellation of their driver's license.

Recommended payment schedule

Registration: first payment, register within 30 days of the date on your referral letter
 Screening: second payment and schedule Screening within 30 days of Registration
 Workshop: third payment and schedule Workshop within 90 days of Registration
 Follow-up: fourth payment and schedule Follow-up within 6 months of Registration

To make your next payment, contact CAMH at 1-844-398-4144 or RDP.info@camh.ca. When your payment is confirmed, you will receive confirmation via email, mail, or phone with instructions on how to schedule and pay for your next component.

No Barriers Financial Assistance Plan

Participants are eligible for the No Barriers Financial Assistance Plan if they receive any of the following assistance from the Ministry of Social Development and Poverty Reduction:

Income Assistance;

Hardship Assistance; or

Disability Assistance;

➤ General, Health or Income Supplements.

Eligible participants may register for the RDP at a 29% cost reduction from \$1,200.00 to \$852.50. There is no payment plan option with the No Barriers Financial Assistance Plan. To apply, when you register for the RDP, you **must** include a copy of your current Income Assistance or Disability Assistance from the My Self Serve portal, from the Ministry of Social Development and Poverty Reduction. You can visit the My Self Serve portal for a copy of your income or disability assistance confirmation message: https://myselfserve.gov.bc.ca/

The number of Participants accepted each month into the No Barriers Financial Assistance Plan is limited. CAMH will let you know if you have been accepted, or CAMH may add you to a waitlist for future availability.

For further information regarding the **No Barriers Financial Assistance Plan**, or payment scheduling information on the **Affordability Payment Plan**, please visit RoadSafetyBC's website:

https://www2.gov.bc.ca/gov/content/transportation/driving-and-cycling/roadsafetybc/high-risk-driver/responsible-drivers



Payment				
Payment To: Centre	e for Addiction and Me	ental Health		
Payment Method:	☐ Money order	☐ Certified Cheque	☐ Visa/Maste	rcard (credit/debit)
If paying by Visa/Ma	stercard, please chec	k a box below to indica	te the Program Cost a	mount to be charged.
☐ Full Prog	ram Cost		\$1,200.00	
□ Affordabi	lity Payment Plan (F	irst payment)	\$505.00	
*Ensure each	h of your payments ar	e made on time, or you	risk delays to complet	ting the RDP.
□ No Barrie	rs Financial Assista	nce Plan Cost	\$852.50	
*CAMH will	advise if you qualify f	or the No Barriers Fina	ancial Plan	
NAME AS IT APPEARS	ON THE CREDIT CARD			
CREDIT CARD NUMBE	ER .		EXPIRY DATE	CVS NUMBER

Registrations take approximately 3 business days to process. When your registration has been processed, you will receive confirmation via email, mail, or phone with further instructions.

Supplemental Documents

The following documents, included in this PDF, may be required for your registration to be considered complete.

Video Conferencing Agreement This is required for all registrations

people to access your information

Responsible Driver Program Video Conferencing Acknowledgment

Video Conferencing Acknowledgment

I, the Participant, have both the willingness/ability and or will make effort to participate using the technology being requested (i.e. computer with web cam, laptop with video, smart phone with camera and a microphone). This is one of the options to meeting the program requirements with mandatory attendance. I hereby consent to the use of videoconferencing (i.e. Skype, OTN, Zoom, Teams, Webex etc.) to meet my requirement(s) facilitated via videoconference by one of the Service Providers offering the program, managed by the Centre for Addiction and Mental Health, CAMH.

I am aware that I need to treat each session as though it is in-person and must adhere to all the program requirements including participating fully to complete the program and meet all program requirements. I must be in full camera view during the entire session (if using a helper/translator both must be in full view and be on time to start and back from breaks). No part of this session will be recorded, taped, or saved by any individual participating. You must have a private and silent location (where you will not be interrupted and must be alone unless you have discussed the need for a helper or translator) and available for the entire session(s) (locations may not include a vehicle, or public place unless agreed upon in advance with the Service Provider).

Interruptions by another party (children, partners, pets etc.) or long absences (returning late from any break, or extended washroom visits) will be deemed a violation and the session will be terminated. Not meeting any of the above condition(s) will result in an incomplete session. The Participant will be required to pay for the incomplete session before being permitted to rebook the incomplete session.

Please note:

SIGNATURE

- ➤ Use of electronic communication can increase the risk of said information being disclosed to third parties despite reasonable efforts to protect privacy security of electronic communication.
- > It is possible that through electronic communication, malware may be introduced to the computer.
- ➤ A continuous poor connection, overloading of circuits and other disruptions may result in the rescheduling the program. In addition, if inevitable delays occur that impact licence status or licence reinstatement, they are the responsibility of the Participant.

By signing below, I acknowledge that I have read and understood the Video Conferencing Acknowledgment.

FULL NAME

YYYY MM DD BC DRIVER'S LICENCE

DATE

Consent to Release Information to a Person or Agency

By signing this form, you give your consent to the Centre for Addiction and Mental Health (CAMH) to share relevant information as it pertains to your participation in the Responsible Driver Program (RDP).

_l,				
FULL NAME				
YYYY MM DD DATE OF BIRTH BC DRIVER'S LICENCE				
give CAMH permission to provide relevant information as it pertains to my participation in the RDP to the following person(s)/agency:				
NAME	RELATIONSHIP	PHONE NUMBER		
I understand that this information will be used to assist in the development of an appropriate program plan. I also agree to allow the above-named person(s)/agency to provide relevant information to CAMH as it pertains to my participation in the RDP.				
CIONATURE		DATE		
SIGNATURE		DATE		
Requests to remove/add authorized per email on file or directly by phone with the		stration can be made by		

Email Mail Fax

Please forward a copy of this completed Consent form to CAMH:

RDP.info@camh.ca 416-260-4136 Responsible Driver Program 250 College Street,

Toronto ON M5T 1R8

For questions, please contact CAMH:

Phone: 1-844-398-4144 or Email: RDP.info@camh.ca