

back on **track** / bonne **conduite**

Ontario's Remedial Measures Program for Impaired Drivers
Programme ontarien de mesures correctives à l'intention des
personnes reconnues coupables de conduite en état d'ivresse

Warn Range ONLINE Registration TIPS

Register ONLINE @ www.remedial.net



Type into your
address box

NOT your search
engine

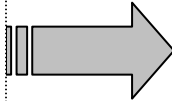
Within 72 business hours you will receive:

- Registration Confirmation – by email
- Check your junk mail/ call us if you do not receive it
- Contains the phone numbers to our locations across Ontario

You will need your:

- Your Driver's Licence Number
- Your Credit Card # and Expiry Date

You must complete
Back on Track
or
face further licence
suspension



Register NOW!

Please allow up to 120 days to:

- Register for Back on Track
AND
- Complete : 1 day workshop (2nd offence)*
or
- Complete : 2 day workshop (3rd offence)*

**This can take up to 90 days
from the day you book your appointment*

You may only have 120 days to meet your requirement

Check your Notice of Suspension for your specific requirements!

Registering online may save you 2 weeks in mailing time

Visit www.remedial.net to register today.

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Warn Range REGISTRATION
Please read carefully

IMPORTANT:

The documents you need to complete are listed below, if any of the required forms are missing or not completed properly your application form will not be processed.

- A completed and signed copy** of the "Step 1. Participant Agreement"
- The completed** "Step 2 - Personal Information Form"
- A completed and signed copy** of "Step 3 - Payment Form"
- Payment** \$294

The **only** acceptable forms of payment are :

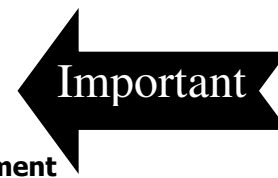
- Money Order
- Certified Cheque
- Credit Cards, Visa/MasterCard Debit

We **DO NOT** accept CASH, personal cheques, lines of credit cheques, credit card cheques, or multiple forms of payment.

KEEP A COPY OF ALL OF THE FORMS AND PAYMENT YOU SUBMIT TO OUR OFFICE FOR YOUR RECORDS.

Once your forms and payment are processed:

- **You will be emailed or mailed a list of service providers**
- **This list will include their phone numbers**
- **It will be your responsibility to call and schedule your appointment.**
- **Please contact us if you do not receive this 3 weeks after sending your payment**



If you need more information, please contact Back on Track at:

Web site: www.remedial.net
Telephone: (416) 595-6593 (in Toronto)
Ontario toll free: 1-888-814-5831
E-mail: info@remedial.net

Our Administrative Office is **not** open to the public. Please do not come in person.

For information regarding other requirements: licencing or reinstatement, or Ignition Interlock please contact:

- **Ministry of Transportation, (MTO) 1 800 303 4993**
- **Ignition Interlock:**
 - **ALCOLOCK 1 866 658 6374**
 - **1 A LifeSafer 1 888 769 6080**





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Warn Range Step 1. Participant Agreement

1. Requirements for Successfully Completing Back on Track

I understand that I must meet the following requirements to successfully complete Back on Track:

- **I must not use** alcohol or drugs within 24 hours of or on any day that I participate in the program.¹ I may take medication prescribed by a physician provided it does not impair my ability to participate in the program.²
- **I must attend** all sessions as scheduled for me and arrive on time for each session
- **I must give 24 hours notice** that I am unable to attend by leaving a message directly with the service provider. The only acceptable reasons for missing a session without giving 24 hours notice are serious illness, a death in my immediate family, or severe weather. In case of an emergency I may submit a document (e.g., a doctor's note, death certificate, or severe local weather report – must be date/ time specific) to confirm the reason for my absence. If accepted, I will be required to reschedule the missed component and complete all assignments.
- **I must provide** accurate information about myself and my remedial requirements.
- **I must participate** fully in the program activities and demonstrate that I have learned about separating my drinking from my driving.
- **I must treat** the program staff and other participants with respect. Verbal or physical abuse will not be tolerated.

2. Consequences

If I do not meet the program requirements successfully for any reason, I have failed the program. I may re-register for the program but I must repay the \$294 program fee in full. In addition, if any accommodation I require results in extra program costs, I will be responsible for paying these before re-registering. I will be required to reschedule and complete the workshop to meet the Ministry of Transportation Ontario's (MTO) remedial requirement.

3. Consent to Collect and Release Personal Information

I understand the following:

- The Centre for Addiction and Mental Health (CAMH) on behalf of MTO, will be collecting personal information³ from me. The local provider will also collect personal information from me on behalf of CAMH
- This information relates to my identity, program enrolment and participation responses to questions.
- If applicable MTO will receive any recommendations for medical review.⁴
- In case of payment issues, my payment records may be shared with financial institutions.

All personal information that I provide to CAMH and/or the local provider may be shared through Back on Track's encrypted website, secure email and facsimile transmission, by registered mail or by courier and will be kept as part of my record on an encrypted database. Once I complete the program, only CAMH and MTO will have access to my record unless I give written consent to do otherwise.

CAMH operates Back on Track on behalf of MTO.

¹If you are not sure you can meet this condition, you should complete substance abuse treatment before you register for Back on Track. Contact ConnexOntario at 1-800-565-8603 for help in locating treatment programs in your area.

² If you are unsure if you can meet this condition, you should consult a doctor before registering

³ "Collection of the personal information as described above is for the administration and operation of the Remedial Measures Program. The authority for the collection and use of this information is in accordance with the Highway Traffic Act, R.S.O. 1990, Chapter H. 8, Section 41.1(6.1) and Section 57(6). If you have any questions about the information collected on this form, please contact the Program Advisor, Licensing Services Branch, Driver Improvement office, Ministry of Transportation, 77 Wellesley Street West, Box 671, Toronto, Ontario M3M 1J8. 416-235-1086 or 1-800-303-4993."

⁴ Conditions that could result in a medical review include: blackout or loss of consciousness, poor physical co-ordination, a balance problem, visible tremors or shaking, disorientation or confusion, agitated or overly sedated behaviour, and extreme memory problems.

4. Authorizations

Please list anyone you wish to give access to your information in this section, including a translator or helper you need. They will be able to schedule appointments on your behalf and communicate with the program staff if necessary. Listing names in this section is your agreement to give them access to your file.

Name: _____ Relationship: _____ Telephone: (____)____-_____
Please Print

Name: _____ Relationship: _____ Telephone: (____)____-_____
Please Print

****Requests to remove an authorized person must be made in writing.**

5. Conditions

I also understand the following conditions:

- The program fee is non-refundable.
- If I need a language interpreter, translator, helper or any other special arrangement to participate fully in the program, I am responsible for making the arrangements and paying any associated costs. The translator/ helper must be 18 years of age or older. My requirements may be decided by program staff.
- If program staff observe that I have a medical condition that they are concerned could affect my ability to operate a motor vehicle safely, they may recommend a medical review to the Ministry of Transportation. I may be informed if such a recommendation is made.
- I am responsible for any travel costs to attend any program component.
- It may take over 3 months to register, schedule and complete the workshop.
- I am required to begin participation in the program within 5 years of receipt of my registration confirmation. After 5 years, I will be required to re-register by completing this form and paying the registration fee again.

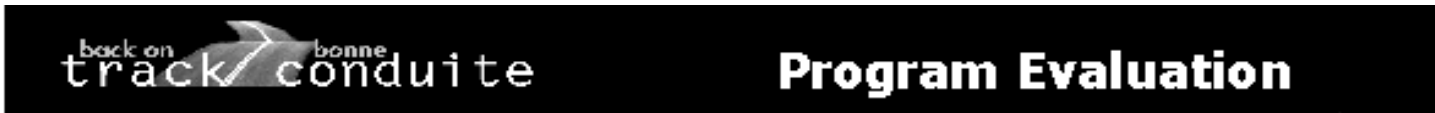
I understand and agree to the terms of this participant agreement including:

- 1. Requirements for Successfully Complete the Back on Track program
- 2. Consequences
- 3. Consent to Collect and Release Personal Information
- 4. Authorizations
- 5. Conditions



Signature: _____ Date : ____/____/____
(dd / mm / yy)

Name : _____
(Please print your name as it appears on your driver's licence.)



You can help us improve Back on Track.

All you need to do is sign below. Your consent is voluntary and will not affect your participation in the program.

I agree:

To release personal information to an independent program evaluator about my participation in Back on Track



Signature: _____ Date : ____/____/____
(dd / mm / yy)

Name : _____ Date : ____/____/____
(Please print your name as it appears on your driver's licence.)
(dd / mm / yy)



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Warn Range Step 2. Personal Information Form

Male Female

Date of Birth: dd/mm/yy



Last Name (as it appears on your driver's licence):

First Name (as it appears on your driver's licence):

Current Mailing Address:

unit / apartment #, street

city province postal code (required)

Telephone: () - Work (if permitted): () -

Cell Phone: () - Email: (please print clearly to ensure receipt of email confirmation)

When calling or leaving a message, may we say we're calling from Back on Track (Please check one box)

- No, please do not say you are calling from Back on Track
Yes, you may say you are calling from Back on Track

Drivers licence or reference number:

License number grid



In order to process your forms YOU MUST provide your driver's licence number. You may find this information on your road side suspension documentation, notices of suspension, by purchasing an abstract or by visiting an MTO or Service Ontario office in person with proper identification.

Language Preference: English French (Back on Track is available in French in designated areas only)

Program Accommodations (please check all that apply and indicate any special needs):

- Hearing
Physical Disability
Language other than English or French (translator required)**
Cannot read English or French (helper required)**
Special learning needs (details required)
Helper required (details required)

** Please include the name of your translator/helper and the number where we may reach them in: section 4. Authorizations.



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Warn Range Step 3. Payment Form

The program fee for Back on Track is \$294. To register, you must enclose your payment with your Participant Agreement (Step 1), Personal Information Form (Step 2), and this page – Payment Form (Step 3).

METHOD OF PAYMENT

We **DO NOT** accept CASH, personal cheques, lines of credit cheques, credit card cheques, or multiple forms of payment.

We only accept (check one):

- Certified cheque enclosed (payable to "Centre for Addiction & Mental Health - Back on Track")
- Money order enclosed (payable to "Centre for Addiction & Mental Health - Back on Track")
- Credit card, Visa Debit, MasterCard Debit

Please charge the total registration fee of \$294 to my card. This payment may appear as "Back on Track" on my Credit Card statement.

Please print Participant name: _____

Card (check one): VISA MasterCard VISA Debit MasterCard Debit

Card number: | | | | | - | | | | | - | | | | | - | | | | |

Expiry date: ____ / ____ CVD | | | | (Required – three digit security code)
(mm / yy) (beside signature on the back of the credit card)

Name of cardholder: _____

Cardholder signature: _____ Date: ____ / ____ / ____
(dd / mm / yy)

SEND ALL YOUR COMPLETED REGISTRATION MATERIALS & PAYMENTS BY:

Mail to:

Back on Track Remedial Measures Program
33 Russell Street Toronto, ON M5S 2S1

Or for credit card payment only

Fax to: (416) 595-6735

OUR ADMINISTRATIVE OFFICE IS NOT OPEN TO THE PUBLIC. PLEASE DO NOT COME IN PERSON.

Important

Once your forms and payment are processed:

- You will be emailed **or** mailed a list of service providers
- This list will include their phone numbers
- Please contact us if you do not receive this 3 weeks after mailing your payment

It will be your responsibility to call and schedule your appointment.



We need your help!

Ethnoracial Questionnaire

We encourage you to complete this form as we are always working to improve. The information required in this form is for the sole purpose of program evaluation by the Centre for Addiction and Mental Health (CAMH). Please complete this form by shading in the appropriate circles carefully.

1. What language are you most comfortable speaking? (Please choose one)

- | | | | | | | | | | |
|----------|-----------------------|----------|-----------------------|---------------|-----------------------|---------|-----------------------|------------|-----------------------|
| Albanian | <input type="radio"/> | English | <input type="radio"/> | Korean | <input type="radio"/> | Russian | <input type="radio"/> | Tamil | <input type="radio"/> |
| Arabic | <input type="radio"/> | French | <input type="radio"/> | Ojibwa | <input type="radio"/> | Serbian | <input type="radio"/> | Urdu | <input type="radio"/> |
| Bengali | <input type="radio"/> | Greek | <input type="radio"/> | Persian/Farsi | <input type="radio"/> | Somali | <input type="radio"/> | Vietnamese | <input type="radio"/> |
| Chinese | <input type="radio"/> | Gujarati | <input type="radio"/> | Portuguese | <input type="radio"/> | Spanish | <input type="radio"/> | Other ↓ | <input type="radio"/> |
| Dari | <input type="radio"/> | Hindi | <input type="radio"/> | Punjabi | <input type="radio"/> | Tagalog | <input type="radio"/> | _____ | |

2. How comfortable are you speaking English?

- | | |
|------------|-----------------------|
| Not at all | <input type="radio"/> |
| A little | <input type="radio"/> |
| Moderately | <input type="radio"/> |
| Very | <input type="radio"/> |
| Completely | <input type="radio"/> |

3a. Which of the following best describes your ethnoracial identity? (Please choose one)

- | | |
|--|-----------------------|
| Aboriginal/First Nations | <input type="radio"/> |
| Asian – East (e.g., Chinese, Japanese, Korean) | <input type="radio"/> |
| Asian – South (e.g., East Indian, Pakistani, Sri Lankan) | <input type="radio"/> |
| Asian – South East (e.g., Filipino, Indonesian, Vietnamese, Cambodian) | <input type="radio"/> |
| Black – African (e.g., Kenyan, Somali, Ethiopian, Ghanaian) | <input type="radio"/> |
| Black – Caribbean (e.g., Jamaican, Trinidadian, Tobagonian) | <input type="radio"/> |
| Black – Canadian, American | <input type="radio"/> |
| Latin American (e.g., Mexican, Brazilian) | <input type="radio"/> |
| Indian – Caribbean (i.e., Guyanese with origins in India) | <input type="radio"/> |
| Middle Eastern (e.g., Egyptian, Lebanese, Iranian, Israeli, Palestinian) | <input type="radio"/> |
| White – Canadian, American | <input type="radio"/> |
| White – European (e.g., British, French, Irish, Italian, Portuguese, Ukrainian, Russian) | <input type="radio"/> |
| Mixed Background (See question 3b ↓) | <input type="radio"/> |
| Other (See question 3b ↓) | <input type="radio"/> |

3b. If you answered "Mixed Background" or "Other" to question 3a, please specify:

4a. Where were you born?

- | | |
|-------------------------------|-----------------------|
| Canada | <input type="radio"/> |
| Elsewhere (See question 4b →) | <input type="radio"/> |

4b. If you answered "Elsewhere" to question 4a, what year did you come to Canada to live? eg 1994

Please review the form to be sure that all questions have been answered. Thank you.

Please note: Completion of this form is not required by the Ministry of Transportation of Ontario (MTO). Completion of this form represents consent to participate.

Please turn over...



We need your help!

Roadside Client Questionnaire

We encourage you to complete this form as we are always working to improve. The information required in this form is for the sole purpose of program evaluation by the Centre for Addiction and Mental Health (CAMH). Please complete this form by shading in the appropriate circles carefully.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
First Initial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec														
Birth Month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>														

What is your current age in years?
(For example if you are 24 you would select 2 as the first digit and 4 as the second digit.)

First digit		Second digit	
0	<input type="radio"/>	0	<input type="radio"/>
1	<input type="radio"/>	1	<input type="radio"/>
2	<input type="radio"/>	2	<input type="radio"/>
3	<input type="radio"/>	3	<input type="radio"/>
4	<input type="radio"/>	4	<input type="radio"/>
5	<input type="radio"/>	5	<input type="radio"/>
6	<input type="radio"/>	6	<input type="radio"/>
7	<input type="radio"/>	7	<input type="radio"/>
8	<input type="radio"/>	8	<input type="radio"/>
9	<input type="radio"/>	9	<input type="radio"/>

What is the highest level of education you've completed?

Public school

High school

Post-secondary

Gender:

Female

Male

In your lifetime, how many Criminal Code drinking driving charges have you had?

0	1	2	3	4	5	6	7	8+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In your lifetime, how many roadside suspensions have you had?

0	1	2	3	4	5	6	7	8+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What is your marital status?

Married, partnered or common-law

Single (never married)

Widow or widower

Separated or divorced

Unknown

What is your current employment status?

Full-time employed or self-employed

Part-time employed or self-employed

Unemployed (looking for work)

Student/retraining

Disabled (not working)

Unpaid labour force (e.g., homemaker)

Retired

Unknown



RIASI

For the following questions please answer according to your experiences in the past **12 months** unless otherwise indicated.

		True	False
R1	I smoke or use tobacco products (12 months)	0	0
R2	I have no problem telling a companion that he or she has done something to hurt my feelings.	0	0
R3	I often feel so restless I can't sit still.	0	0
R4	When I drink 7 or more drinks, I become aggressive. (12 months)	0	0
R5	I like people who are sharp and witty even though they may sometimes hurt other peoples' feelings. (12 months)	0	0
R6	When the alcohol runs out, I leave a party. (12 months)	0	0
R7	When I make plans I am almost certain to make them work. (12 months)	0	0
R8	I have relatives who have had problems with alcohol or drugs. (ever)	0	0
R9	I have been arrested for crimes other than drinking and driving. (ever)	0	0
R10	My hand often shakes when I try to do something. (12 months)	0	0
R11	I am irritated a great deal more than people are aware of. (12 months)	0	0
R12	Since the age of 18, I have been accidentally cut, or cut in a fight, or burned badly enough to leave a scar.	0	0
R13	A family member was arrested for drinking and driving. (ever)	0	0
R14	When I don't get my own way, I sulk or pout. (12 months)	0	0
R15	I slow down when a traffic light turns yellow. (12 months)	0	0
R16	I often feel like a powder keg ready to explode. (12 months)	0	0
R17	When I have a problem I try to make it go away by drinking. (ever)	0	0
R18	I have no trouble sleeping or staying asleep. . (12 months)	0	0
R19	I sometimes do dangerous or risky things just for fun. (12 months)	0	0
R20	I have experienced a major stressful life event in the in the past 12 months.	0	0
R21	I feel that I have lived the right kind of life. (ever)	0	0
R22	It is easy for me to turn down an unreasonable request from a friend. (12 months)	0	0
R23	I have feelings that something bad will happen to me. (12 months)	0	0
R24	I feel like I have lost energy. I am fatigued and tired. (12 months)	0	0
R25	I often have feelings of nervousness. (12 months)	0	0
R26	I often feel sad or blue. (12 months)	0	0
R27	A drink or two gives me energy to get started. (ever)	0	0
R28	I am probably not capable of slapping someone, even when I lose my temper. (12 months)	0	0
R29	When I get beyond a certain point, I don't stop drinking until all the booze is gone or I pass out. (12 months)	0	0
R30	I don't like to break rules, even if I think they are wrong. (12 months)	0	0
R31	I hardly ever drink more than I plan to. (12 months)	0	0
R32	I am not interested in surprising or upsetting others by doing something that might shock them. (12 months)	0	0
R33	It depresses me that I did not do more for my parents. (12 months)	0	0
R34	I like to gamble for money. ((12 months)	0	0
R35	After 7 or more drinks I feel happier. (ever)	0	0
R36	I often acted without thinking as a child. (ever)	0	0



R37	I was referred for a liver test, or a blood test for liver enzymes. (ever)	0	0			
R38	Since the age of the 18, I have needed emergency treatment for an injury of some kind. (ever)	0	0			
R39	I skipped school as a child. (since you were 12)	0	0			
R40	When I am drinking, I make sure I do not skip any meals. (12 months)	0	0			
R41	I often feel hopeless about the future. (12 months)	0	0			
R42	In the past five years, how many jobs have you had?	0	1	2-3	4-5	6+
		0	0	0	0	0
R43	How many traffic tickets for moving violations have you ever received (e.g. speeding, running a red light or stop sign)?	0	1-3	4-6	7-9	10+
		0	0	0	0	0
R44	How much money do you usually spend on alcohol per week? Include the cost of drinking at home or at friends' or relatives' houses, and in bars and restaurants and any other places. (12 months)	0	\$1-19	\$20-29	\$30-39	\$40+
		0	0	0	0	0
R45	If you go out drinking, how many places do you drink at in one evening? Include friends' or relatives' homes, as well as bars and restaurants and any other places (12 months)	0	1-2	3	4	5+
		0	0	0	0	0
R46	What is the largest number of drinks you ever consumed in a 24 hour period? (one drink = a 12 ounce beer, or a 1 ½ ounce shot of liquor, or a mixed drink, or a 5 ounce glass of wine or a 12 ounce wine cooler.)	0-4	5-14	15-24	25-34	35+
		0	0	0	0	0
R47	How many days of the week do you usually drink? (If you drink less than once a week put in a 0.) (12 months)	0	1	2	3	4+
		0	0	0	0	0
R48	When you are drinking, how many drinks do you usually have?(if you never drink, put in 0) (12 months)	0	1-2	3-4	5-7	8+
		0	0	0	0	0
R49	How many drinks does it take before you begin to feel the effects of alcohol?	0	1-2	3	4	5+
		0	0	0	0	0
				True	False	
R50	I am always courteous, even to people who are disagreeable.	0		0	0	
R51	I sometimes feel resentful when I don't get my way.	0		0	0	
R52	No matter who I'm talking to, I'm always a good listener.	0		0	0	

Please review the form to be sure that all questions have been answered. Thank you.