

NUTRITION ASSISTANCE DRUG TESTING AGREEMENT

A person who is convicted of a felony offense which has as an element of the offense “the use or possession of a controlled substance”, may be eligible for Nutrition Assistance if the person agrees to random drug testing and meets at least one of the following:

Is currently accepted in a substance abuse treatment program, but on a waiting list and remains enrolled in the treatment program, and enters the treatment program at the first available opportunity.

Is currently accepted for treatment and is participating in a substance abuse treatment program.

Has successfully completed a substance abuse treatment program after the convicted offense.

Is determined by a licensed medical provider to not need substance abuse treatment.

If on probation for a felony drug conviction, is in compliance with the terms of probation or has successfully completed probation.

Proof of the selected requirement must be provided. One of the requirements must be met after any disqualifying drug conviction. Proof is needed no later than _____.

Failure to sign this agreement and provide proof of one of the above requirements may cause your household’s Nutrition Assistance benefits to decrease, stop or be denied.

**IMPORTANT INFORMATION FOR YOU
SIGN AND DATE THIS FORM**

I have read this form and agree to provide proof of the selected requirement, and agree to random drug testing.

Applicant’s Name *(Please print)* _____ Signature _____

Case Number _____ Date of Birth _____ Date _____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. mail:

Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

To request this document in alternative format or for further information about this policy, contact your local office; TTY/ TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.