

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 _____

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office manager; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DES esta disponible a solicitud del cliente.