

In accordance with Kansas State Statute 39-709 regarding suspicion based drug testing, you have demonstrated certain indicators that require me as a DCF employee to refer you for drug testing at _____(facility name). We will be contacting _____ facility, to schedule an appointment with you today. You will need to take a photo ID with you to the testing facility. If you fail to attend or refuse to test, the following consequences may apply:

First failure/refusal: 6 months of ineligibility for yourself and required to undergo testing prior to regaining eligibility.

Second failure/refusal: 12 months of ineligibility for yourself and required to undergo testing prior to regaining eligibility.

Third failure/refusal: Lifetime ineligibility for yourself.

A comparable disqualification will also apply to the food assistance case if the person is receiving food assistance and TANF at the time of the refusal or failure. The person who failed or refused to test will be ineligible, and the remaining household members can get food assistance if otherwise eligible.

Observed indicators:

Client's response:

Special accommodations needed per client request: