



TANF/Families First Drug Screening

Effective July 1, 2014, state law requires the Department of Human Services (DHS) to screen any cash assistance applicant eighteen (18) years of age or older (or minor parent who does not reside with a parent, legal guardian, or other adult caretaker relative), who is otherwise eligible for cash assistance, for the use of a controlled substances. In a two (2)-parent household, only one (1) parent, the applicant, will be screened. T.C.A. § 71-3-1202.

These controlled substances include the following:

- **Marijuana** (cannabis, pot, weed, etc.)
- **Cocaine** (coke, blow, crack, rock, etc.)
- **Methamphetamine/Amphetamine** type stimulants (speed, meth, ecstasy, X, ice, etc.)
- **Opiates** (heroin, morphine, methadone, opium, Buprenorphine, codeine, etc.)

If your screening results indicate that you use controlled substances, you will be required to take a drug test. If you are currently taking a prescription medication, which you believe may contain any of the above controlled substances, you may provide verification of the valid prescription to the Medical Review Officer after taking the drug test. No drug for which an individual has a current and valid prescription shall be the basis for denial of cash assistance. T.C.A. § 71-3-1202(d)(2).

If you are required to take a drug test and your results are positive, you will be required to submit to a substance abuse evaluation and may be required to undergo substance abuse treatment. If you fail to submit to a substance abuse evaluation or undergo required substance abuse treatment, your needs will be removed from the household, and your cash assistance benefits will be reduced. T.C.A. § 71-3-1202(h).

Each Families First/TANF applicant age eighteen (18) or older (or minor parent who does not reside with a parent, legal guardian, or other adult caretaker relative) must answer the questions contained on this form and return the form to DHS no later than
____/____/____.

IMPORTANT INFORMATION

You will be denied benefits until you submit this form and DHS determines you can receive benefits. You will be notified if DHS does not receive this completed form, other necessary information, and/or any necessary drug test by the stated deadline. YOU WILL BE DENIED BENEFITS IF:

- **You do not fill out this form completely and return it by the requested date;**
- **You do not provide other information necessary to determine your eligibility, including the results of a drug test, if necessary;**
- **You fail or refuse to take a drug test, if required, based on your answers on this form.**

AWARENESS STATEMENT

I have read this form and state, under penalty of perjury, that I have answered each question truthfully. I understand that I may be required to complete a drug test if, based on my responses on this form, DHS has reasonable cause to believe that I am using, or, in the previous three (3) months have used any of the above named controlled substances or appeared in court due to use or possession of the controlled substances that are listed on this form. I understand that if I test positive for any of these controlled substances, to receive benefits, I will have to enter into a drug treatment program if an evaluation finds that I should receive treatment, and I will have to have a negative drug test result at the end of my treatment period to continue to receive benefits. I understand that if I fail to begin, participate in, and/or complete my drug treatment program, or if I test positive at the end of my treatment period, I will be ineligible for TANF/Families First benefits for six (6) months for the first failure and if I have a second failure after the six (6) months disqualification period, I will be ineligible for one (1) year.

Applicant's Name (Please Print)

Signature

Date

Witness (If signed with an "X") (Please Print) Signature

Date

In accordance with federal law and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write the Regional Office for Civil Rights, 61 Forsyth Street S.W. Suite 16T70, Atlanta, Georgia 30303-8909 or call (404) 562-7886 (Voice) or (404) 562-7884 (TDD). HHS is an equal opportunity provider and employer. You may also write Tennessee, DHS, Office of General Counsel, Citizens Plaza Building, 400 Deaderick Street, Nashville, TN 37243, (615) 313-4700.

Department of Human Services
INSTRUCTIONS FOR USE OF FORM HS-3074
TANF/Families First Drug Screening

1. Purpose of the form

This form is used to screen new Families First applicants for recent substance use/abuse.

2. When it is used

This form is to be provided to each new Families First applicant as part of the eligibility process for cash assistance.

3. Who completes the form

This form is completed by the Families First applicant.

4. An explanation of what goes into any field that is not clearly self-explanatory

N/A

5. Who needs the original and where should it be filed

DHS Caseworker/Client Representative keep file in the county office.

6. Who needs a copy and where should it be filed

FMD 2/FMD 3, State office @ FamiliesFirst.dhs@tn.gov

7. Length of time the form must be maintained after the service is rendered/case closed

Pending



Substance Abuse Evaluation & Drug Treatment Referral

Attention TANF/Families First Applicant

To receive cash assistance, you are required to take a substance abuse evaluation based upon your confirmed drug test indicating usage of drugs, as set forth in Tennessee Code Annóated, Section 71-3-1201 *et seq.*

Your evaluation is scheduled for: / / .

If the results of your substance abuse evaluation indicate that you require drug treatment, you must comply with the requirements of your drug treatment plan to continue receiving cash assistance. If you fail to submit to a substance abuse evaluation or fail to begin, cooperate with, or actively participate in drug treatment, if applicable, you may be disqualified from receiving cash assistance.

You are scheduled to report for drug abuse treatment on / / if applicable.

A list of approved substance abuse evaluation and drug abuse treatment facilities will be provided to you. Your DHS Caseworker or Client Representative will assist you in selecting an appropriate location.-

*****You must bring your Photo ID with you to your Substance Abuse Evaluation and/or Drug Abuse Treatment.**

DHS Caseworker or Client Representative, please complete the following information:

Applicant Name: _____ Phone: _____ Date: ____ / ____ / ____

Applicant Address: _____ SSN: _____

Case/Cat/Seq: _____ Date of Birth: ____ / ____ / ____

Date of Referral: ____ / ____ / ____ County Name: _____

Caseworker/Client Rep Name: _____

Caseworker/Client Rep Phone No. _____ Caseworker/Client Rep Email: _____

FMD 2/3 Name: _____

FMD 2/3 Phone: _____ FMD 2/3 Email: _____

Change Feedback from the Drug Treatment Agency

- Applicant is complying with treatment plan as of ___/___/____. **Provide updates to the DHS Caseworker weekly, biweekly, or monthly as treatment plan indicates.**

- Applicant completed treatment on ___/___/____

- Applicant on the waiting list is now ready to begin evaluation/treatment on ___/___/____

- Amended treatment plan on ___/___/____.

- Applicant did not report for initial treatment on ___/___/____.

- Applicant did not report for subsequent treatment appointments on ___/___/____.

- Applicant failed to complete treatment on ___/___/____.

- Other Change: _____

Name of Drug Abuse Agency Representative: _____ Date: ___/___/____

**NOTICE TO APPLICANT ON USE OF
SUBSTANCE ABUSE EVALUATION AND DRUG TREATMENT RESULTS**

By law, all information regarding any Substance Abuse Evaluation and Drug Treatment Results are confidential and will *not* be released to law enforcement and *cannot* be used in any criminal proceedings. However, any evidence discovered as a result a drug test, substance abuse evaluation, and/or drug treatment, that the Department determines supports a reasonable cause to believe that parental abuse, sexual abuse, or neglect of a child has occurred, is required by state law to be reported to the Department of Children's Services, and *can* be used in any *civil* court proceeding involving the protection and custody of that child or in any permanency proceeding in court involving foster care of that child or termination of parental rights to that child. In addition, this information can be used by the Department in any appeal you may file to find out if DHS has made a mistake in determining if you can get TANF/Families First benefits, or it can be used in any civil or administrative matter that concerns defense of a case filed by you against the Department or the drug testing agency. T.C.A. § 71-3-1204.

In accordance with federal law and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write the Regional Office for Civil Rights, 61 Forsyth Street S.W. Suite 16T70, Atlanta, Georgia 30303-8909 or call (404) 562-7886 (Voice) or (404) 562-7884 (TDD). HHS is an equal opportunity provider and employer. You may also write Tennessee, DHS, Office of General Counsel, Citizens Plaza Building, 400 Deaderick Street, Nashville, TN 37243, (615) 313-4700.

Department of Human Services
INSTRUCTIONS FOR USE OF FORM HS-3078
Substance Abuse Evaluation & Drug Treatment Referral

1. Purpose of the form

This form is used to notify a Families First applicant that based on recent drug testing results they are being required to complete a substance abuse evaluation and/or treatment.

2. When it is used

This form is used when a Families First applicant is determined to need a substance abuse evaluation and/or treatment based on the results of the drug questionnaire.

3. Who completes the form

DHS Caseworker/Client Representative, Drug Treatment Agency

4. An explanation of what goes into any field that is not clearly self-explanatory

N/A

5. Who needs the original and where should it be filed

Families First Applicant

6. Who needs a copy and where should it be filed

A copy of this form goes to the DHS Caseworker/Client Representative, FMD2/FMD3 and State Office@ FamiliesFirst.DHS@tn.gov.

7. Length of time the form must be maintained after the service is rendered/case closed

Pending



Tennessee Department of Human Services
Drug Test Referral

To receive cash assistance, you are required to take a drug test based upon your answers to the Department's drug screening questionnaire, as set forth in Tennessee Code Annotated, Section 71-3-1201 *et seq.*

DHS Caseworker or Client Representative, please complete the following information:

Applicant Name: _____ **Phone:** _____ **Date:** ____ / ____ / ____

Applicant Address: _____ **SSN:** _____

_____ **Date of Birth:** ____ / ____ / ____

Date of Referral: ____ / ____ / ____

Case/Cat/Seq.: _____

DHS Case Worker: _____

County Office: _____

Phone: _____

Email: _____

FMD 2 or FMD 3 Name: _____

Email: _____

*****You must report for a drug test by ____ / ____ / ____.**

*****You must bring your Photo ID with you to your drug test.**

Failure or refusal to take the drug test may result in denial of your application for cash assistance. A list of approved drug testing locations will be provided to you. **You are responsible for scheduling your own drug test and appearing for your own drug test.** If you are otherwise eligible, your application will be approved for cash assistance benefits after the Department receives confirmation that you have taken the drug test.

If medical information is needed to make a final determination of your test results, you will be contacted by the Medical Review Officer, who is a medical doctor who can evaluate your prescription and over-the-counter medications with the results of your drug test. If you are currently taking a prescription medication containing any controlled substances, you may provide verification of the valid prescription to the Medical Review Officer after taking the drug test. No drug for which an individual has a current, valid prescription shall be the basis for denial of cash assistance.

If you fail this drug test, the Department will still approve your application for cash assistance based upon your eligibility, but also refer you for a mandatory drug abuse evaluation to determine if you need treatment. If you need treatment you will be required to participate in a drug treatment program to continue receiving cash assistance. If you fail to begin or cooperate with your drug treatment plan, you may be disqualified from receiving cash assistance.

Feedback from Collector Only

- Applicant's Test Completed on ____ / ____ / ____ . Chain of Custody Number: _____
- Applicant did not show up for testing.
- Applicant showed up at scheduled testing time/walked in, but refused to take drug test.
- Applicant showed up for testing, but did not have required photo identification.
- Applicant rescheduled test for ____ / ____ / ____ at _____.
- Other: _____

Name of Drug Testing Agency Representative: _____ Date: ____ / ____ / ____

Instructions to Collector: Send a completed copy of this form the State Office Contact: FamiliesFirst.DHS@tn.gov

NOTICE TO APPLICANT ON USE OF DRUG TEST RESULTS

By law, all information regarding any drug testing results are confidential and will *not* be released to law enforcement and *cannot* be used in any criminal proceedings. However, any evidence discovered as a result a drug test, that the Department determines supports a reasonable cause to believe that parental abuse, sexual abuse, or neglect of a child has occurred, is required by state law to be reported to the Department of Children's Services, and *can* be used in any *civil* court proceeding involving the protection and custody of that child or in any permanency proceeding in court involving foster care of that child or termination of parental rights to that child. In addition, this information can be used by the Department in any appeal you may file to find out if DHS has made a mistake in determining if you can get TANF/Families First benefits, or it can be used in any civil or administrative matter that concerns defense of a case filed by you against the Department or the drug testing agency. T.C.A. § 71-3-1204.

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Department of Human Services
INSTRUCTIONS FOR USE OF FORM HS-3076
Drug Test Referral

1. Purpose of the form

This form is used to notify a Families First applicant that they are being referred to drug testing based on their answers from the drug screening questionnaire.

2. When it is used

This form is used when a Families First applicant is referred for drug testing based on the results of their drug screening.

3. Who completes the form

This form is completed by the DHS Caseworker.

4. An explanation of what goes into any field that is not clearly self-explanatory

N/A

5. Who needs the original and where should it be filed

Original form is given to the Applicant.

6. Who needs a copy and where should it be filed

A copy of this form goes to the FMD2/FMD3 and State Office@ FamiliesFirst.DHS@tn.gov.

7. Length of time the form must be maintained after the service is rendered/case closed

Pending