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|  | **MISSOURI DEPARTMENT OF SOCIAL SERVICES****FAMILY SUPPORT DIVISION****DRUG CONVICTION EXCEPTION VERIFICATION FOR SUBSTANCE ABUSE TREATMENT PROGRAMS** |
| **Please mark yes or no where indicated regarding the following person’s substance abuse treatment program status.****NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DCN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  | Is the above person currently successfully participating in a substance abuse treatment program approved by the Division of Alcohol and Drug Abuse? **Treatment Center Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **[ ]  Yes [ ]  No** |
|  | Is the above person currently enrolled in a substance abuse treatment program approved by the Division of Alcohol and Drug Abuse **but** on a waiting list? **Treatment Center Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Enrollment: \_\_\_\_\_\_\_\_\_\_** | **[ ]  Yes [ ]  No** |
|  | Has the above person successfully completed a substance abuse program approved by the Division of Alcohol and Drug Abuse? **Treatment Center Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_** | **[ ]  Yes [ ]  No** |
|  | Has a certified treatment provider from Division of Alcohol and Drug Abuse determined the above person does not need substance abuse treatment? **Treatment Center Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Determination Date: \_\_\_\_\_\_\_\_\_** | **[ ]  Yes** **[ ]  No** |
|  | Is the above person complying or have they successfully complied with all obligations imposed by the court, the Division of Alcohol and Drug Abuse, and the Division of Probation and Parole?**Probation/Parole Officer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completion Date: \_\_\_\_\_\_\_\_\_\_\_** | **[ ]  Yes [ ]  No** |
|  | Has the individual demonstrated sobriety through urinalysis testing?**Date of Test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | [ ]  **Yes** [ ]  **No** |
| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Under the penalty of perjury, I certify that I have given true, accurate, and complete statements to the best of my knowledge. |