|  |  |  |  |
| --- | --- | --- | --- |
|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  FAMILY SUPPORT DIVISION  **TEMPORARY ASSISTANCE DRUG TESTING APPLICANT NOTICE** | | |
| Case Name: | | DCN: | |
| **IMPORTANT INFORMATION ABOUT TEMPORARY ASSISTANCE DRUG TESTING**  **You will be asked questions about illegal drug use**.   * Missouri law and regulations for the Temporary Assistance (TA) program require the Family Support Division (FSD) to ask questions regarding illegal drug use. * If you refuse to answer these questions, you will be found ineligible for TA for a period of three years.   See 13 CSR 40-2.420(3). See Section 208.0270 RSMo and 13 CSR 40-2.410.   * You may request a hearing.   See 13 CSR 40-2.420(4) and 13 CSR 40-2.430.  **You may be required to take a drug test**.   * If you answer the questions regarding illegal drug use you may be required to take a drug test. * The drug testing company will send you a letter telling you where and when your drug test is scheduled. * You must cooperate with the drug testing. * If you do not show up for the appointment or do not complete the drug test, you will be found ineligible for Temporary Assistance for a period of three years.   See 13 CSR 40-2.420(3).   * You may request a hearing.   See 13 CSR 40-2.420(4) and 13 CSR 40-2.430.  **If you are age 18 or older and head of the household your information will be matched with the Highway Patrol records.**   * The FSD will send the names of all people who get TA as the head of the household and are 18 years old or older to the Missouri Highway Patrol. * The Missouri Highway Patrol will match the names sent to them with their records and will let FSD know if you had a drug-related arrest or conviction within the last 12 months. * If you did, your name will be sent to a drug testing company to complete a drug test. * The drug testing company will send you a letter telling you where and when your drug test is scheduled. * You must cooperate with the drug testing. * If you do not show up for the appointment or do not complete the drug test, you will be found ineligible for TA for a period of three years. See 13 CSR 40-2.410(1) (B).2 and13 CSR 40-2.420(3). * You may request a hearing.   See 13 CSR 40-2.420(4) and 13 CSR 40-2.430.  **If you test positive or refuse to cooperate with the drug screening or testing:**   * If you test positive for illegal drugs, you will be found ineligible for TA for a period of three years. If you want to keep receiving TA after a positive test, you must enter, participate, and successfully complete an appropriate substance abuse treatment program.   See 13 CSR 40-2.420(4)   * You may request a hearing.   See 13 CSR 40-2.420(4) and 13 CSR 40-2.430.  **If you are referred to a drug treatment program:**   * The Department of Mental Health will contact you to assess your need for treatment. * If you do not show up for treatment or do not complete the treatment, you will be ineligible to receive Temporary Assistance for a period of three years. * You may request a hearing.   See 13 CSR 40-2.420(4) and 13 CSR 40-2.430.  **If you are ineligible for Temporary Assistance and need a Protective Payee for remaining benefits:**   * If you are ineligible to receive TA, the amount of your benefits may be reduced. * You will be able nominate a person to use the TA benefit for the rest of your family. This person is called the protective payee. * FSD will assign a protective payee to use the TA benefit to meet the needs of the rest of your family.   See 13 CSR 40-2.450.  **By signing below, I certify that I have read and understood the above statements.** | | | |
| TEMPORARY ASSISTANCE APPLICANT SIGNATURE: | | | DATE: |

Permanent IM-3TADrug (04/15)