



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

DRUG CONVICTION EXCEPTION DETERMINATION WORKSHEET

If you answered yes to the question: "Have you or any member of your household been convicted in a Federal or State court of a felony committed after 8-22-96 related to illegal possession and use of a controlled substance?" Please answer the following questions for the individual with a drug felony conviction. *

NAME: _____ DCN: _____

A.	<p>Please list all of the dates and types of drug convictions which occurred in a Federal or State court of a felony committed after 8-22-96, related to illegal possession and use of a controlled substance.</p> <p>Conviction Type: _____ Date: _____ State: _____</p> <p>Conviction Type: _____ Date: _____ State: _____</p> <p>Conviction Type: _____ Date: _____ State: _____</p>
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Please note: You do not qualify for the drug conviction exception if you have plead guilty or no contest to, or been found guilty of, two subsequent felony drug offenses after the date of the first felony conviction.

B.	<p>Are you currently successfully participating in a substance abuse treatment program approved by the Division of Alcohol and Drug Abuse?</p> <p>Treatment Center Name: _____ Start Date: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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C.	<p>Are you currently enrolled in a substance abuse treatment program approved by the Division of Alcohol and Drug Abuse but on a waiting list?</p> <p>Treatment Center Name: _____ Date of Enrollment: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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D.	<p>Have you successfully completed a substance abuse program approved by the Division of Alcohol and Drug Abuse?</p> <p>Treatment Center Name: _____ Completion Date: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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E.	<p>Has a certified treatment provider from Division of Alcohol and Drug Abuse determined you do not need substance abuse treatment?</p> <p>Treatment Center Name: _____ Determination Date: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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F.	<p>Are you complying, or have you successfully complied, with all obligations imposed by the court, the Division of Alcohol and Drug Abuse, and the Division of Probation and Parole?</p> <p>Probation/Parole Officer Name: _____ Completion Date: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please note: You do not qualify for the drug conviction exception if you can not answer Yes to one of B through E and Yes to F.

G.	<p>Have you plead guilty or no contest or been found guilty of any additional controlled substance misdemeanor or felony offense after release from custody within one year after your first date of conviction?</p> <p>Conviction Type: _____ Date: _____ State: _____</p> <p>Conviction Type: _____ Date: _____ State: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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H.	<p>If you were not in custody, have you plead guilty or no contest or been found guilty of any additional controlled substance misdemeanor or felony offense within one year after your first date of conviction?</p> <p>Conviction Type: _____ Date: _____ State: _____</p> <p>Conviction Type: _____ Date: _____ State: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please note: You do not qualify for the drug conviction exception if you must answer Yes to G or H

I.	<p>Can you demonstrate sobriety through voluntary urinalysis testing paid for by you?</p> <p><i>Test results must be dated following last felony conviction. In-home test is not acceptable. The FSD will not pay for the urinalysis testing. You do not qualify for the drug conviction exception if you must answer No.</i></p> <p>Date of Test: _____ Test Result: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name: _____ Date: _____