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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. | | | | |