

## Work First Program Testing Notice

(Provide this notice to each individual that is referred for testing)

County Name: \_\_\_\_\_ Product Delivery Case Number: \_\_\_\_\_

Applicant/Recipient Name: \_\_\_\_\_

Per North Carolina State law, § 108A-29.1, a test for controlled substances is required when there is reasonable suspicion that an individual is engaged in the illegal use of controlled substances. The test is a condition of eligibility to receive Work First cash assistance.

Reasonable suspicion was determined because of:

- \_\_\_ a criminal conviction involving controlled substances within three (3) years and/or
- \_\_\_ your score on the DAST-10 (substance use screening tool).

### Your Rights

- You have the right to refuse to take or complete the test, however, your household will be determined ineligible to receive cash assistance.
- You have the right to have the test performed by a laboratory approved by the Department of Health and Human Services (DHHS).
- You have the right to privacy and dignity during the testing process.
- You have the right to confidentiality of information regarding your test results, your medical history or any medications you are taking.
- You have the right to have a positive initial test confirmed by a more sophisticated procedure before any action is taken on your case due to the test result.
- In the event you have a confirmed positive test, you must be contacted within five (5) business days of the county Department of Social Services learning of the test result.
- You have the right to a hearing if you disagree with the results of the test.
- You may request a retest of the same sample by any laboratory approved by DHHS (at your expense).
- You have the right for the eligible household members to receive cash assistance if you are disqualified, due to a confirmed positive test.
- You have the right to request a hearing if you disagree with the actions taken on your case.

### Your Responsibilities

- You must inform testing/collection site personnel of any medical conditions or lawful medications you are taking that might affect your test results.
- If you want to have a retest of a confirmed positive result, you must notify, in writing, the county Department of Social Services within 60 days of the confirmed positive test.
- You are responsible for all costs related to a retest.

### Hearing Rights

- You must ask for the hearing within 60 calendar days (or 90 if you have a good reason for delay). The 60<sup>th</sup> day is \_\_\_\_\_.
- You can request a hearing in person, by telephone or in writing. Contact your caseworker to ask for a hearing. When required by policy a local hearing will be held within five (5) calendar days of your request unless you ask for it to be postponed. The hearing can be postponed, with good reason, for as much as 10 calendar days.
- You (or the person speaking for you) can view your record at any time, except for third-party information. If you ask, you may also see additional information that will be used at the hearing. Free copies of this information are available.

DSS-8218B 08-2015  
Economic and Family Services Section

The North Carolina Division of Social Services does not discriminate against any person on the basis of race, color, national origin, disability, sex, or age in the admission, treatment, or participation in its programs, services and activities, or in employment.

- If you think the decision in the local hearing is wrong, call or write your caseworker WITHIN 15 DAYS to ask for a second hearing. The second hearing will be before a State Hearing Official. In some counties, the second hearing is before a county official.
- You may have someone speak for you at your hearing, such as a relative, paralegal or attorney, obtained at your expense.
- Free legal services may be available in your community. Contact your nearest Legal Aid or Legal Services office or call 1-866-219-5262 toll free.
- If you have additional questions or concerns, contact your caseworker for information or call DHHS Customer Support toll free at 1-800-662-7030. TDD/Voice for the hearing impaired is also available through the number. The hours are 8:00 a.m. - 5:00 p.m., Monday – Friday, excluding State holidays.

**Program Disqualification**

If you have a confirmed positive test result, you will be disqualified from receiving cash assistance for one year. The other members in your household, if eligible, will receive cash assistance. Your income and resources will be counted in determining the cash assistance payment for the remaining household members. The cash assistance payment for the eligible household members will be sent to a Protective Payee to make sure the cash benefits are used for the well-being of the family.

During your disqualification, you may reapply for cash assistance no earlier than 30 days after your confirmed positive test result. You may reapply only one time during your disqualification. To reapply you must:

- have successfully completed or are participating in a licensed substance abuse treatment program; or
- a qualified substance abuse professional determined that treatment is not appropriate; and
- pass a second drug test; at your expense.

**Laboratory/Collection Site Referral Information**

Your test must be completed no later than: \_\_\_\_\_

Laboratory/Collection Site Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**I have read and understand the information on this form.**

Signature of Applicant/ Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant/ Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

Case Worker's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Case Worker's Telephone Number: \_\_\_\_\_