

ILLEGAL DRUG USE STATEMENT

State law prevents DES from giving Cash Assistance to any person age 18 or older who tests positive for the illegal use of a controlled substance. Illegal use of a controlled substance (illegal drug) means:

- The use of a drug that is against the law, or
- The use of a prescription drug which is an illegal drug, that is not prescribed for you.

When DES has reasonable cause to believe that a person uses illegal drugs, that person must complete a drug test.

On November 3, 2020, Arizona voters approved the Smart and Safe Arizona Act. As a result, marijuana for both medical and recreational use is legal for adults age 21 or older. Recreational use of marijuana by adults under age 21 meets the definition of illegal drug use.

Each person age 18 or older in your Cash Assistance case must answer the following questions and return this form to DES no later than _____.

ANSWER EACH OF THE FOLLOWING QUESTIONS

- | | | |
|---|-----|----|
| 1. In the past 30 days have you used any illegal drugs? | Yes | No |
| 2. In the past 30 days have you lost or been denied a job due to current illegal drug use? | Yes | No |
| 3. In the past 30 days have you recently had legal trouble due to current illegal drug use? | Yes | No |

IMPORTANT INFORMATION FOR YOU

If you do not fill out this form and return it to DES by the date above, you will be removed from the Cash Assistance payment until the completed statement is given to us. We will send you a separate notice if we take this action. Cash Assistance will be issued only for the eligible household members. You will continue to get Cash Assistance payments for the eligible members of your household.

- While getting Cash Assistance, adult household members may have to complete a drug test if DES has reasonable cause to believe they are using illegal drugs.
- If you test positive for illegal drugs you will not be able to get Cash Assistance benefits for 12 months. You will continue to get Cash Assistance benefits for the eligible members of your household.

SIGN AND DATE THIS FORM

I have read this form and answered each question truthfully. I understand that I will have to complete a drug test if DES has reasonable cause to believe that I am using illegal drugs. I understand that if I test positive for the use of illegal drugs, I will not get Cash Assistance for 12 months.

Applicant's Name (*Please print*) _____ Signature _____

Date: _____

This institution is an equal opportunity provider • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.