

NOTIFICATION OF REQUIRED DRUG TESTING

Today's Date	IM Agency/Consortium		
Address			
City		State	Zip Code
Phone Number		Fax Number	

Our records show that you, _____, were found guilty of a drug felony within the last five years. You agreed to take a drug test at the time you applied for FoodShare benefits. To date, however, no test results have been received.

In order for you to continue to get FoodShare benefits, you must take a drug test. Your drug test results must be received by your local agency within 30 days of the date listed at the top of this letter.

If drug test results are not received within 30 days of the date on this letter, your FoodShare benefits will end. You may be able to get FoodShare again once you complete a drug test and we receive the drug test results within 30 days of the drug test. If you have taken a drug test for another agency or employer within the last 30 days, contact your local agency at the phone number listed above for instructions on how to have those test results applied to your FoodShare case. Also, if there is a delay in completing the drug test or receiving the results that is beyond your control, you should contact your local agency.

If you turn in your drug test results within 30 days of the date on this letter and the test results are negative (you passed the drug test), your FoodShare benefits will continue. If you pass the drug test, you will not be asked to take another drug test unless you have a new felony drug conviction.

If you turn in your drug test results within 30 days and the drug test results are positive (you failed the drug test), you will lose your FoodShare benefits, and you will not be able to get FoodShare for the next 12 months. If this happens, you must take and pass a new drug test in order to get FoodShare again once the 12-month period has ended.

Any new people added to your FoodShare household who are convicted drug felons will also need to take and pass a drug test in order to be found eligible for FoodShare.

When you go to your drug test appointment, it is important that you bring any prescription medications and a list of any over-the-counter medications you are currently taking along with you so that the testers know that these medications may show up in your test results.

To take your drug test, follow the instructions for the box that is checked below.

- Contact your local agency listed at the top of page 1 of this letter to schedule an appointment to take your drug test.
- Show up for the following appointment, which has been scheduled for you, to take your drug test.

Date	Time		
Street Address/Location			
City		State	Zip Code

FAIR HEARING

You have the right to a fair hearing if you do not agree with any action taken regarding your application or your ongoing benefits. You may request a fair hearing by writing:

Department of Administration
Division of Hearing and Appeals
P.O. Box 7875
Madison, WI 53707-7875

The Request for a Fair Hearing form may be downloaded at <https://doa.wi.gov/Pages/LicensesHearings/DHAWFSHrgRequestForms.aspx>. You may also contact your agency to ask for a fair hearing verbally or in writing.

DO NOT SEND APPLICATIONS HERE

Supplemental Nutrition Assistance Program (SNAP) and Food Distribution Program on Indian Reservations (FDPIR) state or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

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