


# DRUG TEST ORDER FORM

Recipient of Services (Child 1):	<input style="width: 95%;" type="text"/>	SSN:	<input style="width: 95%;" type="text"/>	DOB	<input style="width: 95%;" type="text"/>
Recipient of Services (Child 2):	<input style="width: 95%;" type="text"/>	SSN:	<input style="width: 95%;" type="text"/>	DOB	<input style="width: 95%;" type="text"/>
Recipient of Services (Child 3):	<input style="width: 95%;" type="text"/>	SSN:	<input style="width: 95%;" type="text"/>	DOB	<input style="width: 95%;" type="text"/>
Recipient of Services (Child 4):	<input style="width: 95%;" type="text"/>	SSN:	<input style="width: 95%;" type="text"/>	DOB	<input style="width: 95%;" type="text"/>
Recipient of Services (Child 5):	<input style="width: 95%;" type="text"/>	SSN:	<input style="width: 95%;" type="text"/>	DOB	<input style="width: 95%;" type="text"/>
Recipient of Services (Child 6):	<input style="width: 95%;" type="text"/>	SSN:	<input style="width: 95%;" type="text"/>	DOB	<input style="width: 95%;" type="text"/>
MOTHER:	<input style="width: 95%;" type="text"/>	SSN:	<input style="width: 95%;" type="text"/>	DOB	<input style="width: 95%;" type="text"/>
FATHER:	<input style="width: 95%;" type="text"/>	SSN:	<input style="width: 95%;" type="text"/>	DOB	<input style="width: 95%;" type="text"/>
Service Requested:	<input type="checkbox"/> HAIR <input type="checkbox"/> NAIL <input type="checkbox"/> D.N.A. <input type="checkbox"/> URINE <input type="checkbox"/> SALIVA <input type="checkbox"/> Other:	DIRECT OBSERVATION?:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLECTION SITE >>>	ENTER Desired Collection Site (Here)		FDTSI Network Site Locator >>>		
TEST DEADLINE DATE:	<input style="width: 95%;" type="text"/>		DEADLINE TIME:	<input style="width: 95%;" type="text"/>	
SOCIAL WORKER's Name:	<input style="width: 95%;" type="text"/>		Social Worker's Cell:	<input style="width: 95%;" type="text"/>	
SOCIAL WORKER NOTES:	<input style="width: 98%; height: 30px;" type="text"/>				

## DIRECTIVE

Imperial County Department of Social Services-Children & Family Services is directing FDTS, Inc. to collect, process and arrange for drug and/or alcohol testing of the above Donor's sample(s), then report these results direct to the Imperial County Department of Social Services-Children & Family Services. The above Social Worker or S.W. Assistant has verified that the Donor's presented to FDTS, Inc. staff are the person(s) whom testing is requested from and relieves FDTS, Inc. from obtaining picture identification form each Donor. The above agency has full authority, under California Law, to legally request such tests on adults and under age children, with or without the consent of the child's legal guardian or parent(s). It is further understand that the I.C.S.S. Social Worker assigned to this case is fully responsible for obtaining a written "Service Plan" needed to process payment for this order.

**SOCIAL WORKER AGREES TO SUBMIT A SERVICE PLAN TO FDTS, Inc., WITHIN 48 HOURS, WITHOUT FAIL.**

**Social Worker's Signature**

**Date**