



DRUG TEST ORDER FORM

SOCIAL WORKER'S NAME:

CASE #:

SOCIAL WORKER'S E-MAIL:

PHONE:

PERSON'S TO BE TESTED ON THIS ORDER

FATHER'S NAME:

DOB:

MOTHER'S NAME:

DOB:

CHILD # 1 Name:

DOB:

CHILD # 2 Name:

DOB:

CHILD # 3 Name:

DOB:

Testing Required: **Hair & Urine** **Urine Only** **Hair Only** **Other**

Direct Observation Required?: **YES** **NO**

TESTING DEADLINE DATE: **Deadline Time:**

SOCIAL WORKER NOTES/REMARKS:

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 ENSURE PAYMENT TO FDTs, Inc., WITHIN 30 DAYS OF SERVICE.

Social Worker's Signature

Today's Date