



**State of Florida  
Department of Children and Families**

**Rick Scott**  
*Governor*

**David E. Wilkins**  
*Secretary*

**William S. D'Aiuto**  
*Regional Managing Director*

Date: \_\_\_\_\_

This is to acknowledge that I, \_\_\_\_\_, submitted to a drug screen. As a result of the drug screen the results were negative/positive of the following drugs:

- Amphetamine**
- Cocaine**
- Opiates,**
- THC (Marijuana)**
- Methamphetamine including MDMA (Ecstasy).**
- Benzodiazepine**
- Barbiturate**
- Phencyclidine**
- Oxycodone**
- Methadone**

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
CPI Signature

The Department of Children and Families have offered me a drug screen. I freely and voluntarily disclosed to the Child Protective Investigator \_\_\_\_\_ that I have used \_\_\_\_\_ over the last \_\_\_\_\_ days/weeks.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
CPI Signature

This is to acknowledge that I, \_\_\_\_\_, do not wish to submit to a drug screen.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
CPI Signature