



Drug Testing Release Form

I authorize Family Promise of Greater Indianapolis, Inc. to test myself and my family for any and all drug/alcohol use at any time deemed necessary while I am a participant in the Diversion program. Such tests may be performed at the Day Center or at an external location, with as much regard as possible for my privacy. If done at the Day Center the test will be supervised by a staff person. If an external clinic is used, the test results will be sent only to the Case Manager or higher-authority level staff of the organization.

I further understand that should any test results reveal that I, or any member of my family, have or has used drugs/alcohol while in the program, it is grounds for immediate dismissal from the program.

Name of Participant (printed)

Participant Signature

Date