



# Chemical/Substance Abuse policy SUBSTITUTE CARE GIVERS ONLY

MN. Statute 245A.04 subd 1)

The State requires that **all persons involved with the care of children** in a licensed home be made aware of the license holder's chemical/substance abuse policy. This form is to be completed by all helpers and substitute providers. (Minors may be assisted by guardian as necessary.)

License holder must keep a copy of this policy on file and have it available for agency/licensor review (MN Statute 245A.04, subd 1).

MN. Statute 245A.04, subd 1

(C) An applicant or license holder must have a policy that prohibits license holders, employees, subcontractors, and volunteers, when directly responsible for persons service by this program, from abusing prescription medication or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care. The License holder must train employees, subcontractors, and volunteers about the program's drug and alcohol policy.

2960.3010 Subp. 9. **Chemical.** "Chemical" means alcohol, solvents, and other mood altering substances, including controlled substances.

2960.3010 Subp. 10. **Chemical dependency.** "Chemical dependency" means a pattern of pathological use accompanied by the physical manifestations of increased tolerance to the chemical or chemicals being used or withdrawal syndrome following cessation of chemical use.

**Do you now or have you, in the past two (2) years:**

Taken medication on a daily basis?      **YES**    **NO**

Will it affect your ability to provide care?      **YES**    **NO**

If yes, Please describe: \_\_\_\_\_

**Do you now or have you, in the past two (2) years:**

Received chemical dependency treatment or been diagnosed as chemically dependent?

**YES**    **NO**

If yes, please describe: \_\_\_\_\_

**Do you use alcohol? If yes, how much/how often:** \_\_\_\_\_

**YES**    **NO**

**Do you use controlled substances (legal or illegal)? Please list:** \_\_\_\_\_

**YES**    **NO**

**If you use chemicals, alcohol, or controlled substances, will this affect your ability to provide care:**

**YES**    **NO**

Please explain:

**By signing below, I am signifying that I am aware of the policy and the statements I have made are true. A false statement knowingly made, at the time of application, is grounds to deny or revoke a license (MN. 9543.0100, Subp.3).**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*The licensing agency may consult with a specialist in such areas as health, mental health, or chemical dependency to evaluate the abilities of the applicant to provide a safe environment for child care children. The licensing agency and the specialist must evaluate each applicant individually. The licensing agency must request a release of information from the applicant prior to assigning the specialist to evaluate the applicant. The licensing agency must tell the applicant why it is using a specialist to evaluate the applicant.*