

THE BARRACKS RECOVERY
DRUG & ALCOHOL TESTING CONSENT FORM

Purpose of Testing

The Barracks Recovery is a sober living and transitional housing program committed to maintaining a safe, drug-free, and recovery-focused environment. To protect the safety and well-being of all residents, drug and alcohol testing is required as a condition of admission and ongoing residency.

CONSENT TO TESTING

I understand and agree to the following:

1. Random Testing:
2. I may be required to submit to drug and/or alcohol testing at any time, with or without prior notice.
3. Types of Testing:
4. Testing may include—but is not limited to—urinalysis, breathalyzer, saliva swabs, or other approved screening methods.
5. Refusal to Test:
6. Refusing to take a drug or alcohol test will be treated the same as a positive result and may result in discharge from the program.
7. Tampering:
8. Any attempt to dilute, substitute, alter, or interfere with a test sample is considered grounds for immediate discharge.
9. Positive Results:
10. A positive test may result in consequences up to and including discharge from The Barracks, depending on severity, honesty, and recovery plan.
11. Costs:
12. Residents may be responsible for drug testing fees if required by court programs, probation/parole, or outside providers.
13. Confidentiality:
14. All test results will remain confidential and will only be shared with authorized staff, accountability courts, probation/parole, or legal entities as permitted under the Release of Information (ROI) provided by the resident.
15. Medical Disclosure:
16. I agree to disclose all current prescription medications prior to testing. Failure to disclose medications may result in the test being considered invalid or positive.
17. Safety & Compliance:
18. Testing is required to maintain the integrity and safety of the sober living environment. Agreement to testing is mandatory for residency in The Barracks.

RESIDENT ACKNOWLEDGMENT

I, the undersigned, have read and fully understand the Drug & Alcohol Testing Consent Form. I voluntarily agree to comply with all testing procedures as a condition of living at The Barracks Recovery. I understand that failure to comply may result in removal from the program.

Resident Signature: _____

Printed Name: _____

Date: _____

Staff Signature: _____

Date: _____