

# Drug Checking Technologies Program – Fentanyl and Xylazine Test Strip Application

## Application

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Page description:

Agency name \*

Program primary contact's first and last name \*

Program primary contact's phone number \*

Program contact's email \*

Delivery location street address (PO boxes not allowed) \*

Delivery location city \*

Delivery location ZIP code \*

Tribal nation/county where test strips/test strip kits will be delivered \*

- Adams County
- Ashland County
- Barron County
- Bayfield County
- Brown County
- Buffalo County
- Burnett County
- Calumet County
- Chippewa County
- Clark County
- Columbia County
- Crawford County
- Dane County
- Dodge County
- Door County
- Douglas County
- Dunn County
- Eau Claire County
- Florence County
- Fond du Lac County
- Forest County
- Grant County
- Green County
- Green Lake County
- Iowa County
- Iron County
- Jackson County
- Jefferson County
- Juneau County
- Kenosha County
- Kewaunee County
- La Crosse County
- Lafayette County
- Langlade County
- Lincoln County
- Manitowoc County



Marathon County  
Marinette County  
Marquette County  
Menominee County  
Milwaukee County  
Monroe County  
Oconto County  
Oneida County  
Outagamie County  
Ozaukee County  
Pepin County  
Pierce County  
Polk County  
Portage County  
Price County  
Racine County  
Richland County  
Rock County  
Rusk County  
St. Croix County  
Sauk County  
Sawyer County  
Shawano County  
Sheboygan County  
Taylor County  
Trempealeau County  
Vernon County  
Vilas County  
Walworth County  
Washburn County  
Washington County  
Waukesha County  
Waupaca County  
Waushara County  
Winnebago County  
Wood County  
Bad River Band of Lake Superior Chippewa  
Forest County Potawatomi Community  
Ho-Chunk Nation of Wisconsin  
Lac Courte Oreilles Band of Lake Superior Chippewa  
Lac du Flambeau Band of Lake Superior Chippewa  
Menominee Indian Tribe of Wisconsin  
Oneida Nation  
Red Cliff Band of Lake Superior Chippewa  
Sokaogon Chippewa Community  
St. Croix Chippewa Indians of Wisconsin  
Stockbridge-Munsee Band of Mohican Indians

**Does your agency currently distribute test strips/test strip kits provided by the Division of Care and Treatment Services? \***

- Yes
- No

**How many boxes of fentanyl test strips is your agency requesting through this Drug Checking Technologies Program? \***

Only request what you can distribute over the next 12 months. Each box includes 100 fentanyl test strips.

**How many fentanyl test strip kits are your agency requesting through this Drug Checking Technologies Program? \***

Only request what you can distribute over the next 12 months. One kit includes three fentanyl test strips, three mixing cups, three sterile waters, and three 10mg scoops.

**How many boxes of xylazine test strips is your agency requesting through this Drug Checking Technologies Program? \***

Only request what you can distribute over the next 12 months. Each box includes 100 xylazine test strips.

How many xylazine test strip kits are your agency requesting through this Drug Checking Technologies Program? \*

Only request what you can distribute over the next 12 months. One kit includes three xylazine test strips, three mixing cups, three sterile waters, three 10mg scoops.

How does your agency plan to distribute the test strips/test strips kits received through this Drug Checking Technologies Program? \*

Include details on when, where, and to whom the test strips/test strip kits will be distributed. Include information on partnerships with other organizations and the use of vending machines, as applicable.

Optional: Use the space below to share additional information regarding your request to participate in this Drug Checking Technologies Program.

Drug Checking Technologies Program agencies must follow certain terms and conditions. Review the information below and check the boxes to affirm the statements listed. All links open in new windows. \*

- We read and agree to the program requirements of this DHS Drug Checking Technologies Program as outlined within this application and the [Drug Checking Technologies Terms and Conditions](#)
- We read and agree to the [State Standard Terms and Conditions, DOA-3054A \(PDF\)](#).
- We read and agree to [Appendix II to Part 200 of the Code of Federal Regulations](#).

**Signature \***

Sign name using mouse or touch pad

Signature of