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Employees' Manual
Title 16
Chapter G Appendix

DEPENDENT ADULT PROTECTIVE SERVICES APPENDIX



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Suspected Dependent Adult Abuse Report, Form 470-2441

Purpose	The purpose of form 470-2441 is to provide a method for gathering the information required for the evaluation.
Supply	Form 470-2441 is published as part of Comm. 118, <i>Dependent Adult Abuse: A Guide for Mandatory Reporters</i> , and is available on the DHS web site. Mandatory reporters can also print this form from the on-line manual. DHS staff may complete this form on line using the template in Outlook or print the form from the sample in the on line manual.
Completion	To meet the requirements of the reporting law, the mandatory reporter shall complete this form or a form developed by the reporter within 48 hours after the oral report of the dependent adult abuse to the Department.
Distribution	The reporter shall forward one copy to the protective services unit. Additional copies may be prepared for the reporter's records and for the evaluator's files. The protective services unit forwards the form to the Central Abuse Registry. If that office keeps a copy of the form, it must be expunged if required. (See 16-G, Sealing and Expungement of Reports.)
Data	The reporter shall attach any collateral information on the report to the form.

[Dependent Adult Abuse Intake, Form 470-0657](#)

Purpose	Form 470-0657 is designed to provide information necessary to conduct a dependent adult abuse evaluation. It is also used as a guide for verbally transmitting information to the Central Abuse Registry.
Supply	This form may be completed on line (except for signatures) using the template in Outlook under Public Folders: All Public Folders: State Approved Forms: Service.
Completion	Central Abuse Registry staff, the local intake worker, or the clerical person receiving the initial dependent adult abuse referral completes this form when an initial referral is reported, before beginning an evaluation or assessment.
Distribution	Send one copy to the abuse evaluator, file one copy in the case file, and send one copy to the supervisor.
Data	Many items on the form are self-explanatory.

Dependent Adult

Referral Date/Time. Enter the date the intake was received, using six digits. Use zeroes to complete blanks. For example, complete March 1, 2007, as 03-01-07. Enter the time using four digits and a 12-hour clock, in either the “AM” or “PM” space. For example, enter 9:30 in the morning as 0930 AM.

Report Due. Enter the date the dependent adult abuse report is due (20 days from the referral date).

Worker. Enter the name or worker number of the intake worker. Depending on local practice, the name or number of the evaluation worker may be entered in this space instead.

Registry Number. Enter the number assigned to this case by the Central Abuse Registry. This number is not available at intake. Enter it on the form after the referral information is accepted as a valid dependent adult abuse report and transmitted to the Registry. If the intake information is not accepted for evaluation, leave this blank.

Name. Enter the first name, middle initial, if known, and last name of the dependent adult.

County. The household county is the dependent adult's residence. If the household address is out of state or unknown, enter the county where the evaluation is being conducted. Both the name and number of the county may be entered.

Telephone. Enter the telephone number for the dependent adult's residence in the "Home" space. Enter the telephone number of the dependent adult's whereabouts during the day if different from "Home." (The dependent adult may spend the day at a work activity center, etc.) If unknown, leave blank.

Household Address. Complete all known address information for the dependent adult, including street, apartment or box number, city, state, and zip code.

Directions to Home. If the household is in a rural area or would be difficult to find, according to the referral source, enter directions to the home here.

Address of Abuse Incident. If the alleged abuse occurred in the household, enter "HHL" (for household) here. If the alleged abuse occurred elsewhere, enter the complete address of the incident, if known, including the street, apartment or box number, city, state, and zip code. If the location of the incident is unknown, enter "UNK."

If the date the incident of alleged abuse occurred is known, enter it at the end of this line.

R. Enter the code for the dependent adult's race.

- A White
- B African-American
- C Native American
- D Asian or Pacific Islander
- E Hispanic
- F Indochinese
- G Other
- U Unknown

S. Enter M (male), F (female), or U (unknown) for the sex code.

DOB. Enter the dependent adult's date of birth, if known. Enter this date in eight digits, using the month, day, century, and year. If the date of birth is unknown, enter zeroes.

Social Security Number. Enter the dependent adult's social security number.

Assessment of Dependency.

A. Enter an 'X' to indicate whether the reporter knows of a diagnosed physical or mental condition.

Explain. Enter the diagnosis or condition reported, such as intellectual disability or stroke.

B. Enter an 'X' to indicate whether the reporter believes the condition prevents the adult from having adequate decision making abilities.

Explain. Explain the reasons the reporter believes the adult does or does not have adequate decision-making abilities.

C. Enter an 'X' in front of the task or tasks with which the reporter believes the dependent adult needs assistance. Enter additional comments in the section labeled "other."

Explain. Explain the reporter's assessment of the dependent adult's abilities or limitations.

Caretaker/Person Reported as Responsible for Abuse.

If the dependent adult is responsible for the abuse, click on the box for "Dependent adult is responsible for the abuse." This will automatically mark the box under "Assessment – There is no caretaker" for "Critical care due to adult's actions" and move you to "Allegations."

Enter the first name, middle initial, if known, and the last name of the caretaker. Enter the relationship with the dependent adult.

Relationship. Select any of the options that indicate the relationship between the dependent adult and the person thought to be responsible for the abuse. For example, if the person thought to be responsible is a daughter of the dependent adult and also is paid to provide care to the dependent adult, mark both “Child” and “Paid Caretaker.”

Address. Enter the alleged perpetrator’s complete address, if known, including the street, apartment number, box number, city, state, and zip code. If unknown, enter UNK.

Telephone. Enter the home and work phone, if known.

R. Enter the race code from the list in Part 5, above.

S. Enter M (male), F (female), or U (unknown) for the sex code.

DOB. Enter the date of birth, if known. Enter this date in eight digits, using the month, day, century, and year. If the date of birth is unknown, enter zeroes.

Assessment of Caretaker

Type of Caretaker. Enter an X to indicate the relationship of the caretaker to the dependent adult.

Impact of Caretaker Services. Enter an X to indicate the impact of the services provided by the caretaker.

Allegations

Indicate what type of abuse is being reported. Summarize all allegations. Whenever possible, use the words of the informant.

Note: You cannot “tab” out of “Summary of allegations or additional information.” Use your mouse to click out of this space.

Barriers

Indicate the barriers the reporter believes the dependent adult has and explain them.

Collateral Sources of Information

Enter the names, relationship to the dependent adult, addresses, and phone numbers of collateral contacts who have knowledge of the alleged abuse incident or the dependent adult. Add the name and information about the guardian, conservator, or any other person responsible for the dependent adult.

Name of Guardian, Conservator or Other Person Responsible for Dependent Adult. If there is a legal guardian or conservator or other person responsible for the dependent adult, enter information about this person.

Reporter Information

Reporter Name & Title. Enter the reporter's name and title, if known. Enter the name of the agency where the reporter is employed.

Relationship to DA. Enter the reporter's professional or legal relationship to the dependent adult, if known.

Address. Enter the reporter's address, if known.

Telephone Number. Enter the reporter's work and home telephone numbers, if known.

Mandatory. Check whether the reporter is a mandatory reporter, permissive reporter, or mandatory reporter, reporting permissively. If the reporter is a mandatory reporter, indicate what profession the reporter represents.

Central Registry and Background Check.

Registry Contact Date and Time. Enter the date and time when you contacted the Central Abuse Registry.

Intake Decision Date/Time. Your supervisor will enter the date and time the intake decision is made.

Supv. Initials. Your supervisor will check whether the referral was accepted or rejected and initial the form. If the report was rejected, your supervisor will indicate the reason.

Reasons for Rejection:

- ◆ Subject of the report is not a dependent adult.
- ◆ Alleged perpetrator is not a caretaker.
- ◆ The allegations do not constitute abuse.
- ◆ The information provided is insufficient to suspect abuse.
- ◆ Additional or duplicate information to prior report.
- ◆ Referred report to DIA.

Dependent Adult and Person Suspected of Abuse. Enter the dates and registry numbers of previous reports on the dependent adult and on the person suspected of abusing the dependent adult.

Enter information from ISIS about services the dependent adult is receiving. Enter information from the criminal database about the criminal background of the dependent adult and of the person suspected of abusing the dependent adult.

Worker Assigned/Worker Number. Your supervisor will enter the name and number of the worker who is assigned to do the report.

Additional Information. Add any additional information the worker needs to know before commencing an evaluation or assessment.

Add or Remove Worker Safety Alert. If you click on this button, the message “WORKER SAFETY ALERT” will appear at the top of the form on the first page in red. This button can be clicked on and off as many times as necessary.

Send Button. At the bottom of the form, there is a “Send” button. This gives you the ability to send the form to the supervisor to be either accepted or rejected, and then the supervisor may send it on to the assigned worker. The “Send” button may be used only twice.

[Dependent Adult Abuse Notice of Intake Decision, 470-3944](#)

Purpose	Form 470-3944 is used to provide written notification to all reporters of dependent adult abuse of the decision made by the Department about whether or not to accept their report of dependent adult abuse.
Supply	Complete this form on line using the template in the public state approved forms folder on Outlook under service.
Completion	The supervisor making the determination to reject or accept a report for evaluation or assessment completes the form.
Distribution	Send one copy to the reporter. Maintain a copy with the <i>Dependent Adult Abuse Services Intake</i> , form 470-0657. Destroy rejected intakes and notices after three years.
Data	Enter: <ul style="list-style-type: none">◆ The date of notification.◆ The name of the reporter.◆ The reporter's address.◆ The name of the county office making the decision.◆ The date on which the report was received.◆ The name of the dependent adult named in the report. <p>Check the applicable box to indicate whether the report of dependent adult abuse is being accepted or rejected.</p> <p>If the report is being rejected, check the applicable boxes to indicate the reason why the report has not been accepted and suggestions that you made to the reporter about contacting other agencies.</p>

Notice Concerning Suspected Abuse, Form 470-4800

Purpose	Form 470-4800 is used to notify Medicaid home- and community-based services (HCBS) specialists and DHS workers about possible regulatory issues concerning a dependent adult who is suspected of being abused, and to ask for information.
Supply	Complete this form online using the template in the public state approved forms folder on Outlook under Service.
Completion	<p>The intake worker completes the notice after the supervisor accepts the report of abuse for evaluation or assessment. Prepare a notice for any DHS service worker identified on ISIS, including a targeted case manager, social work case manager, adult service worker, or other social worker identified on ISIS as working with dependent adults.</p> <p>Also prepare a notice addressed to “HCBS waiver specialist” for any dependent adult who is receiving waiver services.</p>
Distribution	<p>E-mail the form to the DHS worker and to the worker assigned to complete the evaluation or assessment. Maintain a copy with the <i>Dependent Adult Abuse Intake</i>, form 470-0657.</p> <p>For the HCBS specialist, send the form to the IME Bureau of Long-Term Care at hcbsir@dhs.state.ia.us. The Bureau will forward the form to the correct specialist based on the location and identification number.</p>
Data	<p>Enter:</p> <ul style="list-style-type: none">◆ The date,◆ The name of the DHS worker or “HCBS waiver specialist,”◆ The name, county of residence, and state identification number of the dependent adult, and◆ The name and phone number of the worker who is assigned to complete the evaluation or assessment.

[Dependent Adult Abuse Information Request, Form 470-3326](#)

Purpose	Form 470-3326 requests dependent adult abuse information from persons who are believed to have knowledge of a case of dependent adult abuse.
Supply	Complete this form on line using the template in the public state approved forms folder on Outlook under “Service.”
Completion	The protective services worker completes this form whenever the worker wants to request information from someone believed to have dependent adult abuse information.
Distribution	Mail the completed form to the person from whom you are requesting information. Keep the copy in the investigation file.
Data	Enter: <ul style="list-style-type: none">◆ The person’s name and address.◆ The date.◆ An explanation of the specific information you are requesting.◆ Your name and address. <p>The template allows use of central office letterhead or substitution of your county office letterhead by retyping or making autotext entries at the top and bottom.</p>

Dependent Adult Abuse Checklist for Facility, Agency or Program, Form 470-3860

Purpose	Form 470-3860 is used to assist the facility, agency, or program director, administrator, or other person in charge with a list of what is necessary to do and what documents to provide to DHS when there is an allegation of abuse of a dependent adult.
Supply	Form 470-3860 can be printed or photocopied from the sample in the manual.
Completion	The field worker with primary responsibility for the report completes the form before notifying the person in charge of the facility, agency, or program that an allegation of abuse of a dependent adult has been made on someone in that facility, agency or program.
Distribution	Make two copies, one for the person in charge and one for the completed report. Deliver the form in person or mail it if the person in charge is not available at the first visit.
Data	Enter the date. Enter the name of the person in charge in the facility, agency, or program. Complete “other” spaces if there are other actions or data that need to be made available to DHS.

[Dependent Adult Assessment Tool, Form 470-4841](#)

Purpose Form 470-4841 is used to determine if the adult being evaluated or assessed due to an allegation of abuse is “dependent” and if the adult’s health or safety is at risk.

Supply Complete this form on line using the template in the public state approved forms folder on Outlook under “Service.” This form may also be printed from the sample in the manual.

Completion The protective worker with responsibility for completing the dependent adult abuse report completes the form on the alleged victim during the evaluation or assessment.

Distribution Keep the form in the case file and add the information to the SODA database.

Data Enter the adult’s name and check if there is a legal decision maker or payee.

Complete the contact information.

Medical and Physical Issues. Enter medical information.

Health Conditions. Check the boxes that most clearly describe the overall conditions of the adult; any existing allergies; issues with hearing; issues with vision; and orientation.

Risk Assessment Domains. Check the boxes that most clearly describe the adult.

Narrative Assessment. Complete narrative assessment of the adult’s ability to obtain services necessary to meet essential human needs.

Disposition. Check the box that most closely describes your assessment of the adult’s dependency and risk.

[Safety Plan for At-Risk Adult, Form 470-4835](#)

Purpose	<p>The <i>Safety Plan for At-Risk Adult</i>, form 470-4835, is used to:</p> <ul style="list-style-type: none">◆ Identify concerns about an at-risk adult’s health or safety,◆ Involve the at-risk adult in elevating those concerns, and◆ Documenting them for the at-risk adult.
Supply	<p>This form may be completed on line using the template in Outlook under Public Folders: All Public Folders: State Approved Forms; Service. This form is also printed in pads of 25 three-part carbonized sets which may be ordered from Iowa Prison Industries at Anamosa.</p>
Completion	<p>The protective worker with responsibility for completing the dependent adult abuse report completes the form on the alleged victim during the evaluation or assessment.</p>
Distribution	<p>Keep in the case file.</p>
Data	<p>At-risk adult’s name. Enter the at-risk adult’s name.</p> <p>Worker. Enter the worker’s name.</p> <p>County. Enter the county name or number.</p> <p>Registry #. Enter the registry number assigned by the SODA database system.</p> <p>Date and time safety plan completed. Enter the date the safety plan was completed.</p> <p>Safety concerns. Enter the cause for concern currently or impending, using the results of the <i>Dependent Adult Assessment Tool</i>, form 470-4841. Include in the plan what the dependent adult is capable or willing to do in case of emergencies. Include in the plan ways to alleviate the issues causing the adult to be at risk of health or safety.</p> <p>How the plan is monitored. Enter how the plan will be monitored.</p>

Back-up plan. Enter a specific back-up plan for each action to alleviate issues causing the adult to be at risk for health or safety.

At-Risk Adult and Participant Agreement. The at-risk adult must sign or mark and date the form, if physically capable.

DHS worker/supervisor agreement with the safety plan: The protective service worker and supervisor must sign and date the agreement.

Dependent Adult Protective Extension Notification, Form 470-3246

Purpose	Form 470-3246 notifies subjects of a dependent adult abuse evaluation or assessment that there is a delay in completing the report and that an extension has been granted.
Supply	Form 470-3246 is printed as a two-part carbonized set. Order supplies from Iowa Prison Industries at Anamosa.
Completion	The protective services worker completes the form whenever an extension is granted in completing a dependent adult abuse evaluation or assessment.
Distribution	Mail the completed form to the subject of the report that you are notifying there is an extension.
Data	Write the person's name and address in the window box. Fill in the date of when the report was due. Check the reason the report was granted an extension.

[Dependent Adult Abuse Evaluation or Assessment Report, Form 470-0688](#)

Purpose	The purpose of form 470-0688 is to gather and record data received from the evaluation or assessment of a dependent adult abuse referral.
Supply	Except for signatures, this form may be completed on line, including the narrative, using the template in Outlook under Public Folders: All Public Folders: State Approved Forms: Service. Click on the form title on this page to see a sample of the form.
Completion	The worker who completes the evaluation or assessment completes the form. The supervisor signs it before distribution.
Distribution	<p>Send one copy to the Central Registry. Attach <i>Adult Protective Notification</i>, form 470-2444 and <i>Dependent Adult Protection Reporting Form</i>, form 470-0681. Mail to:</p> <p style="padding-left: 40px;">Central Abuse Registry - Adult Iowa Department of Human Services, Fifth Floor 1305 E Walnut Street Des Moines, Iowa 50319-0114</p> <p>Send a copy to the county attorney. Keep a copy in the case record.</p> <p>For an inter-county referral, also send one copy to the referring or receiving county.</p>
Data	<p>“Date of Report” is the date the report is prepared. Record the date of intake, the Registry number, and the county and service area. Check the drop-down box to indicate if the report is “founded,” “unfounded,” “addendum,” or “confirmed, not registered.”</p> <p>Complete the information on the dependent adult. Indicate the adult’s age, date of birth, current living arrangement, address, and phone number. Check the drop-down box for the dependent adult’s living arrangement.</p>

Complete the information on the person determined to be responsible for the abuse. Enter the person's name, address, phone, date of birth, and social security number. Check the drop-down box for the person's relationship to the dependent adult.

Complete the information on the dependent adult's guardian, conservator, or other person responsible for the dependent adult. Document the person's name, address, and phone number.

If the report is unfounded, the "Types of Abuse" section is disabled and the tab goes directly to "Outcome-Dependent Adult" on the second page.

Click the boxes for type of abuse. More than one may be chosen.

Click on the drop down box that most closely approximates the dollar value of exploitation if the founded abuse is financial exploitation.

If there is no caretaker because the founded abuse is the result of actions of the dependent adult, click on that box.

If the founded physical abuse or denial of critical care is confirmed, but not registered, click on that box.

Indicate the date the abuse occurred and where the abuse occurred.

Click the boxes to indicate legal and services outcomes for the dependent adult, and whether the dependent adult died as a result of the abuse. Click on the boxes to indicate if the dependent adult had a history of abuse before this incident.

Click on the boxes to indicate the legal and services outcomes for the person responsible for the abuse. Click on the boxes to indicate if the person responsible for the abuse had a history or abuse before this incident.

Sign and date the document. Have your supervisor sign the document.

Narrative Report The *Dependent Adult Abuse Evaluation or Assessment Report*, form 470-0688, can accommodate unlimited pages of narrative. Add your narrative to the bottom of the page.

Specific information needs to be included in the narrative report. Include information on the following:

- ◆ Allegations
- ◆ Actions to protect and assessment of dependent adult safety
- ◆ Summary of contacts
- ◆ Evaluative or assessment conclusions
- ◆ Recommendations for service
- ◆ Recommendations for district court action

Allegations. Include a detailed and complete statement of each allegation made by the informant. If new allegations are made or discovered during the evaluation or assessment, address them the same as you do the allegations made at the time of referral. Include any pertinent information that explains the allegations.

Do not include the name of the informant in this or any other section of the narrative. Rather, refer to the person either as a collateral contact or in the context of the informant's relationship to the dependent adult abuse report, such as the supervisor or co-worker of the person suspected of being responsible for the abuse.

Actions Taken to Protect and Assessment of Dependent Adult Safety. Summarize the steps taken to attempt to improve the safety or reduce the risk of abuse of the dependent adult.

- ◆ Document actions taken to locate, observe, and interview the dependent adult. Provide a summary of the adult's condition and safety.
- ◆ Document actions taken to locate and interview the person suspected of being responsible for the abuse.
- ◆ List previous founded reports involving any of the subjects of the current evaluation or assessment, including dates and the subject's role in the previous reports.

- ◆ If it was necessary to request a court order with the assistance of the county attorney, include a detailed and complete statement explaining the steps taken and the information provided that led to the request for a court order. Provide a summary of the outcome for the dependent adult as a result of obtaining a court order.
- ◆ If you contacted law enforcement, include a detailed account of law enforcement involvement with attempts to reduce the risk of abuse or improve the safety of the dependent adult. Record any charges filed against the person responsible for abuse.

Summary of Contacts. Clearly identify everyone interviewed. Use the same name for the person throughout the narrative. Do not identify the informant in the narrative. If you interview the informant, refer to the person as you do other contacts.

- ◆ A record of all contacts made, including:
 - Names of persons contacted and interviewed,
 - Dates and times of contact, and
 - Information collected through the contact that is pertinent to the allegations.
- ◆ All pertinent information about contacts with the person thought to be responsible for the abuse, unless the evaluation was terminated before this contact, based on preliminary evaluation findings that repudiate the allegations.

If you are unable to locate or contact the person thought to be responsible for the abuse, document how and when you attempted to locate and interview this person.

- ◆ A summary of findings resulting from visual observation of the dependent adult and conversations with the dependent adult.
- ◆ A summary of and reference to reports and other documentation obtained from experts that contain information pertinent to the allegations of abuse, such as physician reports.

- ◆ Information concerning any previous founded dependent adult abuse reports involving either the dependent adult or the person thought to be responsible for the abuse.
- ◆ A summary of your observations pertinent to the allegations. It is important to separate factual from subjective observations. Avoid recording non-pertinent information in the *Narrative Report*.

Evaluative or Assessment Conclusions. Use this section to summarize your conclusions as to whether abuse has occurred. Include in this section:

- ◆ A precise and complete statement of the types of abuse that have occurred, or a statement that the report of suspected dependent adult abuse is unfounded.
- ◆ A precise summary of the information used to form this conclusion. This summary may be very brief but needs to verify every factor necessary for a finding that abuse occurred. See [*Dependent Adult Protection Handbook, Comm. 96*](#).
- ◆ When information is disputed by different sources of information, a statement as to the reason certain information is considered more credible while other information is discounted. If you have any reason to believe any information is incorrect or distorted explain your reasons for believing that.
- ◆ State clearly the adult is dependent, or not, and the reasons you have determined this adult is either a dependent adult or is not a dependent adult.
- ◆ State clearly the reason the person responsible for abuse is or is not a caretaker.
- ◆ Address each allegation thoroughly as to whether it is founded or unfounded and the reasons you have made that conclusion.
- ◆ Do not include new information in the conclusion. Any information in the conclusion must be first stated in the evaluative findings.

Recommendations for Service. Use this section to specify the following:

- ◆ Whether protective services are necessary to reduce the risk of abuse of the dependent adult or to prevent or remedy some other identified problem.
- ◆ The type of services needed, if any.
- ◆ Your estimate of the caretaker or dependent adult's ability to benefit from services, if any.

Recommendation for District Court Action. Use this section to specify:

- ◆ Whether district court action is necessary to reduce the risk of abuse or increase the safety of the dependent adult.
- ◆ The type of action needed, if any.
- ◆ The reason that district court action is necessary, if it is needed.
- ◆ Whether criminal court action is necessary to attempt to reduce the risk of abuse or increase the safety of the dependent adult or other dependent adults in the community.
- ◆ The type of crime the person responsible for abuse has committed. See 16-G, [Law Enforcement Intervention](#), for specific crimes related to dependent adult abuse.

When the narrative is completed, attach it to the form 470-0688, *Dependent Adult Abuse Evaluation or Assessment Report*.

[Dependent Adult Abuse Report Request for Extension, Form 470-0627](#)

Purpose	<p>The purpose of form 470-0627 is to:</p> <ul style="list-style-type: none">◆ Request that the due date of a dependent adult abuse report be extended.◆ Record the reason the report cannot be completed on the due date.◆ Reschedule the due date.◆ Receive supervisory approval for the extension of time.
Supply	<p>Complete this form on line using the template available in Outlook under Public Folders: All Public Folders: State-Approved Forms: Service: Dependent Adult Abuse, or print it and complete it manually.</p>
Completion	<p>The worker prepares the form before the due date of the report. The form is then sent to the supervisor for approval or rejection. After the supervisor signs it, it is then sent back to the worker.</p>
Distribution	<p>The worker sends a copy of the signed form to the Central Abuse Registry, then places one copy in the case file.</p>
Data	<p>The form records the extension of time and explains why it was needed.</p>

Record of Emergency Protective Court Orders Served, Form 470-5067

Purpose	Form 470-5067 provides a record of when DHS serves emergency protective petitions and court orders in person to the dependent adult and by mail to the power of attorney for health care for the dependent adult or a relative of the dependent adult.
Supply	Form 470-5067 may be completed on line using the template available in Outlook under Public Folders: All Public Folders: State-Approved Forms. This form may also be printed from the sample in the manual.
Completion	The protective services worker completes the form whenever a petition and emergency court order is served in person to the dependent adult and by mail to the power of attorney for health care for the dependent adult or a relative.
Distribution	Provide the original to the court. Keep a copy in the protective services case file.
Data	Enter the dependent adult's name, the registry number of the abuse report, and date the court order was served in the boxes. Click on the dropdown box to indicate the relationship to the dependent adult. Click the box to indicate whether the petition and court order were served in person or by mail.

[Adult Protective Notification, Form 470-2444](#)

Purpose	<p>The <i>Adult Protective Notification</i> form is used to:</p> <ul style="list-style-type: none">◆ Notify the subjects of the report of the results in a dependent adult abuse evaluation or assessment.◆ Provide a simple means for subjects of an evaluation or assessment to obtain a copy of a report.◆ Notify a mandatory reporter of the results of a dependent adult abuse evaluation or assessment.
Supply	<p>Form 470-2444 may be completed on line using the template available in Outlook under Public Folders: All Public Folders: State-Approved Forms.</p>
Completion	<p>The worker doing the evaluation or assessment completes this form within 48 hours of completion of the <i>Dependent Adult Abuse Evaluation or Assessment Report</i>, 470-0688. Complete separate forms for each subject of the report and for the mandatory reporter, if applicable.</p>
Distribution	<p>Send a copy to the subject or mandatory reporter and to the Central Abuse Registry. Maintain a copy of each notice in the case file.</p>
Data	<p>Enter:</p> <ul style="list-style-type: none">◆ The date.◆ The registry number (automatically entered on second page).◆ The incident number.◆ Your name and address.◆ Your supervisor's name.◆ Your office phone number.◆ A check for the role of the person.◆ Whether this notice is about an addendum.◆ Your finding (founded, unfounded, or confirmed, not registered).◆ The type of allegation.◆ The name of the dependent adult.◆ The names of the persons responsible for the abuse if founded.

[Request for Dependent Adult Abuse Registry Information, Form 470-0612](#)

Purpose	Form 470-0612 is provided for authorized persons to request information from the Central Abuse Registry.
Supply	DHS staff may complete this form on line using the template in Outlook or print or photocopy the form from the sample in the manual.
Completion	The person requesting information concerning a dependent adult that has been reported as abused completes this form.
Distribution	Send the form to the Registry for approval before releasing dependent adult abuse information, except when information is needed immediately as provided in 16-G, <u>Requests for Dependent Adult Abuse Information</u> .

The Registry completes the form indicating approval or denial of the request. The Registry returns the form to the requestor when:

- ◆ The request is an employment check, or
- ◆ The local office no longer has a copy of the report, or
- ◆ The request is delivered personally to the Registry, or
- ◆ The request is denied.

For other requests, the Registry returns the form to the local office. The local office provides the information that has been authorized for release to the person making the request.

Note: Do not release the social security numbers of either the dependent adult or the person responsible for the abuse. Delete them when you release a copy of form 470-0688, *Dependent Adult Abuse Evaluation or Assessment Report*.

Data	The requester completes: <ul style="list-style-type: none">◆ Name, phone number, and address of the requestor.◆ Position and basis for authorization to receive the information.◆ First, middle, and last name of the person the request is about.◆ That person's maiden name or alias.◆ That person's social security number, birth date, and address.◆ The reason for the request.◆ The date and the requestor's signature.
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[Dependent Adult Abuse Multidisciplinary Team Agreement, Form 470-2328](#)

Purpose	The purpose of form 470-2328 is to formulate an agreement between the Department and various individuals and agencies for the purpose of providing a coordinated response to dependent adult abuse evaluation, assessment and services.
Supply	This form may be completed on line (except for signatures) using the template in Outlook under Public Folders: All Public Folders: State Approved Forms: Service. Otherwise, photocopy the form from the sample in this appendix.
Completion	<p>All parties of the multidisciplinary team must sign during the formulation of a multidisciplinary team and before the dissemination of any individual dependent adult abuse information.</p> <p>Each agreement must be signed again by all parties at least annually (within one year after the effective date noted on the agreement), with final approval by the service area administrator or designee.</p>
Distribution	The service area administrator or designee maintains one copy, furnishes one copy to the Central Abuse Registry, and gives a copy to each team member.
Data	<p>Complete the name of the team members and the date of the agreement.</p> <p>Additional lines may be added for the signature of team members.</p>

Periodic Visit Documentation, Form 470-4837

Purpose	Form 470-4837 is used to document periodic visits to at-risk adults who are identified as being at risk of health or safety and require periodic visits to reassess risk.
Supply	This form may be completed on the System on Dependent Adults (SODA) data system. Supplies of the form may also be printed from the sample in the manual.
Completion	The field worker with responsibility for completing the dependent adult abuse report completes the form for adults who have been identified as being at risk for health or safety. Complete the form following each periodic visit.
Distribution	Keep the form in the case file.
Data	Enter the registry number and the name of the at-risk adult. Record a narrative of the visit.

[Authorization for Release of Dependent Adult Abuse Information, Form 470-4531](#)

Purpose	Form 470-4531 provides a means for persons who do not have access to dependent adult abuse information to request a background check when the person being checked agrees and signs the form.
Supply	This form is available on the Department's home web page: http://www.dhs.iowa.gov/ . Click on "Public Information:," then click on "DHS Forms" and then scroll down to "Background Checks." The form may be completed on the web page and then printed off.
Completion	The person who is requesting the background check initiates this form. The person being checked provides the needed information and signs the form to authorize the Department to release the information. Central Registry staff complete the background check.
Distribution	The person requesting the background mails or faxes the form to the Central Abuse Registry. Registry staff complete the background check and mail or fax it back to the requester.
Data	The data is entered by the person being checked, the person requesting the background check and Registry staff.

Pages 23 through 32 are reserved for future use.

Record Check Evaluation, Form 470-2310 and 470-2310(S)

Purpose	The purpose of form 470-2310 is to provide a means for a person who is listed on the dependent adult abuse registry to have an evaluation to be able to work in a health care facility.
Supply	The English form can be completed on line using the template available in the public state-approved forms folder on Outlook. The Spanish version can be printed from the on-line manual or photocopied from the sample in the printed manual.
Completion	A person seeking employment in a health care facility or home care agency who is listed on the dependent adult abuse registry completes the form when the person wants an evaluation. Make this form available to persons who request it.
Distribution	The person requesting the evaluation forwards the completed form to the Central Abuse Registry.
Data	The person requesting the evaluation may attach any collateral information to the form.

Non-Redissemination Agreement, Form 470-3767

Purpose	Form 470-3767 is used to document the agreement of administrators of health care agencies not redisseminate dependent adult abuse information they obtain on the internet electronic information system for the purpose of completing an employee abuse background check.
Supply	Print supplies of this form from the on-line manual by double clicking on the heading that is enclosed in a blue box to open the form and then clicking "Print." You can also photocopy supplies of the form from the sample in this appendix.
Completion	Administrators of health care programs who are mandated to complete dependent adult abuse background checks on employees and access that information on the internet electronic information system, complete the form. The form is signed when the administrator gains access to the internet electronic information system.
Distribution	The original is sent to the Central Abuse Registry, Hoover Bldg., 5 th Floor, 1305 East Walnut St., Des Moines, IA 50319-0114. A copy must be posted near each computer used to access dependent adult abuse information.
Data	Enter name of the agency or facility, internet account number and the name of the administrator. The administrator signs the <i>Agreement</i> .

Review Decision for Dependent Adult Abuse, Form 470-4074

Purpose	Form 470-4074 is a letter for notifying subjects of the decision following local review of a founded or unfounded dependent adult abuse evaluation or assessment.
Supply	Complete this form using the template in the public state-approved forms folder on Outlook under Service.
Completion	The designated staff person in the local office completes the letter to informing the subject of the right to an administrative hearing when the local office makes a decision on correcting a report.
Distribution	Send the original to the subject who requested the review. Send copies to other subjects of the report. Place a copy in the case file.
Data	Enter: <ul style="list-style-type: none">◆ The date of notification.◆ The name and address of the person requesting review in the format for a window envelope.◆ The date of the request.◆ The name of the office receiving the request.◆ A check in the box for the response to the request.◆ The name and signature of the person making the decision.

[Dependent Adult Abuse Intake Guidance Tool, Form 470-4456](#)

Purpose	Form 470-4456 is designed to provide a guidance tool for central intake workers to assist in determining if a report of dependent adult abuse meets the criteria for an evaluation or assessment.
Supply	This form may be completed on line using the template in Outlook under Public Folders: All Public Folders: State Approved Forms: Service.
Completion	The central intake worker completes the form by choice. There is no requirement to complete the form.
Distribution	File one in the case file and send one to the supervisor with completed form.

[Appeal Hearing Preparation Guide, RC-0127](#)

Purpose	Form RC-0127 is a guidance tool to assist workers preparing for an administrative appeal hearing.
Supply	Print supplies of the guide from the on-line manual.

Factoring Dependent Adult Abuse Desk Aid, RC-0126

Purpose Form RC-0126 is a shortened version of factors necessary to determine if dependent adult abuse occurred. Additional information on determining factors can be found in [Comm. 96, *Dependent Adult Protection Handbook*](#). The purpose is to provide a document that is condensed and more accessible than the Handbook.

Supply Print supplies of the desk aid from the on-line manual.

[Dependent Adult Protection Handbook, Comm. 96](#)

Purpose	<p>The <i>Dependent Adult Protection Handbook</i> supplements material contained in 16-G. It is designed as a decision tree to help the worker answer the questions:</p> <ul style="list-style-type: none">◆ Is this an appropriate referral?◆ Is this a founded report?
Source	<p>This <i>Handbook</i> is not stocked at Anamosa. View or print supplies of the <i>Handbook</i> from the on-line manual, or photocopy the printed sample.</p>
Data	<p>Refer to material in the <i>Handbook</i> for clarification of:</p> <ul style="list-style-type: none">◆ The factors required to determine that a report requires evaluation.◆ The factors required to found a report of each specific type of dependent adult abuse.

[Dependent Adult Abuse: A Guide for Mandatory Reporters, Comm. 118](#)

Purpose	<i>Dependent Adult Abuse: A Guide for Mandatory Reporters</i> is used to provide information regarding definition and statutory obligations for mandatory reporters in identification and reporting of suspected dependent adult abuse.
Source	This <i>Handbook</i> is not stocked at Anamosa. Click on the booklet title on this page for a sample of the booklet that can be printed if desired.
Distribution	The booklet has been designed for internal and external use. People requesting this booklet should be directed to the DHS Policy Analysis web site.

Facility, Agency, and Program Evaluation Handbook, Comm. 195

Purpose	The <i>Facility, Agency, and Program Evaluation Handbook</i> supplements material contained in 16-G. It provides a guide for procedures to use in evaluating dependent adult abuse perpetrated by a caregiver in out-of-home care settings.
Source	This <i>Handbook</i> is not stocked at Anamosa. View or print supplies of the <i>Handbook</i> from the on-line manual, or photocopy the printed sample.
Data	Refer to material in Comm. 96, Dependent Adult Protection Handbook , for clarification of: <ul style="list-style-type: none">◆ The factors required to determine that a report requires evaluation.◆ The factors required to found a report of each specific type of dependent adult abuse.