Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

November 21, 2014

GENERAL LETTER NO. 17-AP-28

ISSUED BY: Bureau of Child Care
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 17, ***CHILD WELFARE APPENDIX***, Contents (page 4), revised; pages 21, 22, 23, 69, 144, 145, 173, and 213, revised; and the following forms:

588-0225VR	*Birth: Application for a Search for an Iowa Record*, revised
430018	*Parent's/Guardian's Consent*, revised
470-2310	*Record Check Evaluation*, revised
470-2310(S)	*Record Check Evaluation* (Spanish), revised

Summary

Chapter 17-Appendix is revised to:

- Update the instructions and link to form 588-0225VR, *Birth: Application for a Search for an Iowa Record*. The Department of Public Health has updated their form.
- Update the instructions and link to form 430018, *Parent's/Guardian's Consent*. The Department of Public Transportation has updated and changed the name of the form from *Parent's Written* Consent *to Issue Privilege to Drive or Affidavit to Obtain Duplicate*.
- Modify form 470-2310, *Record Check Evaluation*, and its Spanish translation, form 470-2310(S). The modifications allow for:
  - Consistent use among all programs, including health care facilities, foster and adoptive care, and child care.
  - A streamlined and consistent process for record check evaluations and centralization of the record check process.

  Modifications include changes to:
  - Part A to include information on the entity requesting the evaluation.
  - Part B to identify the person being evaluated. Part B previously identified the requesting entity.

- Part C to include the evaluation determinations and notice of decision.
- Part D that the applicant completes. Part D was previously completed by the person requesting the evaluation.

♦ Update all links to the Department's new website.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 17, Appendix:

Page	Date
Contents (page 4)	October 4, 2013
588-0225VR	3/20/08
21-23, 69, 144	December 16, 2011
430018	2/10
145	December 16, 2011
470-2310	6/11
470-2310(S)	6/11
173, 213	December 16, 2011

Additional Information

Refer questions about this general letter to Ryan Page, Child Care Regulatory Program Manager.

Page

Notice of Child Abuse Assessment: Confirmed Not Registered, Form 470-3575 or 470-3575(S) 131

Notice of Child Abuse Assessment: Founded, Form 470-3243 or 470-3243(S) 133

Notice of Child Abuse Assessment: Not Confirmed, Form 470-3242 or 470-3242(S) 135

Notice of Decision: Services, Form 470-0602 or 470-0602(S) 137

Notice of Intake Decision, Form 470-3789 139

Notice to Relatives, Form 470-4769 or 470-4769(S) 140

Notice to Relatives Worksheet, Form 470-4840 141

Notice to Schools for Child in Foster Care, Form 470-4894 142

Out-of-State Travel Permit and Agreement to Return, Form 470-5079 143

Parent's/Guardian's Consent, Form 430018 144

Payee/Placement Changes, Form 470-3359 146

Photography Record, Form 470-3350 147

Physical Record, Form 470-0580 or 470-0580(S) 148

Placement Agreement: Child Placing or Child Caring Agency (Provider), Form 470-0719 149

Placement Agreement and Service Authorization for Supervised Apartment Living (SAL), Form 470-5081 150

Placement Agreement: Specialized Psychiatric Institution, Form 470-2490 151

Placement Consideration, Form 470-3616 or 470-3616(S) 152

Placement Notification, Form 470-3617 or 470-3617(S) 153

PMIC Exchange of Information, Form 470-2479 154

Preplacement Screening for Supervised Apartment Living Foster Care, Form 470-4063 158

Protective Child Care Documentation, Form 470-4895 159

Receipt of HIV-Related Information, Form 470-3227 162

Receiving State's Priority Home Study, Form 470-3926 (ICPC 102) 163

To Request a Search for an Iowa Birth Record for the Purpose of Obtaining a Certified Copy

In Iowa, official registration of births began July 1, 1880. Original records that were registered are on file with the Iowa Department of Public Health, Bureau of Health Statistics. Statewide record searches are available from the state registrar. Local vital records registrars are located in county recorders' offices, where records of births that have occurred in that county are maintained. ***County registrars are not authorized by law to have records of single-parent births prior to July 1, 1995; adoptions; delayed registrations; legal changes of name; any record ordered sealed by a court of law; or birth between the years 1921 to 1941.*** Pursuant to Iowa law, information about a specific record is not available over the telephone or by prepared lists. Iowa law provides for public viewing in the county where the record is maintained, or certified copies issued to entitled persons.

Applications to search for a vital record event for the purpose of obtaining a certified copy must be in writing, completely identify the record, and establish entitlement to the record being requested. Entitled persons include the person named on the record or that person's spouse, children, legal parents, grandparents, grandchildren, siblings, or legal representative or guardian. Legal guardians and representatives must also provide additional proof of guardianship or representation. Applicants must be 18 or older. Requests must include the applicant's current government-issued photo identification (i.e., driver's license), except if by mail, a clear photocopy of the I.D., and the applicant's signature signed in front of a notary public or in the presence of an Iowa Registrar of Vital Records.

FEES: As of Jan. 1, 2014, a non-refundable $20 fee is required to search for a record and includes one certified copy if the record is located. Each additional copy of the same record is $20. Fees are payable in U.S. funds by check or money order to the issuing registrar's office. Checks must be written from the applicants' account; money orders must be in the name of the applicant. Fees must be paid at the time of the application (Iowa Constitution, Article VII, Section 1).

STATE CERTIFIED COPIES.

Certified copies of birth certificates may be obtained from the state Bureau of Health Statistics by telephone, in-person, or through a postal service. Fees are payable in U.S. funds by check or money order to the Iowa Department of Public Health. In-person requests may also be paid in cash. ***Genealogy requests may take up to 60 business days for processing, regardless of the method of application, and will be mailed to applicants***.

Telephone: Customers may call **toll-free** to **1-866-809-0290** from 6:00 am CST through 7:00 pm CST, Monday through Friday, except for holidays. A fee of $20 is charged for the record search and includes one copy if a record is on file in the state office. Each additional copy of the same record is $20. A VitalChek operator will take the caller's information, screen the credit card, authenticate the caller's identity and complete the order. The fee to screen the credit card and authenticate the caller is an additional $13.00. Group orders consisting of more than one event type (i.e. birth, death or marriage) within one transaction will be charged an additional $3.00 fee. Turnaround time may be about two (2) weeks, depending on volume and mail service. ***Genealogy requests are not available by telephone request***.

In-person: Applications may be made in-person at the state Bureau of Health Statistics 7:00 a.m. to 4:45 p.m., Monday through Friday, except for state-observed holidays, at the address below, just inside the north lobby entrance and to the right. The Lucas building is the first building east of the state Capitol. Applicants must provide current government-issued photo identification and sign their request in the presence of registrar staff. Certificates are "generally" ready for pick up the next business day after 2:00 PM or mailed to an entitled person. Mail time may take 5 to7 additional days.

Postal service: Written requests and fees are mailed to the address below. Requests must state the relationship to the person named on the record and the purpose for the copy. Turnaround time may be 4 to 6 weeks, depending on seasonal demands and mail service. ***The request must be signed in front of a notary public and include a clear photocopy of the applicant's current government-issued photo identification.***

Iowa Department of Public Health
Bureau of Health Statistics
Lucas State Office Building
1st Floor, 321 E. 12th Street
Des Moines, Iowa 50319-0075

SEE OTHER SIDE FOR AN APPLICATION FORM.
FORM MAY BE USED FOR EITHER A COUNTY-CERTIFIED OR A STATE-CERTIFIED COPY OF AN IOWA VITAL RECORD

BIRTH

APPLICATION FOR A SEARCH FOR AN IOWA RECORD

Requests require the applicant's **current government-issued photo identification (i.e., driver's license) and signature signed in front of a notary public** or in the presence of an Iowa Registrar of Vital Records.

1. **PERSON'S NAME AS IT APPEARS ON THE RECORD** _____
   FIRST MIDDLE, if any LAST (Surname)

2. **DATE OF BIRTH** – BE SPECIFIC – Month, Day, Year _____

3. **PLACE OF BIRTH** (City and/or County) _____

4. **PARENT'S NAME PRIOR TO ANY MARRIAGE –** First, Middle, Last (Surname) _____

5. **2ND PARENT'S FULL NAME –** First, Middle, Last (Surname) _____

6. WAS THE MOTHER MARRIED AT THE TIME OF CONCEPTION OR BIRTH? ☐ Yes ☐ No ☐ Unknown

7. **LEGAL ACTIONS TO BIRTH RECORD** ☐ None ☐ Adoption ☐ Paternity Establishment ☐ Legal Change of Name

   7a. IF LEGAL ACTION OCCURRED, LIST PREVIOUS NAME (on birth certificate) _____
   Marriage does NOT change the birth certificate.

8. **PURPOSE FOR COPY** _____ **9. BIRTHDATE of APPLICANT** _____

10. **HOW ARE YOU RELATED TO THE PERSON NAMED ON THE RECORD?** _____

11. **NAME AND ADDRESS OF PERSON TO RECEIVE THIS COPY:** (MUST BE AGE 18 OR OLDER & ENTITLED TO THE RECORD)

    12a. Name of Applicant/Recipient _____

    12b. Street address and P.O. Box (if any) _____

    12c. City, State and Zip Code _____

12. **THE SEARCH RESULT IS TO BE** (Check one) ☐ Mailed ☐ Picked up (for in-person requests only)

13. **THE NON-REFUNDABLE FEE TO SEARCH IS $20.00** and one certified copy is issued if the record is located.
    Each additional copy of the same record is $20.00. Indicate the number of copies of this record you need. _____

14. **THIS SEARCH PAID BY** (Check one) ☐ Check ☐ Money Order ☐ Cash (In-person only) **15. AMOUNT ENCLOSED** _____

Checks must be written from the applicant's account; money orders must be in the name of the applicant. Fee payment must be in U.S. funds and included with this application. Make checks and money orders payable to the 'Iowa Dept. of Public Health' (for state copies) or the appropriate county registrar of vital records in the county of the event (for county copies).

16. **APPLICANT'S NAME** (Print clearly) _____ **17. DAYTIME PHONE #** _____
    (Include area code)

I certify that the information provided on this application is accurate and complete to the best of my knowledge and that I have legal entitlement to a certified copy of this record. I have signed below in front of a notary public or an Iowa registrar of vital records.

18. **APPLICANT'S SIGNATURE** _____ **19. DATE** _____

APPLICANT'S NAME AS APPEARS ON PHOTO I.D. *(Print clearly)* _____

State of _____ County of _____ ss (SEAL)

Signed and affirmed in my presence on this _____ day of _____, _____.

_____, My commission expires: _____
(Notary Public Signature)

Administrative Use Only

I.D. _____

Initials _____

PRIOR TO MAILING:

- **INCLUDE A CLEAR PHOTOCOPY OF YOUR GOVERNMENT-ISSUED PHOTO IDENTIFICATION (e.g., driver's license)**
- **SIGN THIS APPLICATION IN FRONT OF A NOTARY PUBLIC**
- **INCLUDE PAYMENT AS DESCRIBED IN ITEM 13, 14 AND 15 ABOVE**

SEE OTHER SIDE FOR ADDITIONAL INSTRUCTIONS

Birth: Application for a Search for an Iowa Record, Form 588-0225VR

Purpose

Form 558-0225VR is used to request a copy of an Iowa birth certificate from the Iowa Department of Public Health.

Source

Access this form by copying this link into your browser: http://www.idph.state.ia.us/apl/common/pdf/vital_records/birth_application.pdf.

Completion

The social work case manager or juvenile court officer completes this form when:

- It is necessary to obtain a child's birth certificate for agency use; or
- A child in foster care who is age 14 or older needs a certified copy of the birth certificate to obtain a driver's permit or license, for employment, or because the child is leaving foster care at age 18.

Iowa Code Section 232.2(f) requires DHS to provide a birth certificate to a child in foster care on or before child reaches the age of 18 so the child can obtain a social security card. The Department of Public Health will waive the fee for only one certified birth certificate.

Distribution

Send the completed form to the Department of Public Health at the address below along with:

- Form 470-4567, *Birth Certificate Request*, and
- A current, clear copy of the social work case manager or juvenile court officer's government-issued photo identification.

Iowa Department of Public Health
Bureau of Health Statistics
1st Floor, 321 E. 12th Street
Des Moines, IA 50319-0075

NOTE: A birth certificate stamped "Agency Use Only" is for DHS use only and should under no circumstances be given to the child or family.

Data

The social work case manager or juvenile court officer completes this form as follows:

1. **PERSON'S NAME AS IT APPEARS ON THE RECORD**. Print first, middle, and last name of the child.

2. **DATE OF BIRTH**. Enter the child's date of birth.

3. **PLACE OF BIRTH**. Indicate the city or county where the child was born. If unknown, indicate "unknown."

4. **PARENT'S NAME PRIOR TO ANY MARRIAGE**. Print the biological parent's full name, or if adopted, the name of the adoptive parent.

5. **2ND PARENT'S FULL NAME**. Print the biological parent's full name, or if the child is adopted, the name of the adoptive parent.

6. **WAS THE MOTHER MARRIED AT THE TIME OF CONCEPTION OR BIRTH?** Indicate yes, no, or unknown.

7. **LEGAL ACTIONS TO BIRTH RECORD** (if any). If the child has been adopted or for any other reason has experienced a change of name, indicate by checking the applicable box. If no legal actions were previously recorded, check none.

7a. **IF LEGAL ACTION OCCURRED, LIST PREVIOUS NAME** (on birth certificate). If the child has been adopted, state the child's previous name, if available. Marriage does **not** change the birth certificate.

8. **PURPOSE FOR COPY**. Print "DHS agency use copy" or "Copy for foster child 14 and older per Iowa Code 232.2(4)f."

9. **BIRTHDATE OF APPLICANT**. Print "DHS agency request for record."

10. **HOW ARE YOU RELATED TO THE PERSON NAMED ON THE RECORD?** Indicate juvenile court officer or DHS social work case manager.

11. **NAME AND ADDRESS OF PERSON TO RECEIVE THIS COPY**. Print social work case manager or juvenile court officer's first and last name.

12a. **NAME OF APPLICANT/RECIPIENT**. Enter the social work case manager or juvenile court officer's name.

12b. **STREET ADDRESS AND P.O. BOX**. Enter the social work case manager or juvenile court officer's address.

12c. **CITY, STATE AND ZIP CODE**. Enter the social work case manager or juvenile court officer's city, state, and zip code.

12. **THE SEARCH RESULT IS TO BE**. Check "mailed."

13. **THE NON-REFUNDABLE FEE TO SEARCH IS $20.00.** Print "waived fee request."

14. **THIS SEARCH PAID BY**. Leave blank.

15. **AMOUNT ENCLOSED**. Leave blank.

16. **APPLICANT'S NAME** (Print clearly). Print the social work case manager or juvenile court officer's name.

17. **DAYTIME PHONE #**. Enter the social work case manager or juvenile court officer's phone number, including area code.

18. **APPLICANT'S SIGNATURE**. Enter the social work case manager or juvenile court officer's signature.

19. **DATE**. Enter the date the form is signed.

The box requesting the applicant's name, state, county, etc. as they appear on the photo ID may be left blank. A notary is not required for a request for birth certificate by the Department.

Signatures and Notifications

- Document and obtain signatures from those persons that participated in development of the plan and thank all persons who contributed to the planning process for the child and family.
- Set a date for future meeting with the family to review and revise the plan as needed. The **Other Comments** section of this page can be used for this purpose.

  Every six months or less, evaluate and review the decision to suppress the location of the foster home to determine if suppression continues or the need for suppression no longer is applicable.
- The **Other Comments** section may be used to include information concerning
  - Case child abuse and criminal record histories;
  - Whether the Indian Child Welfare Act applies to the case;
  - Evidence of a direct or indirect threat to harm the foster child or foster family or credible third-party information of a threat of harm to the foster child or foster family as listed in 17-E. This information is needed if there has been a decision to suppress the address and contact information of the foster home.
- Distribute copies of the plan to those that should receive them.

Child Placement Plan, Part C

In combination with the face sheet and the family plan, the out-of-home placement section is a written document that includes all the federal required elements. The family plan and the out-of-home placement section include:

- A description of the placement and the appropriateness of the placement.

Parent's/Guardian's Consent, Form 430018

Purpose

Department of Transportation form 430018 is used to provide permission for a child to obtain a driver license or operator instruction permit.

Source

Access this form by copying this link into your browser: https://forms.iowadot.gov/Default.aspx. When the page opens:

1. Select "Browse Forms" in the left margin.
2. Enter:

   "Parent's/Guardian's Written Consent" in the Document Title box, or

   "430018" in the Form Number box.
3. Press enter.

Completion

The Department may provide consent only when all of the following conditions are met:

- A child in foster care is of appropriate age to obtain a driver license or operator instruction permit according to the Department of Transportation guidelines, and
- The parent is unable or unwilling to sign consent for the child to obtain the license or permit, and
- It is in the child's best interest to have a driver license or operator instruction permit, and
- Provisions of Iowa Code 321.180B have been met (as indicated on this form) if the consent is for an intermediate or full-privilege driver license.

The social work case manager or juvenile court officer completes all fields on the form as directed. Check "ward" to represent the child.

A social work supervisor, social work administrator, or service area manager is required to sign the form as well as the child. Notary affirmation is required.

See the attachments (paper clip) for a PDF file of 430018, *Parent's/Guardian's Consent*.

The Department of Transportation will check the Department signature against a list of Department staff approved to sign.

Distribution

Provide the completed, signed, and notarized form to the child's caretaker for use in obtaining an operator instruction permit or a full or intermediate driver license for the child.

Iowa Department of Human Services

Record Check Evaluation

A. Agency/Provider/Person Requesting Evaluation

Entity Requesting Evaluation	Requestor's Name	Phone	Fax
Street	City	State	Zip Code

The agency/provider/person listed above is requesting a Record Check Evaluation (RCE) on the following person after a background check revealed a criminal conviction (or deferred judgment), founded abuse (child or dependent adult), or a combination thereof. *In order to complete the evaluation, we need to have all information, including form 470-2310, SING, and Rap Sheet. Please ensure that all forms are dated within the 30 day period. All evaluation materials must be sent in together*.

B. Person Being Evaluated

Last Name, First Name, Middle Initial	Maiden/Previous Names	Role/Position Applying For

The individual listed above requests an evaluation to determine whether they can be permitted to perform duties under the section "Role/Position Applying For."

I realize that the information I provide in Section D. may be verified with local law enforcement agencies, the district court, Iowa Department of Human Services, or other persons having knowledge of the incident.

Signature of Person Being Evaluated	Telephone	Email	Date
Street Address	City	State	Zip Code

C. Evaluation Determination/Notice of Decision

FOR DHS USE ONLY

D.

Explain, in detail, each crime or abuse (completed by applicant). Include date, location, others involved, relationship of the victim to you, age of the victim, and your actions *for each abuse or criminal history (additional sheets may be used)*.

What changes have you made to make you safe to work around or care for others? Explain your accomplishments; work history; caretaker history; counseling, therapy, parenting classes; etc. *Supporting documents such as treatment certificates, reference letters from previous/current employers or probation officers should be included*.

Has DHS evaluated you in the past? Explain when the previous evaluation occurred, what position you were applying for, and whether you received the job/position.

Iowa Department of Human Services

Record Check Evaluation
(Investigación de antecedentes penales)

A. Agencia/Prestador/Persona Solicitante			
Entidad solicitante	Nombre del solicitante	Teléfono	Fax
Calle	Ciudad	Estado	Código postal

La agencia, el prestador o la persona mencionada anteriormente solicita una Investigación de Antecedentes Penales (*Record Check Evaluation*, RCE) de la siguiente persona debido a que una averiguación de antecedentes reveló una condena penal (o suspensión condicional de la sentencia), abuso fundado (de un menor o un adulto dependiente), o una combinación de los mismos. *Para realizar la investigación, debemos tener todos los datos, inclusive el formulario 470-2310, SING, y el expediente policial. Por favor, cerciórese de que todos los formularios tengan fecha dentro de los últimos 30 días. Debe enviar todo el material junto.*

B. Persona investigada		
Apellido, primer nombre, inicial	Apellido de soltera u otros nombres	Empleo o puesto solicitado

La persona mencionada solicita una investigación para determinar si el/la postulante tiene permitido realizar las funciones que se indican en la sección “Empleo o puesto solicitado”.

Estoy consciente de que los datos provistos en la Sección D serán verificados con la policía, el juzgado del distrito, Iowa Department of Human Services, u otras personas con conocimiento del incidente.

Firma de la persona investigada	Teléfono	Correo electrónico	Fecha de de
Domicilio	Ciudad	Estado	Código postal

C. Resultado de la investigación/Notificación de la resolución	Para uso exclusivo de DHS

D.

Explique detalladamente cada delito o abuso (debe ser completado por la persona solicitante). Incluya fecha, lugar, personas involucradas, parentesco de la víctima con usted, edad de la víctima, y sus acciones *para cada antecedente penal o de abuso (puede utilizar hojas adicionales)*.

¿En qué cosas ha cambiado para poder trabajar con otras personas o cuidarlas sin ponerlas en peligro? Explique sus logros; historial laboral; historial como adulto a cargo del cuidado de otras personas; psicoanálisis, terapia, clases para padres; etc. *Debe adjuntar documentación probatoria como certificados de tratamiento, cartas de referencia escritas por su empleador actual, empleadores anteriores u oficiales de libertad condicional*.

¿Ha sido investigado por DHS en el pasado? Explique cuándo se realizó la investigación previa, qué empleo solicitaba y si consiguió dicho empleo o puesto.

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

Purpose	Form 470-2310 is used to collect additional information about a criminal conviction or a child abuse report. The worker and the evaluation team then use this information to evaluate the report's effect on the licensing or registration recommendation.
Source	Complete the English version of this form on line using the template available in the public state-approved forms folder on Outlook. Print supplies of the Spanish version from the sample in the manual.
Completion	The person subject to the evaluation and/or the requesting entity completes sections A, B, and D for each founded report of child abuse or criminal conviction. Section C is the evaluation determination and is completed by the Department.
Distribution	The person subject to the evaluation completes the form and sends the form to the Department within ten calendar days of the date on the form. This information is reviewed by the Department. On approved evaluations, a copy of the completed *Record Check Evaluation* will be sent to the requesting entity. On denied evaluations, a copy of the completed *Record Check Evaluation* will be sent to the requesting entity and the person subject to the evaluation.
Data	**Part A**: The agency, provider, or person requesting the evaluation completes this section. Include the requesting entity, requestor's name, and contact information. **Part B**: The person completing the form verifies who is being evaluated, previous or maiden names, and the position they are applying for. **Part C**: The Department will evaluate and approve or deny a person's involvement in the role they have requested. **Part D**: The applicant must complete information regarding each crime or incident of abuse, changes made to assure safety in working with others, and whether the Department has evaluated the applicant in the past.

Comm. 164 or Comm. 164(S), Child Abuse: A Guide for Mandatory Reporters

Purpose	*Child Abuse: A Guide for Mandatory Reporters* provides information regarding definitions and statutory obligations for mandatory reporters in identify and reporting of suspected child abuse.
Source	Print or photocopy supplies of the English or Spanish version of this booklet from the samples in the manual.
Distribution	The booklet has been designed for internal and external use. Upon request for this booklet, requester should be directed to the DHS Policy Analysis web site.