



Iowa Department of Human Services

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GENERAL LETTER NO. 17-AP-32

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

SUBJECT: Employees' Manual, Title 17, **CHILD WELFARE APPENDIX**, Contents (page 4), revised; pages 154 and 155, revised; and the following forms:

470-3359 *Payee/Placement Changes*, revised
470-3361 *SSI Advocacy Project Referral*, revised

Summary

Chapter 17-Appendix is revised to:

- ◆ Reflect the new project contractor information on form 470-3359, *Payee/Placement Changes*, and form 470-3361, *SSI Advocacy Project Referral*.
- ◆ Remove the instructions and form 470-2479, *PMIC Exchange of Information*. The form is no longer being used.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 4)	May 29, 2015
470-3359	1/05
154	December 16, 2011
470-2479	9/98
155-158	December 16, 2011
470-3361	9/05

Additional Information

Destroy any existing supplies of form 470-2479, *PMIC Exchange of Information*.

Refer questions about this general letter to your area social work administrator.

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Iowa Department of Human Services

**Payee/Placement Changes
SSI Advocacy Project**

Payee Change

Placement Change

Important Note: Please use FAX only to transmit the form. If this is a payee change, you **must** include a copy of the current DHS custody court order with this form. If you have questions, call 1-800-786-9024.

Child's name	
Child's social security number	State ID #
Payee/Placement Change	
Date of change	
New foster parents/facility	
Address	
Telephone number	
Payee Change Only	
Name of living natural/adoptive parent	
Address, if known	
Telephone number, if known	
Left DHS/JCS Care	
Type of new living arrangement (i.e., home of parents, correctional facility, independent)	
Date left	
New address	
SEND TO: Public Consulting Group FAX 1-888-290-2512	
Referred by	Telephone number
<input type="checkbox"/> DHS	<input type="checkbox"/> JCS

[Preplacement Screening for Supervised Apartment Living Foster Care Form 470-4063](#)

Purpose	Form 470-4063 assists social work case managers in determining if placement in the supervised apartment living foster care program is appropriate.
Source	This form may be completed on line using the template in the public state-approved forms folder on Outlook. You can also print or photocopy the form from the sample in the manual.
Completion	The child's social work case manager prepares an original and one copy of the form when considering placement of the child in supervised apartment living.
Distribution	Attach a copy of the form to the <i>Request for Approval of Supervised Apartment Living Foster Care Placement</i> , form 470-3186, and forward both forms to your immediate supervisor. Place a copy in the case record.
Data	Complete all items on the form to assist in determination of placement. The form covers the child's: <ul style="list-style-type: none">◆ School and work history◆ Medical or mental health issues, including pregnancy◆ Substance abuse◆ Parenting responsibilities◆ Cooperation and compliance at the current placement◆ History of delinquency◆ History of violence

Pages 155 through 158 are reserved for future use.



Iowa Department of Human Services

SSI Advocacy Project Referral

The Iowa Department of Human Services has selected Public Consulting Group Inc. (PCG) to assist in the identification of children in DHS custody who have disabilities and may be eligible for Supplemental Security Income (SSI) benefits. If you would like to send a referral, please complete and submit the following information. If you have questions about referrals, please contact PCG at 1-800-786-9024 or disability@pcgus.com.

Child's Name	Date of Birth	DHS State ID	
Foster Care Parents/Facility		Telephone ()	
Street	City	State	Zip Code
Date of Placement			

The following are some indicators that a child may qualify for the SSI program (check all that apply):

- Child has received or is receiving psychiatric services due to a diagnosed mental impairment.
- Child was recently discharged from or is currently in a residential facility due to a diagnosed mental impairment other than substance abuse.
- Child receives special education services to address severe learning or behavioral problems.
- Child receives intensive outpatient counseling.
- Child has a moderate to severe intellectual disability.
- Child has severe developmental delays (functioning one-half or less of chronological age).
- Child receives intensive medical services and/or treatment for a physical impairment.
- Infant (less than six months old) was born at a very low birth weight (1200 grams or less).

Is the child receiving any benefits based on a deceased, disabled or retired parent's account?

Please check either: Yes No Unknown

Referred By	Telephone ()
County	<input type="checkbox"/> DHS <input type="checkbox"/> JCS
Date	

Send referral to: Public Consulting Group
Fax: 1-888-290-2512

E-mail: disability@pcgus.com