



# Iowa Department of Human Services

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February 1, 2016

## GENERAL LETTER NO. 17-AP-34

ISSUED BY: Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 17, **CHILD WELFARE APPENDIX**, Contents (pages 1 and 5), revised; pages 1 through 27, 185, 186, and 221, revised; and the following forms:

470-3767	<i>Access to Confidential Abuse Information and Non-Redissemination Agreement</i> , new
470-3301	<i>Authorization for Release of Child and Dependent Adult Abuse Information</i> , renamed and revised
470-3301(S)	<i>Authorization for Release of Child and Dependent Adult Abuse Information (Spanish)</i> , renamed and revised
470-0643	<i>Request for Child and Dependent Adult Abuse Information</i> , renamed and revised

### Summary

Chapter 17-Appendix is revised to:

- ◆ Add instructions and form 470-3767, *Access to Confidential Abuse Information and Non-Redissemination Agreement*. This form was previously named *Non-Redissemination Agreement*. This form is used to document agreement by all users of the Single Contact Repository (SING).
- ◆ Rename and revise form 470-3301 from *Authorization for Release of Child Abuse Information* to *Authorization for Release of Child and Dependent Adult Abuse Information*.

Forms 470-3301 and 470-4531, *Authorization for Release of Dependent Adult Abuse Information*, have been combined and simplified. Form 470-4531 will be obsolete soon.

The Spanish version of form 470-3301 has also been renamed and revised.

- ◆ Rename and revise form 470-0643 from *Request for Child Abuse Information* to *Request for Child and Dependent Adult Abuse Information*.

Forms 470-0643 and 470-0612, *Request for Dependent Adult Abuse Registry Information*, have been combined and simplified. Form 470-0612 will be obsolete soon.

**Effective Date**

February 1, 2016

**Material Superseded**

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

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19, 20	December 16, 2011
21-23	November 21, 2014
24-26	December 16, 2011
27	September 25, 2015
470-0643	9/05
185, 186, 221	December 16, 2011

**Additional Information**

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

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Iowa Department of Human Services

## **Access to Confidential Abuse Information and Non-Redissemination Agreement**

As a condition of electronically accessing child and dependent adult abuse information from the Single Contact Repository (SING), our agency agrees to abide by the laws of access and redissemination of child and dependent adult abuse information before conducting a child or dependent adult abuse registry check. We have access to this information under Iowa Code section 135C.33 or 235A.15, for child abuse, and Iowa Code section 135C.33 or 235B.6, for dependent adult abuse.

Our signature on this agreement indicates that our agency understands and agrees to the legal provisions for handling child and dependent adult abuse information established in Iowa Code sections 235A.17 and 235B.8, and is subject to the criminal penalties as set forth in Iowa Code sections 235A.21 and 235B.12.

### **Redissemination of Child and Dependent Adult Abuse Information** (Iowa Code sections 235A.17 and 235B.8)

A person, agency, or other recipient of child or dependent adult abuse information shall not redisseminate (release) information, except that redissemination is permitted when **ALL** of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties, or in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 and 235B.6.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretense, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person, except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information (except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8) is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person or agency might otherwise have to child or dependent adult abuse information.

### Conditions of Agreement

The administrator of the agency or facility must sign a copy of this *Access to Confidential Abuse Information and Non-Redissemination Agreement* (form 470-3767). This form (signed by the administrator) must include the billing account number and be emailed to [DHSAbuseRegistry@dhs.state.ia.us](mailto:DHSAbuseRegistry@dhs.state.ia.us), or faxed to (515) 564-4112, or mailed to the Iowa Department of Human Services, Central Abuse Registry, PO Box 4826, Des Moines, IA 50305. The signed copy must also be posted within sight of the work area in which SING is accessed.

We agree to have every employee who will have access to child and dependent adult abuse information via SING, sign a copy of this *Access to Confidential Abuse Information and Non-Redissemination Agreement* (form 470-3767) and keep it on file at this facility or agency to allow the licensure agency personnel to view this agreement upon request.

We further agree to obtain signed authorization (form 470-3301) from each employee or applicant before completing any abuse registry checks through SING. Signed authorization forms do not need to be submitted to the Central Abuse Registry, but must be kept on file at this facility or agency to allow the licensure agency personnel to view upon request.

We understand that this agreement will allow our agency or facility to receive any child or dependent adult abuse information maintained by the DHS as allowed under Chapters 135C.33, 235A, and 235B of the Iowa Code. We understand that without a signed agreement and signed authorizations on file, our agency or facility will not have access to child and dependent adult abuse information.

Name of Facility or Agency
Billing Account Number (as provided by DCI upon approval of the SING account)
Administrator ( <b>type or print name</b> )
Signature of Administrator

**Access to Confidential Abuse Information and Non-Redissemination Agreement, Form 470-3767**

Purpose	<p>Form 470-3767 is used to document the agreement of agencies and facilities electronically accessing child or dependent adult abuse information from the Single Contact Repository (SING) to abide by the laws of access and redissemination for child abuse and dependent adult abuse information.</p> <p>The purpose of the authorized access is to complete employee abuse background record checks if the agency or facility is authorized to do so under Iowa Code.</p>
Supply	<p>Print supplies of form 470-3767 from the on-line manual or photocopy the sample form.</p>
Completion	<p>Agencies or facilities mandated to complete child or dependent adult abuse background checks on employees, who access information on SING, complete the form.</p>
Distribution	<p>Email, fax, or mail the completed and signed form.</p> <ul style="list-style-type: none"><li>◆ Email to <a href="mailto:DHSAbuseRegistry@dhs.state.ia.us">DHSAbuseRegistry@dhs.state.ia.us</a>, or</li><li>◆ Fax to (515) 564-4112, or</li><li>◆ Mail to the Iowa Department of Human Services, Central Abuse Registry, PO Box 4826, Des Moines, IA 50305</li></ul> <p>Post a signed copy within sight of the work area in which SING is accessed.</p>
Data	<p>Enter the name of the facility or agency, billing account number, and the name of the administrator.</p> <p>The administrator of the agency or facility must sign the agreement after gaining access to the electronic information system.</p>

**Adoption Information Checklist, Form 470-3614 or 470-3614(S)**

Purpose	Form 470-3614 or 470-3164(S) outlines the minimum information about the child that shall be given to the adoptive family <b>before</b> an adoptive placement.
Source	DHS workers can complete the English version of this form on line using the template in the public state-approved adoption forms folder on Outlook.  Print the Spanish version of this form from the sample in the manual.
Completion	The child's worker completes this form after thoroughly reviewing the identified information with the adoptive family and giving the family a copy of the information.  De-identify all reports given to the adoptive family so as not to disclose the identity of the biological family members of the adoptive child.
Distribution	Keep a copy of the form in the child's record and give a copy to the adoptive family.
Data	Check off the information and obtain the signatures of the adoptive parents, as well as the worker.

**Adoption IV-E Checklist, Form 470-4075**

Purpose	Form 470-4075 is used to document the information that is needed to determine a child's eligibility for IV-E adoption assistance (subsidy) and to determine if the child remains eligible for adoption assistance through age 21.
Source	DHS workers can complete this form on line using the template in the public state-approved adoption forms folder on Outlook.
Completion	The adoption worker shall complete this form for every child who has an agreement for presubsidy, subsidy, or future subsidy, including an agreement that provides subsidy for legal services only. Complete and sign the form: <ul style="list-style-type: none"><li>◆ Within three days after the adoption decree is received, and</li><li>◆ When a child that is eligible for a subsidy reaches age 17½.</li></ul>
Distribution	Send the completed form and a copy of the documents listed on the form to the IV-E Eligibility Unit. Keep a copy of the form in the child's subsidy case record.
Data	The adoption worker completes the form, signs it, and indicates the date the form and required documents were sent to the IV-E Eligibility Unit.

**Adoption Notice of Decision, Form 470-0745 or 470-0745(S)**

Purpose	<p>Form 470-0745 or 470-0745(S) is used to:</p> <ul style="list-style-type: none"><li>◆ Close a case.</li><li>◆ Notify parents regarding subsidy payments.</li></ul>
Source	<p>DHS workers can complete the English version of this form on line using the template in the public state-approved adoption forms folder on Outlook. Private agencies can print the form from the sample in the manual.</p> <p>Print the Spanish version of this form from the sample in the manual.</p>
Completion	<p>The adoptive family's worker prepares an original and one copy of the form when a decision is made regarding the various actions listed on the form.</p> <p>Adoptive approvals must be done annually in order for the home to be eligible for adoptive placement.</p>
Distribution	<p>Give the original to the family. Keep one copy in the file.</p>
Data	<p>The "issue date" is the date the notice is completed.</p> <p>Indicate the date one year after the home study or home study update was completed as the date the application is "approved effective through."</p>

**Adoption Report to the Court, Form 470-3355**

Purpose	The <i>Adoption Report to the Court</i> is a suggested format for the report that summarizes the progress of the adoption placement for the court and makes a final recommendation regarding adoption finalization.
Source	Complete this form on line using the template in the public state-approved adoption forms folder on Outlook.
Completion	<p>The DHS adoption worker prepares two copies of this report before the final adoption hearing date.</p> <p>Attach the following documents to this report:</p> <ul style="list-style-type: none"><li>◆ Supervisory reports</li><li>◆ Form 470-4019, <i>PS-MAPP Family Profile</i></li><li>◆ Home study summary and recommendations</li><li>◆ Form 470-3615, <i>Social History</i></li><li>◆ Form 470-3698, <i>Child Study</i></li><li>◆ Form 470-0744, <i>Application for Subsidy</i></li></ul>
Distribution	Send the original set to the family's attorney and keep a copy in the children's case file.
Data	<p>The report must include:</p> <ul style="list-style-type: none"><li>◆ Dates of the preplacement report and the placement.</li><li>◆ Identifying information about the adoptive family and the children.</li><li>◆ References to the attached reports about the children and family.</li><li>◆ Information regarding the adoptive family not covered in the home study or other documents.</li><li>◆ Signatures of the adoption worker and supervisor.</li></ul>

**Adoption Staffing Summary, Form 470-0774**

Purpose	The purpose of form 470-0774 is to: <ul style="list-style-type: none"><li>◆ Record the results of the selection staffing.</li><li>◆ Indicate why the decision was made regarding the placement of the child and who participated in the decision.</li></ul>
Source	DHS workers can complete this form on line using the template in the public state-approved adoption forms folder on Outlook.
Completion	The staffing committee completes two copies of the form at the adoption staffing held to select a family for a particular child or sibling group.
Distribution	Keep one copy in the child's record and one copy in the family's DHS file.
Data	The form addresses: <ul style="list-style-type: none"><li>◆ Consideration of placement with relatives.</li><li>◆ Consideration of placement with foster parents.</li><li>◆ Consideration of placement of siblings.</li><li>◆ Strengths of the selected family.</li><li>◆ Needs of the family that will require additional support.</li><li>◆ Other considerations.</li><li>◆ Option of alternate family.</li></ul>

**Adoption Subsidy Agreement, Form 470-0749 or 470-0749(S)**

Purpose	Form 470-0749 or 470-0749(S) serves as the agreement between the Department and the adoptive family.
Source	DHS workers can complete the English version of this form on line using the template in the public state-approved adoption forms folder on Outlook.  Print the Spanish version of this form from the sample in the manual.
Completion	The adoption worker prepares a separate agreement for each child. Three copies are prepared for an initial agreement. Each adoptive parent, the adoption worker, and the service area manager must sign the agreement.  An agreement for presubsidy may be completed at any time during the adoptive placement, but before finalization of the adoption. No presubsidy payments can be made before the application is completed and the agreement for subsidy is completed and signed by all parties.  The agreement for subsidy is prepared before finalizing the adoption and whenever the subsidy agreement is modified.
Distribution	After all signatures have been obtained for the initial agreement, distribution is as follows: <ul style="list-style-type: none"><li>◆ Keep the original in the child's file.</li><li>◆ Provide one copy to the adoptive family.</li><li>◆ Include one copy with the court report.</li></ul> For revisions, keep the original in the case record and give the copy to the adoptive family.
Data	The form identifies: <ul style="list-style-type: none"><li>◆ The type of agreement (presubsidy or subsidy).</li><li>◆ The parties to agreement (DHS and the adoptive parents).</li><li>◆ The characteristics of the special needs child.</li></ul>

- ◆ A summary of the benefits agreed to:
  - If the family is to receive a monthly maintenance subsidy or a special maintenance allowance for the child, check the box and fill in the amount and the effective date.
  - Check the box for medical assistance and either the IV-E or non-IV-E box and fill in the effective date.
  - State the nonrecurring expenses and the cost for each item, or the estimated cost.
  - If the child is to receive special services, state the reason and the service needed by the child.

Each agreement must be signed and dated by the adoptive parents, the adoption worker, and the service area manager. Insert the date that a copy of the agreement was provided to the adoptive family.

**Adoption Subsidy Special Needs Documentation, Form 470-4312**

Purpose	The <i>Adoption Subsidy Special Needs Documentation</i> form serves as a tool to document a child's special needs for eligibility for adoption subsidy and IV-E finding.
Source	Complete this form on line using the template in the public state-approved adoption forms folder on Outlook.
Completion	<p>The adoption worker shall send the form to the medical, mental health, or mental retardation professional. The professional shall complete the form before the date of the court hearing to finalize the adoption of the child.</p> <p>Do not enter the adoption subsidy rate into FACS until receipt of the adoption court order.</p>
Distribution	Keep the original in the child's case file. A copy may be provided to the resource family upon their request.
Data	<p>When sending the form, provide all available information about the child for use by the professional person for a thorough assessment of the child. This may include</p> <ul style="list-style-type: none"><li>◆ Evaluations,</li><li>◆ School reports,</li><li>◆ Provider reports,</li><li>◆ Home studies, and</li><li>◆ Input from parents and the resource family.</li></ul>

**[AdoptUsKids Website Waiver, Form 470-4155](#)**

Purpose	In some instances, it may be in the child's best interests to recruit only adoptive families who reside in Iowa. In those cases, Iowa KidsNet would not want to list the child on AdoptUsKids national photolisting web site. Form 470-4155 documents this request.
Source	Complete this form on line using the template in the public state-approved forms folder on Outlook.
Completion	<p>The child's adoption worker completes two copies of this form ONLY when the worker does not want Iowa KidsNet to register a child or sibling group on AdoptUsKids national photolisting web site.</p> <p>The child's guardian signs and dates the completed forms. A waiver form must be completed and signed for each child in a sibling group.</p>
Distribution	<p>Send completed waiver forms via fax or mail to:</p> <p>Iowa KidsNet Attn: Della Degner 3125 Cottage Grove Avenue Des Moines, IA 50311 <a href="mailto:ddegner@iowakidsnet.com">ddegner@iowakidsnet.com</a> Fax: 515-271-7450 Phone: 515-271-7399</p> <p>Place one copy of the <i>AdoptUsKids Website Waiver</i> in the child's case record.</p>
Data	This form requests a reason for not considering out-of-state families and requires a guardian signature.

**[Agreement and Consent for Activities of a Child in Foster Care, Form 470-4538](#)**

Purpose	The <i>Agreement and Consent for Activities of a Child in Foster Care</i> authorizes the foster parents or foster care provider to apply reasonable and prudent parent standards regarding the foster child's participation in age-appropriate and developmentally-appropriate activities.
Source	Double-click on the form's name above to access the fillable PDF on the Department's website.  The form may also be printed from the sample in the manual and completed by hand.
Completion	The Department social work case manager or the designated foster care group provider prepares the form when the foster child has been placed in foster care.
Distribution	The social work case manager or the designated foster care group provider places the original in the foster child's case file and sends a copy to: <ul style="list-style-type: none"><li>◆ The foster child's parents.</li><li>◆ The foster parents, as applicable.</li><li>◆ The Department licensing worker.</li></ul>
Data	Complete the name of the child and the name of the parent or guardian.  The parent or guardian signs and dates the form.

**Agreement of Placement for Adoption, Form 470-0761 or 470-0761(S)**

Purpose	The purpose of forms 470-0761 and 470-0761(S) is to set the conditions under which a child is placed in an adoptive home.
Source	DHS workers can complete either the English or the Spanish version of this form on line using the templates in the public state-approved adoption forms folder on Outlook.
Completion	<p>The adoption worker prepares an original and one copy of the <i>Agreement of Placement for Adoption</i> on the day of placement.</p> <p>The form requires the signature of each adoptive parent. Since guardianship is with the Department, the adoption worker and the service area manager or designee from the receiving service area also sign the form.</p> <p>When an adoptive placement is made while the termination of the birth parents' parental rights is under appeal, complete section IV and fully explain the implications of this situation to the adoptive family.</p> <ul style="list-style-type: none"><li>◆ Emphasize the fact that the adoption cannot be finalized until the appellate decision is made.</li><li>◆ Explain that there is a possibility that the child could be removed from care in the adoptive home if the termination decision is overturned on appeal.</li></ul>
Distribution	Give one copy to the adoptive parents, put one copy in the child's adoption file, and put one copy in the adoptive parent's file.
Data	<p>Indicate that the family will pay the cost of medical care for the child unless the placement is in anticipation of a subsidized adoption. When subsidy is anticipated, indicate that the cost is a shared responsibility of the Department and the family.</p> <p>If termination of parental rights is under appeal at the time of placement, when you receive a copy of the procedendo, enter the appellate decision and date at the bottom of the form, and inform the adoptive family of the decision.</p>

**Agreement to Future Adoption Subsidy, Form 470-0762 or 470-0762(S)**

Purpose	Form 470-0762 or 470-0762(S) serves in place of an <i>Adoption Subsidy Agreement</i> , form 470-0749, as a contract between the Department and the adoptive family for subsidy cases that are initially inactive.
Source	DHS workers can complete the English version of this form on line using the template in the public state-approved adoption forms folder on Outlook.  Print the Spanish version of the form from the sample in the manual.
Completion	The adoption worker prepares this form before the final adoption hearing. When several children are placed together, complete an <i>Agreement to Future Adoption Subsidy</i> for each child.
Distribution	When completed and signed by the adoption worker and service area manager, send the form to the adoptive family for signature (if the form was not completed with the adoptive family present).  Include the original form in the final court report. Make three copies. Give one to the adoptive family, put one in the family's inactive file, and put one in the child's file.
Data	The form identifies the special needs child and the adoptive family.

**Application for Adoption, Form 470-0743 or 470-0743(S)**

Purpose	<p>The purpose of form 470-0743 is to provide:</p> <ul style="list-style-type: none"><li>◆ A formal request by the prospective adoptive parents for the placement of a child in their home.</li><li>◆ Identifying and descriptive information concerning the prospective adoptive parents to be used by the worker assigned to make a home study.</li></ul>
Source	<p>The English version of the <i>Application for Adoption</i> is printed in pads of 25 forms. Order supplies from Iowa State Industries at Anamosa.</p> <p>Print the Spanish version of the form from the sample in the manual.</p>
Completion	<p>When an individual or couple wishes to adopt a child with special needs through the Department, the adoption worker is responsible for having the form completed and signed by the applicants.</p> <p>The worker may need to assist the family in completing the application, particularly in understanding the definition of “special needs” children.</p>
Distribution	<p>Keep the original in the applicant’s file. Make a photocopy of the completed form for the applicant and for the service area office, if requested.</p>
Data	<p>The worker completes the box in the top right corner indicating who received the form and the date received.</p> <p>The applicants complete the sections on:</p> <ul style="list-style-type: none"><li>◆ Identifying information.</li><li>◆ The type of child the applicant can best parent.</li><li>◆ Factual information about the applicants.</li><li>◆ Acknowledgment and signature.</li></ul>

**Application for All Social Services, Form 470-0615 or 470-0615(S)**

**Purpose** Forms 470-0615 and 470-0615(S) collect information needed to determine eligibility for social services and IV-A-funded emergency assistance services and record the Department's determination of IV-A eligibility.

**Source** Form 470-0615 is printed in pads of 25 two-part carbonized sets. Order supplies from Iowa Prison Industries at Anamosa. The English version is also available as a template on Outlook.

The Spanish translation, form 470-0615(S), can be printed from the on-line manual.

**Completion** Prepare an original and one copy of this form when:

- ◆ A referral for service is made after an abuse assessment (unless an application is already on file).
- ◆ A decision is made to provide one or more of the following services:
  - Family-centered services
  - Protective child care
  - Shelter care (unless placement is less than 48 hours)
  - Foster family care
  - Foster group care
  - Supervised apartment living foster care

This application is not required for PMIC placements.

- ◆ A person wishes to apply for services that are not court-ordered.
- ◆ When eligibility redetermination is necessary for one of the services listed above (every 12 months for IV-A eligibility and every 6 months for voluntary case reviews).

Child welfare services require Part A of the application to be done initially, and either Part A or a court order to be done every six months thereafter. Part B of the application is required to be completed initially and reviewed annually for IV-A funded services.

Complete the application for IV-A purposes regardless of whether services are court-ordered.

The DHS worker completes the form with the applicant. The completed application must have the signature of a Department worker certifying approval of eligibility at the bottom of Part B.

The application covers all members of a family when their services are recorded in one case record. Sign and date the application on the day it is received.

Complete the name and the address of the family's legal residence.

The applicant certifies the information by signing and dating the form. Signature of the parent or specified relative is not required for child abuse assessments and when the child is in DHS custody. When an applicant's signature is required, a parent or one of the following specified adult relatives must sign the application:

- ◆ Father, adoptive father, or stepfather
- ◆ Mother, adoptive mother, or stepmother
- ◆ Grandfather, grandfather-in-law, or adoptive grandfather
- ◆ Grandmother, grandmother-in-law, or adoptive grandmother
- ◆ Great-grandfather, great-great-grandfather
- ◆ Great-grandmother, great-great-grandmother
- ◆ Brother, half brother, or stepbrother
- ◆ Brother-in-law or adoptive brother
- ◆ Sister, half sister, or stepsister
- ◆ Sister-in-law or adoptive sister
- ◆ Uncle, aunt, half-uncle, or half-aunt
- ◆ Uncle-in-law, aunt-in-law
- ◆ Great-uncle, great-great-uncle
- ◆ Great-aunt, great-great-aunt
- ◆ First cousin, nephew, or niece
- ◆ Spouse of any person listed above, even though marriage is terminated by death or divorce

Distribution

Give the copy to the applicant or recipient. Keep the original in the case record. **Exceptions:**

- ◆ Forward abuse-related applications determined eligible for Title IV-A Emergency Assistance to a service worker as part of the referral for services.
- ◆ Send applications determined ineligible for Title IV-A Emergency Assistance to the service area manager for placement in the file of rejected applications.

**Application for Subsidy, Form 470-0744 or 470-0744(S)**

Purpose	Form 470-0744 or 470-0744(S) is used to apply for an adoption presubsidy or subsidy.
Source	Complete the English or Spanish version of this form on line using the templates in the public state-approved forms folder on Outlook.
Completion	<p>For presubsidy, the application may be completed at any time during the adoptive placement of the child, but before finalization of the adoption. No presubsidy payments can be made before the date of application.</p> <p>For subsidy, complete the application before the hearing to finalize the adoption.</p> <p>The adoptive family signs the form. The adoption worker signs the bottom portion to record receipt of the application.</p>
Distribution	Make a copy for the family after signing the bottom half. Keep the original in the child's subsidy case record.
Data	<p>For a presubsidy application, use the child's birth name.</p> <p>For a subsidy application, use the child's adoptive name.</p>

**Authorization for Release of Child and Dependent Adult Abuse Information, Form 470-3301 or 470-3301(S)**

Purpose	<p>Form 470-3301 or 470-3301(S) is used to:</p> <ul style="list-style-type: none"><li>◆ To identify the requester of child or dependent adult abuse information in order to respond to the request.</li><li>◆ To identify the person whose records are being requested in order to complete a child or dependent adult abuse record check.</li><li>◆ To document the person's written authorization to release child or dependent adult abuse information about that person.</li><li>◆ To record the dissemination of information.</li></ul>
Source	<p>Print or photocopy supplies of the English or Spanish version of this form from the samples in the manual.</p>
Completion	<p>Any person wishing to obtain authorization to access child or dependent adult abuse information may initiate the form. A separate form must be completed for each person whose information is being requested and must be signed by that person to document the written authorization.</p> <p>The person requesting the child or dependent adult abuse information completes Section 1 of the form.</p> <p>The person whose records are to be checked completes Section 2 to authorize the release of information.</p> <p>Central Abuse Registry staff completes the Registry check. Release information to the requester on whether the person checked is named on the Central Abuse Registry as having abused a child or dependent adult.</p>
Distribution	<p>Send the form to the Central Registry at: DHS Central Abuse Registry, PO Box 4826, Des Moines, Iowa 50305. The Registry sends a completed copy to the requester.</p> <p>The Registry retains a photocopy to record the dissemination of information.</p>

- | Data                      Section 1 identifies the requester, the purpose of the request, and the person who is the subject of the request.
  
- |                              Section 2 of the form contains the authorization for the Registry to release the requested information.
  
- |                              Central Registry staff complete Section 3 of the form to record the result of the request.



### Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to [dhsabuseregistry@dhs.state.ia.us](mailto:dhsabuseregistry@dhs.state.ia.us), or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry                       Dependent Adult Abuse Registry                       Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address     Fax     Email

**Section 1: To be completed by the person or agency requesting the information.**

Requester: Last	First	Agency Name		Telephone Number (    )
Address			Fax Number (    )	
City	State	Zip Code	Email	
List the name and address of the person whose information is being requested:				
Name (last, first, middle)		Birth Date	Social Security Number	
Address	City	County	State	Zip Code
List maiden name, previous married names, and any alias:				
What is the purpose of your request for child or dependent adult abuse information?				
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.				
Signature of Requestor			Date	

**Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.**

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date
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**Section 3: To be completed by the Central Abuse Registry or designee.**

- The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date
Comments	

## **LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION**

### **Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)**

A person, agency, or other recipient of child or dependent adult abuse information shall not redisseminate (release) this information, except that redissemination is permitted when **ALL** of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

### **Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)**

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.

**Authorization for Release of Child and Dependent Adult Abuse Information**  
**(Autorización para divulgar información sobre abuso de menores o adultos dependientes)**

Este formulario se debe utilizar para autorizar la divulgación de información sobre abuso de menores o adultos dependientes cuando la persona que solicita dicha información no tiene acceso a la misma según las leyes de Iowa. Complete un formulario separado para cada una de las personas sobre las que se solicita información y envíelos por email a [dhsabuseregistry@dhs.state.ia.us](mailto:dhsabuseregistry@dhs.state.ia.us), o por fax a (515) 564-4112, o por correo a: Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Marque la casilla que corresponda para indicar qué registro de abusos está solicitando:

Registro de abusos de menores       Registro de abusos de adultos dependientes       Ambos

Marque la casilla para indicar su **método preferido de respuesta** y complete los datos de la Sección 1.

Domicilio       Fax       Email

**Sección 1: Debe ser completada por la persona o la organización que solicita la información.**

Solicitante: Apellido		Primer nombre		Nombre de la organización:		Teléfono (    )	
Domicilio						Fax (    )	
Ciudad			Estado	Código postal		Email	
Indique el nombre y el domicilio de la persona sobre la que se solicita información:							
Nombre (apellido, primer nombre, segundo nombre)				Fecha de Nac.		Nº. de Social Security	
Domicilio			Ciudad		Condado	Estado	Código postal
Indique nombre de soltera, nombres de matrimonios anteriores y alias:							
¿Cuál es el motivo de su solicitud de información sobre abuso de menores o adultos dependientes?							
He leído y entiendo las disposiciones legales para uso de la información sobre abuso de menores y adultos dependientes que está impresa en la segunda página de este formulario.							
Firma del solicitante						Fecha	

**Sección 2: Debe ser completada por la persona que autoriza a Department of Human Services a divulgar información sobre abuso de menores y adultos dependientes.**

Entiendo que por medio de mi firma autorizo al solicitante a recibir información para constatar si mi nombre figura en el Registro de Abuso de Menores o de Adultos Dependientes en calidad de agresor de un menor (Código de Iowa, sección 235A.15) o de un adulto dependiente (Código de Iowa, sección 235B.6). La información contenida en la Sección 1 de este formulario es correcta a mi leal saber y entender.

Firma de la persona autorizante	Fecha
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**Sección 3: Debe ser completada por el Registro Central de Abusos o la persona designada.**

La persona cuya información se solicita figura en el Registro de Abuso de Menores como agresor de un menor.  
 La persona cuya información se solicita no figura en el Registro de Abuso de Menores como agresor de un menor.  
 La persona cuya información se solicita figura en el Registro de Abuso de Adultos Dependientes como agresor.  
 La persona cuya información se solicita no figura en el Registro de Abuso de Adultos Dependientes como agresor.  
 Se rechaza la presente solicitud de información porque el formulario está incompleto.

Firma de empleado del Registro o persona designada	Fecha
Comentarios	

## **DISPOSICIONES LEGALES PARA USO DE INFORMACIÓN SOBRE ABUSO DE MENORES O ADULTOS DEPENDIENTES**

### **Redistribución de Información sobre Abuso de Menores y Adultos Dependientes (Código de Iowa, secciones 235A.17 y 235B.8)**

Las personas, organizaciones u otros entes receptores de información sobre abuso de menores o adultos dependientes no redistribuirán (no divulgarán) dicha información, excepto en el caso de que la difusión sea permitida cuando se cumplan **TODAS** las condiciones siguientes:

- ◆ La redistribución se realiza con fines oficiales relacionados con los deberes prescritos o de conformidad con las responsabilidades profesionales en el caso de profesionales de la salud.
- ◆ La persona a quien se divulgará dicha información posee autorización para acceder a la misma información de manera independiente según lo dispuesto en las secciones 235A.15 o 235B.6 del Código de Iowa.
- ◆ La difusión se registra por escrito, incluyendo el nombre de la persona receptora, y la fecha y el propósito de la redistribución.
- ◆ El registro escrito se envía al Registro Central de Abusos en un plazo de 30 días con posterioridad a la redistribución.

### **Sanciones penales (Código de Iowa, secciones 235A.21 y 235B.12)**

Una persona es culpable de un delito cuando la misma:

- ◆ Voluntariamente solicita, obtiene o procura obtener información sobre abuso de menores o adultos dependientes de manera fraudulenta, o
- ◆ Voluntariamente comunica o procura comunicar información sobre abuso de menores o adultos dependientes a una organización o a una persona, excepto según lo dispuesto en las secciones 235A.15, 235A.17, 235B.6 y 235B.8 del Código de Iowa, o
- ◆ Está relacionada con una investigación autorizada según las secciones 235A.15 y 235B.6 del Código de Iowa y voluntariamente falsifica información sobre abuso de menores o adultos dependientes o registros relacionados con abuso de menores o adultos dependientes.

En el caso de ser condenada por cada uno de esos delitos, dicha persona será culpable de un delito menor grave que se sanciona con multa o prisión.

Toda persona que a sabiendas, pero sin fines criminales, comunica o procura comunicar información sobre abuso de menores o adultos dependientes, excepto según lo dispuesto en las secciones 235A.15, 235A.17, 235B.6 y 235B.8 del Código de Iowa, es culpable de un delito menor simple que se sanciona con multa o prisión en el caso de ser condenada por cada uno de esos delitos.

En el caso de existir bases suficientes para creer que una persona ha infringido alguna de las disposiciones de los capítulos 235A y 235B, será motivo para la cancelación inmediata de la autorización que dicha persona tenga para acceder a la información sobre abuso de menores o adultos dependientes.

**Authorization to Release HIV-Related Information, Form 470-3225 or 470-3225(S)**

Purpose	Form 470-3225 or 470-3225(S) is used to document a release of HIV-related information from the child or the child's parent or guardian. This is a specific release for DHS to share HIV-related information with those needing this information to provide care and treatment for the child.
Source	<p>The English version of this form may be generated on line using the template in the public state-approved forms folder on Outlook.</p> <p>Print or photocopy supplies of the Spanish version of this form from the sample in the manual.</p>
Completion	<p>This form must be signed before the Department releases specific information about HIV.</p> <p>Having received the parent or guardian's permission does not waive the Department's responsibility to limit the access to those specific health care providers, school personnel, and others who have a "need to know" in order to plan and to deliver services and treatment.</p>
Distribution	Make two copies of the signed form. File the original in the case record and give a copy to the parent or guardian.
Data	The person giving authorization checks the authorized recipients of the information.

**[Birth: Application for a Search for an Iowa Record, Form 588-0225VR](#)**

Purpose	Form 588-0225VR 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: <a href="http://www.idph.state.ia.us/apl/common/pdf/vital_records/birth_application.pdf">http://www.idph.state.ia.us/apl/common/pdf/vital_records/birth_application.pdf</a> .
Completion	<p>The social work case manager or juvenile court officer completes this form when:</p> <ul style="list-style-type: none"><li>◆ It is necessary to obtain a child's birth certificate for agency use; or</li><li>◆ 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.</li></ul> <p>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.</p>
Distribution	<p>Send the completed form to the Department of Public Health at the address below along with:</p> <ul style="list-style-type: none"><li>◆ Form 470-4567, Birth Certificate Request, and</li><li>◆ A current, clear copy of the social work case manager or juvenile court officer's government-issued photo identification.</li></ul> <p>Iowa Department of Public Health Bureau of Health Statistics 1<sup>st</sup> Floor, 321 E. 12<sup>th</sup> Street Des Moines, IA 50319-0075</p> <p>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.</p>

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.

**Birth Certificate Request, Form 470-4567**

Purpose	The <i>Birth Certificate Request</i> is a cover letter that provides background information and authorization for the Department to obtain a certified copy of a foster child's birth certificate.
Source	Department staff complete this form on line using the template in the public state-approved forms folder on Outlook.
Completion	<p>The social work case manager or juvenile court officer completes this form when it is necessary to obtain a child's birth certificate, whether for agency use or for a child in foster care.</p> <p>When requesting a certified copy for the child, this form must be signed by the area social work administrator or chief juvenile court officer in order for the Iowa Department of Public Health to issue the birth certificate without charge.</p>
Distribution	<p>When the request is for a certified copy for the child, send the form to the social work administrator for signature along with:</p> <ul style="list-style-type: none"><li>◆ A completed form 588-0225VR, Birth: Application for a Search for an Iowa Birth Record, and</li><li>◆ A current, clear copy of the worker's government-issued photo identification.</li></ul> <p>Send the completed form, with the administrative signature if required, and the listed items to the Department of Public Health at this address:</p> <p style="padding-left: 40px;">Iowa Department of Public Health Bureau of Health Statistics 321 E. 12<sup>th</sup> Street Des Moines, IA 50319-0075</p>
Data	<p>Complete the <i>Birth Certificate Request</i>, being certain to:</p> <ul style="list-style-type: none"><li>◆ Check the applicable box to indicate whether a certified copy or a copy for agency use only is being requested.</li><li>◆ Obtain the signature of the area social work administrator or chief juvenile court officer when requesting a certified copy for the child. (This is not needed for an agency copy.)</li><li>◆ Include your phone number.</li></ul>

**Birth Parent Affidavit to Court, Form 470-3031 or 470-3031(S)**

Purpose	Form 470-3031 or 470-3031(S) provides a means for birth parents to register with the court their choice of whether they want their names revealed or not revealed to an adult adoptee.
Source	Print or photocopy the English or Spanish version of this form from the samples in the manual.
Completion	The birth parents prepare this form after a release of custody is signed or when termination of parental rights is ordered under Iowa Code Chapter 232. The form must be notarized.
Distribution	Make two or three copies, according to local practice. Add the original to the adoption record retained by the court at the time the adoption is finalized.  Give a copy to the birth parents. Keep a copy in the child's adoption file (and the guardianship file, if desired).
Data	Self-explanatory.

**Child Abuse Assessment Parental Notification, Form 470-3239 or 470-3239(S)**

Purpose	The purpose of forms 470-3239 and 470-3239(S) is to notify parents that a child protective assessment has been initiated regarding their child.
Source	<p>The English version of this form may be completed using the template available through the Document Generator (DOCM) screen on the STAR system.</p> <p>Print the Spanish version of this form from the sample in the manual and complete it by hand.</p>
Completion	<p>The assessment worker completes the form and mails it to the parents of a child within five working days of initiating a child protective assessment.</p> <p>If sending the parental notification is likely to endanger the child or other persons, consult with supervisory staff regarding how to proceed.</p>
Distribution	<p>Send one copy to the parents of the child.</p> <p>Make no distinction between custodial and noncustodial parents of a child. Notify both using this form.</p> <p>Maintain a copy in the case file.</p>
Data	<p>The STAR system enters:</p> <ul style="list-style-type: none"><li>◆ The parent's name and address in the box provided.</li><li>◆ The date of notification.</li><li>◆ The incident number.</li><li>◆ The name of the child subject.</li><li>◆ The child protective worker's name, office phone number, and office address.</li><li>◆ The type of abuse alleged.</li></ul>

**Request for Child and Dependent Adult Abuse Information, Form 470-0643**

Purpose	Form 470-0643 is used: <ul style="list-style-type: none"><li>◆ To request registered child or dependent adult abuse information.</li><li>◆ To verify the identity of the person filing the request.</li><li>◆ To respond to the request for information.</li><li>◆ To record the dissemination of information.</li></ul>
Source	DHS staff can complete this form on line using the template available through the public state-approved forms folder on Outlook.
Completion	<p>The form is initiated by any person wishing to obtain child or dependent adult abuse information from the Central Abuse Registry. A separate form must be completed for each family about whom information is requested (or each individual, for employment checks).</p> <p>Section 1 and either Section 2 or Section 3 is completed by the individual or agency staff person requesting the information.</p> <p>Section 4 is completed by the Central Abuse Registry staff or a staff person designated by the service area manager as approved to relay founded child or dependent adult abuse information to any authorized requester.</p> <p>All local offices are authorized to release information to the subjects of a child abuse investigation or assessment (or to a subject's legal representative) upon verification of identity and subject status.</p>
Distribution	For requests originating <b>outside the Department</b> and <b>employment checks</b> from Department institutions, send the form to the Central Abuse Registry. The Registry returns the completed form to the requester and retains a copy to record dissemination if a record of founded child abuse exists.

Forms transmitted by the Registry to a Department personnel office are handled according to policy in 16-E(1) on registered reports.

For **internal DHS requests** from licensing, registration or placement approval record checks and requests for the written report, provide the form to the field staff designated in the service area to do child or dependent adult abuse record checks and release of **registered reports**:

- ◆ Send one copy to the Registry to record any dissemination of information. (Submit only if there is information on a registered incident or a registered written summary has been released.)
- ◆ Keep one copy of the completed form for the local office records.
- ◆ Send one copy to the requester with the result of the check. The Registry provides the local office with the Iowa Code reference in recording the result of the check. When a report is released, the name of the reporter must always be deleted.

Data

Section 1 identifies the requester and attest that the requester understands the legal provisions for handling child and dependent adult abuse information.

Section 2 is completed by a person who is responsible for the placement or licensure, registration, or approval for payment of facilities and is seeking child or dependent adult abuse record checks for applicants or employees.

Section 3 is completed by a subject, mandatory reporter, or agency staff person requesting a copy of the written summary.

Section 4 gives the outcome of the request.



# Request for Child and Dependent Adult Abuse Information

Persons or agencies with authorized access to child or dependent adult abuse information must use this form to request information about a child or dependent adult abuse report. **Complete a separate form for each family or individual** and email to [dhsabuseregistry@dhs.state.ia.us](mailto:dhsabuseregistry@dhs.state.ia.us), or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify your type of request by checking the appropriate box below:

- Child abuse request     
  Dependent adult abuse request     
  Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address     
  Fax     
  Email

**Section 1: To be completed by the person or agency requesting the information.**

Requester: Last		First		Agency Name		Telephone Number ( )	
Address						Fax Number ( )	
City			State	Zip Code		Email	
Relationship to the persons listed in Section 2 or 3:							
Purpose for request:							
State the Iowa Code section that allows access to the child or dependent adult abuse information requested:							
I have read and understand the legal provisions for handling child or dependent adult abuse information which is printed on the second page of this form. I understand that this request will not be approved unless I have authorized access.							
Signature of Requester					Date		

Complete Section 2 if the purpose of this record check is employment, licensing or registration, or payment approval.

**Section 2: List the name and address of the person whose record is being checked.**

Last		First		Middle		Birth Date		Social Security Number	
Address				City		County		State	Zip Code
List maiden name, any previous married names, and any alias:									

Complete Section 3 if the request is for a copy of the written summary of the abuse investigation or assessment.

**Section 3: List the name of the persons for whom you are requesting information. Attach pages for additional family members.**

Last		First		Middle		County		Birth Date		Social Security #	
Address						City		State		Zip Code	
List maiden name, any previous married names, and any alias:											

**Section 4: Registry or designee decision.**

- This request for information is approved.  
 This request for information is denied because:

Signature of Registry or Designee					Date		
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## **LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION**

### **Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)**

A person, agency, or other recipient of child or dependent adult abuse information shall not disseminate (release) this information, except that dissemination is permitted when **ALL** of the following conditions apply:

- ◆ The dissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be disseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the dissemination, including the name of the recipient and the date and purpose of the dissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the dissemination.

### **Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)**

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.

## **REQUESTS FOR CORRECTION OR EXPUNGEMENT OF A CHILD OR DEPENDENT ADULT ABUSE REPORT**

**To request an administrative appeal hearing of a child or dependent adult abuse report**, please submit a request in writing to: Department of Human Services, Appeals Section, 5th Fl, 1305 E Walnut St, Des Moines, Iowa 50319-0114. You will be notified in writing acknowledging receipt of your request; time, date, and place of your hearing; and any decisions regarding your request. If you disagree with this decision, the written notice will explain how you may request an administrative hearing about the report and its conclusions per Iowa Code sections 235A.19 or 235B.10.

**RC-0049, Dissemination Desk Aid**

Purpose	RC-0049 is used to identify: <ul style="list-style-type: none"><li>◆ The type of information that can be released to specific to persons upon request.</li><li>◆ The form on which the request is be to be submitted.</li></ul>
Source	Print or photocopy supplies of the <i>Dissemination Desk Aid</i> as needed from the sample in the manual.
Data	The first column lists the people or entities that have access to child abuse information. The remaining columns list the information to be released and the forms to be submitted by the requester, according to the status of the report finding.

**Founded**

- ◆ Form 470-3243, *Notice of Child Abuse Assessment: Founded*, is the notice sent upon completion of a founded child abuse assessment.

The written summary is provided with the notification to the subjects. Other persons receiving the notification may request the written summary using this form.

- ◆ Form 470-0643, *Request for Child and Dependent Adult Abuse Information*, is used to request and respond to inquiries on child abuse record. Founded child abuse information is released using this form.

All local offices are authorized to release founded, confirmed, and not confirmed information to the subjects of a report or their legal representatives. The Central Abuse Registry staff or the designated field office staff determine authorized access and necessary information to be released.