CHILD WELFARE

APPENDIX

Iowa Department
of Human Services

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

Purpose	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. 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.
Supply	Print supplies of form 470-3767 from the on-line manual or photocopy the sample form.
Completion	Agencies or facilities mandated to complete child or dependent adult abuse background checks on employees, who access information on SING, complete the form.
Distribution	Email, fax, or mail the completed and signed form. ♦ Email to DHSAbuseRegistry@dhs.state.ia.us, or ♦ Fax to (515) 564-4112, or ♦ Mail to the Iowa Department of Human Services, Central Abuse Registry, PO Box 4826, Des Moines, IA 50305 Post a signed copy within sight of the work area in which SING is accessed.
Data	Enter the name of the facility or agency, billing account number, and the name of the administrator. The administrator of the agency or facility must sign the agreement after gaining access to the electronic information system.

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 **before** 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: ♦ Within three days after the adoption decree is received, and ♦ When a child that is eligible for a subsidy reaches age 17½.
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	Form 470-0745 or 470-0745(S) is used to: ♦ Close a case. ♦ Notify parents regarding subsidy payments.
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. Private agencies can print the form from the sample in the manual. Print the Spanish version of this form from the sample in the manual.
Completion	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. Adoptive approvals must be done annually in order for the home to be eligible for adoptive placement.
Distribution	Give the original to the family. Keep one copy in the file.
Data	The "issue date" is the date the notice is completed. Indicate the date one year after the home study or home study update was completed as the date the application is "approved effective through."

Adoption Report to the Court, Form 470-3355

Purpose	The *Adoption Report to the Court* 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	The DHS adoption worker prepares two copies of this report before the final adoption hearing date. Attach the following documents to this report: ♦ Supervisory reports ♦ Form 470-4019, *PS-MAPP Family Profile* ♦ Home study summary and recommendations ♦ Form 470-3615, *Social History* ♦ Form 470-3698, *Child Study* ♦ Form 470-0744, *Application for Subsidy*
Distribution	Send the original set to the family's attorney and keep a copy in the children's case file.
Data	The report must include: ♦ Dates of the preplacement report and the placement. ♦ Identifying information about the adoptive family and the children. ♦ References to the attached reports about the children and family. ♦ Information regarding the adoptive family not covered in the home study or other documents. ♦ Signatures of the adoption worker and supervisor.

Adoption Staffing Summary, Form 470-0774

Purpose	The purpose of form 470-0774 is to: ♦ Record the results of the selection staffing. ♦ Indicate why the decision was made regarding the placement of the child and who participated in the decision.
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: ♦ Consideration of placement with relatives. ♦ Consideration of placement with foster parents. ♦ Consideration of placement of siblings. ♦ Strengths of the selected family. ♦ Needs of the family that will require additional support. ♦ Other considerations. ♦ Option of alternate family.

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: ♦ Keep the original in the child's file. ♦ Provide one copy to the adoptive family. ♦ Include one copy with the court report. For revisions, keep the original in the case record and give the copy to the adoptive family.
Data	The form identifies: ♦ The type of agreement (presubsidy or subsidy). ♦ The parties to agreement (DHS and the adoptive parents). ♦ The characteristics of the special needs child.

- 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 *Adoption Subsidy Special Needs Documentation* 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	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. Do not enter the adoption subsidy rate into FACS until receipt of the adoption court order.
Distribution	Keep the original in the child's case file. A copy may be provided to the resource family upon their request.
Data	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 ♦ Evaluations, ♦ School reports, ♦ Provider reports, ♦ Home studies, and ♦ Input from parents and the resource family.

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	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. 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.
Distribution	Send completed waiver forms via fax or mail to: Iowa KidsNet Attn: Della Degner 3125 Cottage Grove Avenue Des Moines, IA 50311 ddegner@iowakidsnet.com Fax: 515-271-7450 Phone: 515-271-7399 Place one copy of the *AdoptUsKids Website Waiver* in the child's case record.
Data	This form requests a reason for not considering out-of-state families and requires a guardian signature.

Page 11 is reserved for future use.

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	The adoption worker prepares an original and one copy of the *Agreement of Placement for Adoption* on the day of placement. 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. 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. ♦ Emphasize the fact that the adoption cannot be finalized until the appellate decision is made. ♦ 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.
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	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. 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.

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 *Adoption Subsidy Agreement*, 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 *Agreement to Future Adoption Subsidy* 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

The purpose of form 470-0743 is to provide:

- A formal request by the prospective adoptive parents for the placement of a child in their home.
- Identifying and descriptive information concerning the prospective adoptive parents to be used by the worker assigned to make a home study.

Source

The English version of the *Application for Adoption* is printed in pads of 25 forms. Order supplies from Iowa State Industries at Anamosa.

Print the Spanish version of the form from the sample in the manual.

Completion

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.

The worker may need to assist the family in completing the application, particularly in understanding the definition of "special needs" children.

Distribution

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.

Data

The worker completes the box in the top right corner indicating who received the form and the date received.

The applicants complete the sections on:

- Identifying information.
- The type of child the applicant can best parent.
- Factual information about the applicants.
- Acknowledgment and signature.

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	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. For subsidy, complete the application before the hearing to finalize the adoption. The adoptive family signs the form. The adoption worker signs the bottom portion to record receipt of the application.
Distribution	Make a copy for the family after signing the bottom half. Keep the original in the child's subsidy case record.
Data	For a presubsidy application, use the child's birth name. For a subsidy application, use the child's adoptive name.

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

Purpose

Form 470-3301 or 470-3301(S) is used to:

- To identify the requester of child or dependent adult abuse information in order to respond to the request.
- To identify the person whose records are being requested in order to complete a child or dependent adult abuse record check.
- To document the person's written authorization to release child or dependent adult abuse information about that person.
- To record the dissemination of information.

Source

Print or photocopy supplies of the English or Spanish version of this form from the samples in the manual.

Completion

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.

The person requesting the child or dependent adult abuse information completes Section 1 of the form.

The person whose records are to be checked completes Section 2 to authorize the release of information.

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.

Distribution

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.

The Registry retains a photocopy to record the dissemination of information.

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 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	The English version of this form may be generated on line using the template in the public state-approved forms folder on Outlook. Print or photocopy supplies of the Spanish version of this form from the sample in the manual.
Completion	This form must be signed before the Department releases specific information about HIV. 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.
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 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.

Birth Certificate Request, Form 470-4567

Purpose

The *Birth Certificate Request* 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

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.

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.

Distribution

When the request is for a certified copy for the child, send the form to the social work administrator for signature along with:

- A completed form 588-0225VR, Birth: Application for a Search for an Iowa Birth Record, and
- A current, clear copy of the worker's government-issued photo identification.

Send the completed form, with the administrative signature if required, and the listed items to the Department of Public Health at this address:

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

Data

Complete the *Birth Certificate Request*, being certain to:

- Check the applicable box to indicate whether a certified copy or a copy for agency use only is being requested.
- 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.)
- Include your phone number.

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	The English version of this form may be completed using the template available through the Document Generator (DOCM) screen on the STAR system. Print the Spanish version of this form from the sample in the manual and complete it by hand.
Completion	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. If sending the parental notification is likely to endanger the child or other persons, consult with supervisory staff regarding how to proceed.
Distribution	Send one copy to the parents of the child. Make no distinction between custodial and noncustodial parents of a child. Notify both using this form. Maintain a copy in the case file.
Data	The STAR system enters: ♦ The parent's name and address in the box provided. ♦ The date of notification. ♦ The incident number. ♦ The name of the child subject. ♦ The child protective worker's name, office phone number, and office address. ♦ The type of abuse alleged.

Child Care Assistance Eligibility Worksheet, Form 470-4057 or 470-4057(S)

Purpose	Form 470-4057 or 470-4057(S) provides a means to determine if an adoptive family should be referred to the Child Care Assistance Program.
Source	Print or photocopy the English or Spanish version of this form from the samples in the manual.
Completion	The worker completes this form during the subsidy negotiation process using information obtained from the family.
Distribution	Keep a copy in the child's record and give a copy to the adoptive family.
Data	The form examines income and service need criteria for Child Care Assistance.

Child Protective Assessment Cover Letter, Form 470-3479

Purpose	The purpose of form 470-3479 is to communicate to the county attorney and the juvenile court: ♦ The finding of the child abuse assessment. ♦ The period that the Department, juvenile court, district court, and the county attorney are required to retain the report.
Source	Complete this form on line using the template available in the public state-approved forms folder on Outlook.
Completion	The child protective worker issues this form following the completion of the assessment.
Distribution	Attach a copy of the form to a copy of the *Child Protective Services Assessment Summary* and submit them to the county attorney and the juvenile court. Maintain a copy of each notice for the case file.
Data	Enter the date, the name of the local child protective assessment office, and the name of the child protective assessment worker. Check the box that specifies the finding of the report.

Child Protective Services Assessment Summary, Form 470-3240 or 470-3240(S)

Purpose	Form 470-3240 or 470-3240(S) provides identifying information about the child subject and the household in which the child subject resides. This summary addresses the abuse reported and the determination of whether abuse occurred. The form assesses the child subject's safety when an evaluation of the reported incident is conducted. The form also documents the assessment of the family's needs and strengths, and recommendations for services or court intervention as indicated. If abuse is confirmed, the summary identifies the person responsible for the abuse and indicates whether the incident requires placement on the Central Abuse Registry.
Source	The English version of form 470-3240 is available for completion through the Case Flow home page. Print or photocopy the Spanish version of this form from the sample in the manual.
Completion	The child protective worker completes this form with approval and sign-off by the supervisor.
Distribution	Automatically provide the summary to the juvenile court, the county attorney, the child being assessed, and the child's parents (custodial and noncustodial) or guardian and other subjects. For reports placed on the Central Abuse Registry only, provide the summary to the mandatory reporter who made the report upon completion of a request for child abuse information.

Data

Asterisked * items are generated by the STAR database system if information has been entered into STAR. Case name, address, phone, incident number, completion date, addendum date are pulled from HOME screen.

* **Report Information:** Intake date, child protective worker, county name/county number (pulled from HIM screen).

* **Assessment Findings:** Findings are pulled from ALEG screen and the STAT screen after completion of assessment and data entry. EXCEPTION: Safety assessment findings (generated by Case Flow home page for incident) and worker entry.

* **Household Composition:** (pulled from HOME screen)

* **Noncustodial Parent:** (pulled from COMA screen)

* **Others Involved in the Assessment – Not in Household:** (pulled from COMA screen). This field prints only if information is entered.

* **Person Determined Responsible for the Abuse:** Complete only if abuse is confirmed (pulled from ZAPP screen).

* **Intake Allegation Type:** (pulled from ALEG screen)

* **Abuse Incident Reported:** (pulled from ALEG screen)

Summary of Previously Confirmed or Founded Reports Concerning Subjects: (pulled from STAR and ACAN for all victims, parents, and perpetrators). If the victim on a prior report is not a subject of the current report, the victim's name will be displayed as "confidential."

When parental rights have been terminated and a child abuse incident occurred before the termination, refer to the parents as "biological parents" rather than using their names.

Summary of Contacts: Include in this section:

- Whether confidential access was used and your rationale and justification according to policy for using confidential access, if applicable.

- A list of people you contacted in conducting the assessment (subjects, family members, and other collateral sources) and their role or position with the child or family.
- Date, time, and type of contact and the contact name, location and phone.
- The date and time you observed the child subject or your efforts to observe the child.
- Your rationale for delaying observation of the child beyond 1 or 24 hours or for not observing the child, if applicable.
- Physical evidence pertaining to the abuse allegations.
- Identification of those interviewed and a summary of their remarks.
- Your efforts to locate and interview the person alleged to be responsible for the abuse, if unavailable while conducting the assessment.
- Documents requested and examined pertaining to the abuse allegations.
- Relevant information from any previous Department contact with the child or family, including information obtained from child abuse Registry checks and Department case files.
- Findings from other states, if the family has lived elsewhere.

Summary of Contacts Addendum: When you reasonably believe that additional pertinent information will be available or additional relevant contacts will be made, indicate on the summary that you will complete an addendum.

Complete the "Summary of Contacts" related to the addendum. This field appears only if an addendum is in progress.

Findings and Determination of Abuse Allegations: Determine if abuse occurred.

- List the factors that must be proven for each type of abuse and state your conclusions and rationale.
- Enter your finding of not confirmed, confirmed, or founded.

Findings and Determination of Abuse Allegation Addendums: Document the factors that must be proven for the type of abuse and state your conclusions and rationale. This field will appear only if an addendum is in progress.

Placement on Registry: (pulled from STAT screen) Enter child's name, the person responsible, the abuse type, your assessment finding, and justification whether the report meets the specifications for placement on the Registry.

Justification: For Registry placement, you must document the existence of one or more necessary circumstances that require placement of the report on the Registry.

For confirmed reports that are not placed on the Registry, document the justification for nonplacement.

NOTE: Reports that may be confirmed but not placed on the Registry are confirmed reports of denial of critical care through lack of supervision or lack of adequate clothing, or physical abuse that has been determined to be minor, isolated, and unlikely to reoccur according to policy.

For unconfirmed reports, document what factor of abuse was not evidenced.

Summary and Analysis of Safety/Risk Assessments: Provide a narrative description of the safety/risk factors identified:

- Document a full description of information gathered regarding the safety of and risk to the child.
- Address safety factors identified in the safety assessment and the related family functioning domains associated with the safety factor. Document the safety decision and any actions taken to address safety issues.
- Document risk factors indicated on risk assessment relating to risk of abuse or reabuse.

Analysis may include the information gathered for the completion of safety and risk assessments such as:

- How long or how frequently abuse has occurred.
- Whether the caretaker responsible for the abuse accepts responsibility.
- Willingness and ability of a caretaker not responsible for the abuse to protect the child.
- The frequency, severity, and type of abuse.
- Factors or situations contributing to the abuse.
- The risks of child abuse for the child subject and any other children.

Scored Risk Level: The neglect, abuse, and scored risk levels are pulled in from the *Family Risk Assessment* completed through the Case Flow home page for the incident. If the *Family Risk Assessment* has not been completed, levels will not appear in these three sections.

The final risk level score is pulled from the STAT2 screen in STAR. The STAR system uses this score to determine what the client's service eligibility is in based on findings, age, and risk.

Strengths/Needs (Address family functioning domains identified): Document your assessment of the family's strengths and needs, using the family functioning domains:

- Child well-being
- Parental capabilities (includes use of drugs or alcohol)
- Family safety (includes domestic violence)
- Family interactions
- Home environment

Identify domains as a strength or need. Address in the narrative section strengths and needs under each specific subsection that applies to the family. It is not necessary to address every item listed. Address items that are relevant to the given situation. You are not limited to only the items listed.

Review and consider information gathered from child and family interviews, collateral contacts, DHS service records, and all prior child abuse assessments.

No Protective Concerns: Where there are no identified protective concerns, summarize the strengths that support this conclusion. Remember to identify where the information was obtained (DHS case file, observation, family members, etc.)

Recommendations for Services: Address the actions developed jointly with the family to address identified needs. The plan of action should relate directly to the presenting problems and your analysis of family functioning:

- Consider if there are current resources, services, and supports available to the family that can meet the family's needs and increase protection for the child.
- Identify services and supports provided to the family that have failed to prevent the child's abuse or reabuse.
- Consider if caretakers refuse needed services or supports despite protective concerns, increasing children's risk.
- Document your recommendation for services.

Addendum to Analysis of Safety/Risk Factors: Use this section to update or edit the assessment after completion of original report. This header will print only if an addendum date has been entered in STAR.

Recommendations for Court Involvement: Enter your recommendations for juvenile or criminal court involvement.

- If you recommend juvenile court involvement, include:
  - A summary of the status of any current juvenile court involvement if the child is already adjudicated or adjudication is pending.
  - Your specific recommendations to the county attorney on the initiation or continuation of juvenile court action.
  - Your rationale to support that recommendation (e.g., family with founded abuse has refused offer of DHS services).

- If you do not recommend juvenile court involvement, include under "type of action" your rationale to support that recommendation (i.e., court is not recommended as abuse was not confirmed, or was confirmed or founded but low-risk).
- If you recommend criminal court involvement, include:
  - Reference to any joint assessment with law enforcement.
  - The status of the criminal investigation when charges have already been filed in a matter.
  - Your specific recommendation to the county attorney regarding the initiation of any criminal prosecution.
  - Your rationale to support that recommendation.

Case Disposition Decision Support Tree: The age of youngest victim, the finding of the child abuse assessment, and the family risk score determine the family's eligibility for information, information and referral, community care, or Department services.

Enter the responses to the three questions if the family meets criteria for consideration of a community care referral. This tool will not print if the print preview is selected.

Case Transfer: The referral date will automatically fill from STAR. Select the case transfer option based on service eligibility decision.

Signature Line: The supervisor and child protective worker signatures are automatically filled in based on approval in STAR.

Child Protective Services Intake, Form 470-0607

Purpose	Form 470-0607 documents information provided in a report of suspected child abuse and the Department's response to the report. It may also be used to gather information for a CINA intake.
Source	Intake workers can: ♦ Complete this form using the STAR database and the Case Flow home page, or ♦ Complete the form using the template available on Outlook and transfer the data to STAR later.
Completion	The intake worker who receives the initial report of suspected child abuse or CINA intake completes this form on each referral, whether or not the referral is accepted for assessment.
Distribution	File the original in the case file. Send a copy to the intake supervisor. Make additional copies as needed. Send a copy of a child abuse intake to the county attorney.
Data	**Date:** Enter the date you received the report of suspected child abuse or CINA. **Time:** Enter the time you received the report of child abuse or CINA intake using a 12-hour clock with "A.M." or "P.M." as needed. **County #:** Enter the county number. **Intake Person:** Enter the name or worker number of the person conducting the intake. **Assigned Worker:** Enter the name or worker number of the person assigned to complete the assessment if accepted. **Incident #:** Enter the number assigned by the STAR system.

Household Name and Address: Enter the address for the residence of the child subject's family, whether or not the child currently resides there. Enter the zip code and county, if known. If the child has no family, enter the child's most recent address, if known.

If the location of the household is unknown or unavailable at intake, enter "unknown." Out-of-state addresses may be entered.

Directions to Home: If the child has no family, enter the child's most recent address, if known. If the location of the household is unknown or unavailable at intake, enter "unknown." Out-of-state addresses may be entered.

Telephones: Enter household telephone numbers including area code and any other contact phone numbers.

Current Location of Child Subject: If a child named as a subject is living outside the home, enter the name and address of the family or institution where the child is residing at the time of intake. If you gave the child's placement address as the household address, you need not reenter it.

Household Composition: Enter the name of each person residing in the household with the child subject. Complete this section as fully as possible, using the codes provided.

STAR requires a numeric entry in the social security field. Race and social security number will not appear on a printed intake document downloaded from STAR.

Noncustodial Parent: Enter the name, phone number, relationship of the noncustodial parent, date of birth of noncustodial parent, social security number, and name of child at address.

Use the "comments" section to indicate the parent's workplace or any other information determined to be pertinent to the intake. Access ICAR as necessary.

Narrative Description/Child Safety Concerns: Enter the reported information in this section. Whenever possible, use the words of the reporter.

Summarize all allegations and other information needed to determine whether the referral provides information sufficient to justify a child abuse assessment or a CINA assessment. All cases accepted for a child abuse assessment must clearly state that the three criteria have been met.

Reporter or Referral Source: Enter the name, including title, agency, address, and phone number of the reporter or referral source, if known. Check the box that indicates the reporter notification and date of notice.

Person Reported as Responsible for Alleged Abuse: Enter the name, date of birth, relationship to child, social security number, FACS ID, address, phone number.

Use the "comments" section to indicate the person's workplace or any other information determined to be pertinent to the intake. The social security number will not appear on a printed intake document downloaded from STAR. NOTE: This information is not required on CINA intake.

Collateral Sources: Enter name, phone, relationship of the collateral to the child, and address of collateral sources identified by the reporter or the intake worker.

Worker Safety Concerns: Add information about dangerous persons, animals, or conditions likely to be encountered during the assessment process. Indicate if the safety concerns involve others in addition to the child protective worker.

Allegations Abuse Type: Information carried over by the ALEG screen in STAR.

Disposition: Check the applicable box and indicate the date and time the report or CINA intake was accepted and assigned, or the date and time the report was rejected and the name of the supervisor making the rejection decision.

Reasons for Rejection: For a child abuse intake or CINA intake, indicate the reasons for the rejection and the date and time.

System Checks Completed: IABC, FACS, STAR, State ID: Enter the information from these data sources. Mark the box for each database checked, regardless of whether it had information on the child, the family, or the person alleged responsible. Enter criminal history check results.

Additional Information: Include information learned from the results of checks of the databases in this section, as well as any other additional information that may be relevant to the assessment. Include information from additional reporters.

Intake Supervisor Timeframe to Accept or Reject: Check either the 1-hour or 12-hour period to accept or reject child abuse intake.

NOTE: The CINA intake decision period for the intake supervisor is one business day from the date and time of intake to make the decision and to refer an accepted CINA intake to the supervisor to assign the CINA assessment.

Supervisor Assignment of Response Time for Observation of the Child: Check either the 1-hour, 24-hour or 96-hour period for response time.

Child Study, Form 470-3698

Purpose	Form 470-3698 provides a specific guide for completing the written child study report for each child whose parental rights have been terminated.
Source	Complete this form on line using the template in the public state-approved forms folder on Outlook. Save a copy in your My Documents.
Completion	Within 30 days after the child's termination of parental rights order is issued, the *Child Study* shall be completed by the child's foster care worker or adoptive worker, as determined by service area protocol. (Remember to update FACS on the termination as well, to notify the Foster Care Recovery Unit.) Get an updated copy of the *Social History*, form 470-3615, if the worker responsible for completing the *Child Study* is different from the past worker. Update the *Child Study* annually for children with termination of parental rights who have not been placed for adoption.
Distribution	Keep one copy in the child's adoption record and guardianship file. Also give a copy to the child's foster care provider and prospective adoptive parents along with a copy of the child's case permanency plan.
Data	Attachments to the child study shall include: ♦ Hospital birth records ♦ A current photo of the child ♦ Current case plan ♦ Immunization record ♦ Current physical, psychiatric, psychological, school, and provider reports

CINA Services Assessment Summary, Form 470-4135

Purpose	Form 470-4135 is used during a CINA assessment when intake accepts a request for a CINA assessment.
Source	Complete this form on line using the template available on the Case Flow home page.
Completion	The child protective worker or SW II completes this form during the CINA assessment process. The form must be completed within 20 business days of receipt of an accepted referral for a CINA assessment.
Distribution	A copy of the *CINA Services Assessment Summary* must be printed and kept in the case file. ♦ If CINA action is recommended, refer to the local service area protocols as to whether the county attorney in that area requests a copy of the assessment form with the affidavit or petition. ♦ If CINA action is not recommended, the form is not distributed.
Data	The fields entitled client name, home phone, address, other phone, intake worker, CINA assessment worker, county, household composition are all automatically filled from the STAR system. **Noncustodial Parent:** Enter the name, date of birth, address, and phone number of the noncustodial parent. **CINA Issue Reported:** Provide a description of the CINA intake issues. **Summary of Previously Confirmed or Founded Reports concerning Family Members:** Enter the date, incident number, type of reports, victim and findings of any previous reports. **Summary of Previously Confirmed or Founded Report concerning Subjects as found in ACAN:** Enter the date, incident number, person responsible, type, victim and finding of any previous reports.

Summary of Observation, Findings and Determination of CINA Criteria: Use this area to refine and analyze the information gathered during the assessment to determine if the child meets the criteria for filing a CINA.

Summary of Contacts: Enter date, time, contact name, and contact summary.

CINA Assessment Summary: Use this area of the form to summarize the family's strengths and needs and to document any recommendations on filing a CINA petition and the identified services needed.

Family Functioning Domain: Complete this area of the form only if a CINA petition is being recommended. This area organizes the findings regarding the family's strengths and needs into family functioning domains that will be used in the *Family Case Plan*.

Case Disposition: This area indicates the type of services the case will be referred for. Based on the recommendation for services, indicate by checking the applicable box for the type of service recommended. Enter the date of referral to services.

Approval: The assigned worker must sign and date the form. Upon review and approval, the worker's supervisor must also sign and date the *CINA Services Assessment Summary*.

Community Care Explanation and Referral, Form 470-4128 or 470-4128(S)

Purpose

The *Community Care Explanation and Referral* is used when offering families a referral to the contractor for community care services.

The form includes a two-way release form used to get the permission of the client or the client's legally authorized representative.

Source

Complete either the English or Spanish version of this form on line using the templates available in the state-approved forms folder on Outlook, which also include a partially completed copy of form 470-3951 or 470-3951(S), *Authorization to Obtain or Release Health Care Information*.

Completion

The child protective worker completes these forms during the child abuse assessment process to determine if the family wishes to be referred to the contractor for community care services.

The family must sign and date the authorization form to consent to the sharing of information about the family with the community care contractor.

Upon receipt of the signed *Authorization to Obtain or Release Health Care Information*,

- Enter the release obtained field and referral date on the STAT2 screen in the STAR system.
- Go to the Case Flow page and send the referral to community care via the automated system process.

Distribution

Mail or directly provide the *Community Care Explanation and Referral* to the family along with the *Authorization to Obtain or Release Health Care Information*.

The family must return the signed *Authorization to Obtain or Release Health Care Information* to the child protective worker. Keep the original signed copy of the form in the case file.

Data

On the cover letter, enter the date, the family's name and address, and your name.

On the authorization form, enter:

- The child's name, state identification number (if any), social security number, date of birth, and parent's or guardian's name.
- Your name, address, telephone number, and fax number in the first set of agency information.

In the "Specific Authorization for Release" section, secure the person or the person's legal representative's initials if mental health, AIDS/HIV-related, or substance abuse information is to be obtained or released.

NOTE: Only the affected person or the person's legally authorized representative can give consent to release or obtain mental health and AIDS/HIV-related information. Only the affected person can give consent to release or obtain substance abuse information.

Check the applicable box indicating the relationship of the person who signs the form to the person the information is concerning.

To use the form as the required documentation for the disclosure of mental health information, enter on the back of the form:

- The date.
- The name of recipient of information.
- The information disclosed.
- The name of the person who disclosed the information.

Community Care Supervisor Checklist, Form 470-5061

Purpose	The *Community Care Supervisor Checklist*, form 470-5061, is used as a guide for supervisors to review and complete before approving a *CPS Assessment Summary* report for making a referral to community care.
Source	Print supplies of the *Community Care Supervisor Checklist* as needed from the sample in the manual.
Distribution	The *Community Care Supervisor Checklist* is an internal reference only.

Confidential Verification of Birth, Form 588-0298VR

Purpose	Form 588-0298VR may be used to verify birth of a child when it has not been possible to obtain a copy of the birth certificate.
Source	Print or photocopy supplies the form as needed from the sample in the manual.
Completion	The worker assigned to the child prepares two copies of this form when the Department has guardianship of the child and it has not been possible to obtain a birth certificate.
Distribution	Keep one copy in the child's case record and send one copy to the Iowa Department of Health.
Data	The form identifies the person making the request and the child, parents, and birth information to be verified.

Consent to Adoption, Form 470-0755 or 470-0755(S)

Purpose	The Department uses the *Consent to Adoption* to file consent to the adoption of a child by an adoptive family.
Source	Complete the English version of this form on line using the template in the public state-approved forms folder on Outlook. Print supplies of the Spanish version of form 470-0755(S) from the sample in the manual.
Completion	The child's adoption worker prepares two copies of this form when: ♦ A child has resided in the home 180 days, or ♦ The waiting period has been waived. The service area manager signs the form on behalf of the Department. The form must be notarized.
Distribution	Send one copy to the family's attorney and keep one copy in the child's case file.
Data	Insert the child's name as "minor" and insert the adoptive parent's names as "petitioner."

Counseling Affidavit, Form 470-3164 or 470-3164(S)

Purpose	Form 470-3164 or 470-3164(S) is used to document to the court that birth parents were provided with an opportunity to receive information and a minimum of three hours of counseling before they signed a release of custody.
Source	Print or photocopy the English or Spanish version of this form from sample in the manual.
Completion	When termination of parental rights is initiated under Iowa Code Chapter 232 and the parents indicate to Department workers that they wish to sign a release of custody of their child, contact the county attorney to determine if the counseling requirement applies. The person who offered or provided counseling to parents prepares this form after the birth of the child and before the signing of a release of custody, or the filing of a petition for termination of parental rights under Iowa Code Chapter 600A. Only certified adoption investigators, mental health professionals, private agency staff, or Department staff shall provide counseling to parents. To qualify as a counseling provider, mental health professionals, private agency staff, and Department staff must have two years of adoption work experience in the direct provision of adoption services.
Distribution	Make three copies of the completed form. Attach a copy to the release of custody, along with documentation that the person providing the counseling is qualified to provide counseling. Give a copy of the affidavit to the parents and maintain a copy in the child's case file.
Data	Complete either section 1 or section 2, depending on whether the family accepted or refused counseling.

DHS Criminal History Record Check Form B, Form 595-1396 or 595-1396(S)

Purpose	*DHS Criminal History Record Chec*k Form B, form 595-1396 or 595-1396(S), may be used to authorize a check for criminal records on any person believed to be responsible for abuse or alleged abuse to a child.
Source	The English version of this form is printed in pads of 50 two-part carbonized sets. Order supplies from Iowa Prison Industries in Anamosa. Print or photocopy the Spanish version from the sample in the manual.
Completion	Department child protection staff initiate this form when there is an indication that a person may have a criminal record that may yield a determination of risk to a child. You do not need the person's permission or signature to conduct a criminal history check. Obtain the person's signature acknowledging that a record check will be conducted when it is necessary to acquire information on a deferred judgment disposition or arrests without a disposition over 18 months old.
Distribution	Keep a copy of each form in the protective assessment case record.
Data	Complete the form as follows before submitting: ♦ Enter your name and work address in the "From:" space. Be sure to enter your complete mailing address. ♦ Check "Child Abuse" as the purpose for the request. ♦ Enter the name, maiden name, sex, social security number, and birth date of the person whose records are requested. ♦ Sign the form in the "Signature of Requester" box. ♦ If applicable, the person whose record is to be checked signs the form in the waiver section (to allow access to deferred judgment dispositions and arrests without a disposition over 18 months old).

Drug Test Authorization, Form 470-4486

Purpose	Form 470-4486, *Drug Test Authorization*, is used to authorize payment for drug testing of children or adults during a child abuse assessment or during ongoing services.
Source	Complete this form on line using the template in the Case Flow system.
Completion	The Department child protective assessment worker or social worker prepares the form when a drug test is authorized.
Distribution	The worker selects the "submit form" option after selecting "Protocol" and sends to supervisor for approval. The provider will have access to view the authorization on a web page and prints the form to accompany specimen to the lab. Retain control copy in the child's case record.
Data	Complete the form as follows:

Authorization Number: Entry is automatically completed when the FACS ID or incident number is entered.

Version Number: Entry is automatically completed when the authorization is modified (e.g., additional testing needed or correction of name).

New/Modified: Entry is automatically completed as "new" or "modified."

Service Area: Entry is an automatically completed digit (1-6).

County: Entry is an automatically completed two-digit county number.

Collection Agency: Select on an agency from the dropdown options.

Fund Source: Select from "Child Protective Services," "court ordered," "child welfare services," and "decat."

Incident Number: Entry is automatically completed from the Case Flow system.

Adult(s) Referred or **Child(ren) Referred:** Entries are automatically completed from the incident (children, adults in household, noncustodial parent and persons responsible).

Remove Individual: Delete all persons who are **not** to be referred for testing.

FACS ID: Entry is automatically completed.

Date of Birth: Entry is automatically completed.

State ID: Entry is automatically completed for child.

Medicaid-Eligible: Enter "yes" if the child is Medicaid-eligible.

Add Test: Selecting "add test" displays a screen to enter the following information, which will be automatically completed on the form after entry.

Test Type: Select type of test from the dropdown options of urine, saliva, sweat patch, hair stat, etc.

Protocol: Select one type and frequency of test on the protocol screen:

A. Laboratory-based urine analysis, 9 panels

1. One test.
2. One test per month for three months.
3. Two random tests per month for one month; then two random tests per month for two months.
   NOTE: On **ongoing** cases, when there are **two** consecutive negative results, change the authorization to **stop** further testing.
4. Three random tests per month for one month; then two random tests per month for two months.
5. Four random tests per month for one month; then three random tests for one month; then two random test for one month.
6. Five random tests per month for one month; then three random tests for one month; two random tests for one month.

7. Six random tests per month for one month; then four random tests for one month; then two random tests for one month.

8. Seven random tests per month for one month; then four random tests for one month; then two random tests for one month.

9. Two random tests per week for one month; then four random tests for one month; then two random tests for one month.

10. Three random tests per week for one month; then four random tests for one month; then two random tests for one month.

11. Other, describe (must also indicate rational for choosing this option).
_____ Total tests

B. Laboratory-based urine analysis, 9 panels plus alcohol

1. to 11. Same options as for Choice A

C. Patch test, 5 panels

1. One test.

2. One patch per month for three months.

3. Two random patches per month for three months. NOTE: On **ongoing** cases, when there are **two** consecutive negative results, change the authorization to **stop** further testing.

4. Two consecutive patches.

5. Four consecutive patches.

6. Six consecutive patches.

7. Six random patches for three months.

8. Other, describe (must also indicate rational for choosing this option)
_____ Total patches

D. Hair test, 5 panels

1. One test.

2. Other, describe (must also indicate rational for choosing this option).
_____ Total tests

E. Laboratory-based saliva test, 6 panels

1. One test.
2. One test per month for ____ months/90 days.
3. Two random tests per month for one month; then two random tests per month for two months.
4. Three random tests per month for one month; then two random tests per month for two months.
5. Four random tests per month for one month; then three random tests for one month; then two random tests for one month.
6. Five random tests per month for one month; then three random tests for one month; then two random tests for one month.
7. Six random tests per month for one month; then four random tests for one month; then two random tests for one month.
8. Seven random tests per month for one month; then four random tests for next month; then two random tests per month for next month.
9. Two random tests per week for one month; then four random tests for next month; then two random tests per month for next month.
10. Three random tests per week for one month; then four random tests for next month; then two random tests for next month.
11. Other, describe (must also indicate rational for choosing this option).
    _____ Total tests

F. Fingernail test, 5 panels

1. One test.
2. Other, describe (must also indicate rational for choosing this option).
   _____ Total tests

G. Saliva alcohol test, detects at various blood alcohol levels

1. One test.
2. Other, describe (must also indicate rational for choosing this option)
   _____ Total tests

H. Instant urine analysis, 1 test

1. Five-panel dip with adulterant strip.
2. To detect OxyContin, use 9-panel with adulterant strip.
3. To detect use of prescription drugs except OxyContin, 10-panel with adulterant strip.

I. Instant saliva test, 1 test

1. 6-panel Oratec HM 12.
2. To add an alcohol test, Oratec HMA 12.

Stop Date: Date is automatically entered as 90 calendar days from authorization date. You may enter another date.

Retest: Click on "retest" and select the reason for retesting. (Three reasons for retesting are allowable on a child abuse assessment: diluted sample, insufficient sample, or contaminated sample.) "Y" or "N" will be entered on form.

Collection Mode: Three choices by site.

Total Cost: System calculated and automatically entered.

Edit: Select if changes are needed on the test authorization.

Delete: Option to delete the test.

Request Initiated By: The name of the child protective worker or social work case manager is automatically entered.

Phone: Enter your phone number.

Email: Worker's E-mail is automatically entered.

Fax: Enter your fax number.

Date of Authorization: Enter the current date or a prior date. Default is current date.

Authorization Expiration: Date is automatically entered as 90 days from the authorization date.

Total Cost: Cost is automatically entered according to the type of test requested.

Send the form to your supervisor for approval by selecting the "send to supervisor" option.

Approved By: Defaults to supervisor, supervisor clicks on "approval by supervisor." If funding is "court ordered" or "decat," service area protocol shall designate the staff to authorize the request.

Worker receives an email displaying the supervisor's action.

Approved Date: Date is automatically entered from the supervisor's entry.

NOTE: The Welcome screen will store authorization numbers by worker name to be available to check results after testing.

Exchange Referral of Family, Form 470-0752

Purpose	Licensed child-placing agencies or certified adoption investigators may use form 470-0752 to register an approved family on the Iowa Adoption Exchange System. (DHS staff can register a family through the FACS system.)
Source	Print or photocopy supplies of the form from the sample in the manual.
Completion	The child-placing agency worker or adoption investigator prepares two copies of this form when the agency or investigator wishes to have the Department place an approved family on the Exchange, instead of accessing the system directly. NOTE: A family can be listed on the exchange only if the family has a current home study and has indicated on the *Application for Adoption* the intent to adopt a child with special needs.
Distribution	The agency or investigator keeps one copy and submits the original to a Department field office.
Data	The top area is self-explanatory except for registration status codes. Insert A2 for an original active case. Sections I, II, and IV are self-explanatory. In Section III, enter an X next to the number of children the family wishes to adopt. From one to three selections can be entered under race. At least one selection must be made under sex and under mental, physical or behavior disability. Under age range, enter the youngest and the oldest age that a family feels they can best parent. Indicate whether the family would accept a child whose termination of parental rights is under appeal and whether the family would allow contact with the child's birth relatives. In Section V, enter the licensed child-placing agency worker or the certified adoption investigator's name and data.

Facility Assessment Checklist for Child Care Centers, Form 470-3853

Purpose	Form 470-3853 summarizes tasks to meet policy requirements and recommended practice when responding to a report of abuse in a licensed child care center.
Source	Print or photocopy the checklist as needed from the sample in the manual.
Completion	Child protective workers may use this form to assist them in completing individual facility assessments.
Distribution	If the checklist is completed, file it in the assessment file.
Data	Workers may check or enter dates on each item to record completion.

Facility Assessment Checklist for Child Care Homes, Form 470-3854

Purpose	Form 470-3854 summarizes tasks to meet policy requirements and recommended practice when responding to a report of abuse in a registered or unregistered child-care home.
Source	Print or photocopy the checklist as needed from the sample in the manual.
Completion	Child protective workers may use this form to assist them in completing individual facility assessments.
Distribution	If the checklist is completed, file it in the assessment file.
Data	Workers may check or enter dates on each item to record completion.

Facility Assessment Checklist for Foster Family Homes, Form 470-3855

Purpose	Form 470-3855 summarizes tasks to meet policy requirements and recommended practice when responding to a report of abuse in a licensed foster family home.
Source	Print or photocopy the checklist as needed from the sample in the manual.
Completion	Child protective workers may use this form to assist them in completing individual facility assessments.
Distribution	If the checklist is completed, file it in the assessment file.
Data	Workers may check or enter dates on each item to record completion.

Facility Assessment Checklist for Group Care, Form 470-3856

Purpose	Form 470-3856 summarizes tasks to meet policy requirements and recommended practice when responding to a report of abuse in a group care facility, such as: ♦ A residential group care facility ♦ A shelter care facility ♦ A detention facility ♦ A psychiatric medical institution for children ♦ A state juvenile institution ♦ An ICF/MR for children ♦ A hospital ♦ A nursing facility ♦ A licensed substance abuse treatment facility
Source	Print or photocopy the checklist as needed from the sample in the manual.
Completion	Child protective workers may use this form to assist them in completing individual facility assessments.
Distribution	If the checklist is completed, file it in the assessment file.
Data	Workers may check or enter dates on each item to record completion.

Family Case Plan, Form 470-3453 or 470-3453(S)

Purpose

The *Family Case Plan*, form 470-3453, is the official record of the Department's involvement with the family. It serves to:

- Help document the child and family conditions and concerns that caused the family to become involved with the child welfare system.
- Help determine and document the most appropriate services and supports needed to assure and promote child safety, permanency, and well-being. The family's plan includes a description of:
  - A plan to keep children safe.
  - Individual family strengths, supports, and needs.
  - How the strengths and family supports can be used to assist the family in self-directed change.
  - How the Department and others will assist the family in overcoming the needs.
- Document compliance with applicable state and federal laws and regulations.

Source

These forms are all accessed and completed via the DHS Case Flow system at this address: http://dhsintranet/cwis_caseflow/

- Family Case Plan Face Sheet, Part A
- Family Case Plan, Part B
- Child Placement Plan, Part C
- *Family Functioning Domain Criteria*, form 470-4138 (also located on Outlook under State Approved Forms/Services), which explains what information, child/family issues, and assessment criteria should be considered in each of the five domain areas
- Family Risk Reassessment, form 470-4134

Completion

The DHS social work case manager assigned to the child and family is responsible for preparing the case plan to provide a comprehensive assessment view of the child and family that focuses on the major needs of the child, the parents, and, if applicable, the foster parents related to child safety, permanency, and well-being.

The case plan must be completed within 60 calendar days from the date the Department opens a DHS child welfare service case.

The case plan must be reviewed and updated:

- At a minimum, every six months thereafter while the case remains open, or
- More frequently if there are significant changes or if required by the court.

Information on the child and family that has been entered in the FACS system will automatically be completed in the case plan. Information that has not been entered in FACS will not appear in the case plan. The worker must enter this information when the case plan is prepared.

Distribution

Obtain the necessary signatures on the plan and indicate which persons participated in developing or reviewing the plan:

- Distribute the *Family Case Plan*, including the *Family Case Plan Face Sheet*, when it is first developed to all of the persons listed on the "Signatures and Notifications" page.
- Distribute copies of any altered or revised case plan, including Part A, Part B, and Part C, if applicable, and the completed review section, to all of the persons listed on the "Signatures and Notifications" page.
- Print a copy of all initial and reviewed case plans, including Part A, Part B, and Part C, if applicable, and the completed review section and place the copy in the case file.

Data

Family Case Plan Face Sheet, Part A. The face sheet includes identification, statistical, historical, service summary, and placement information for the family.

- Identifying information on the child's name, FACS ID, date of birth, address, and family members is automatically entered from the FACS system.
- Service history and placement history information about services opened for the child and family in the FACS system is automatically entered from the FACS system.
- The social work case manager completes the "Additional Services" section. (This data is not contained in the FACS system.) Once entered, this information will be saved and become part of the case plan history over the life of the case.
- The social work case manager enters information on any court involvement into FACS on the Court Detail screen. This information will then be filled into the Court Involvement section of *Family Case Plan Face Shee*t, Part A.
- Information shown in green on Part A may be suppressed for safety reasons, such as when the safety of a foster child or foster parent could be jeopardized by printing the address or there are domestic violence issues or a restraining order between the child's parents.

  To suppress all the information shown in green, click on the box "Suppress All Sensitive Date." Individual lines may also be highlighted and removed. Suppressed information reappears when the Case Flow form is reopened.

Family Case Plan, Part B

- The child's name and FACS ID and the DHS worker's name are automatically completed from information in the FACS system.
- The worker enters the anticipated date of case closure.
- Family Plan Participants: The worker fills in the list of participants involved in developing the case plan.

- The worker must enter Date of Initial Plan and the Family Team Meeting fields.
- Household Composition: This information is automatically completed based on information entered in FACS about the child's family members living in the home. Information in FACS about the child's parents not living in the home will be filled into this section as well.

Family Functioning Domains

DHS uses the Family Functioning Domains to provide a consistent format for collecting, considering, and analyzing information about children and families.

This consistency ensures that functioning areas most critically impacting safety, permanency, and well-being are addressed and targeted for service intervention.

Use of the domains creates a common, consistent language as information about children and families flows from child protective workers to ongoing workers and service providers.

The domains provide a "common lens" through which the strengths and needs of the child and family can be assessed, discussed and used in planning and service provision.

The family functioning domains consist of the following broad areas of functioning (each domain area has related subcategories):

- **Child well-being**: Child's mental health behavior, relationship with peers, school performance, motivation and cooperation, relationship with caregivers, and relationship with siblings
- **Parental capabilities**: Parental supervision of children, mental health, disciplinary practices, physical health, use of drugs or alcohol, and developmental and enrichment activities
- **Family safety**: Domestic violence or physical abuse, sexual abuse, emotional abuse, or neglect of a child

- **Family interactions**: Bonding with child, expectations of child, relationship between parents or caregivers, mutual support within the family
- **Home environment**: Housing stability, financial management, income and employment, safety in community, personal hygiene, habitability, transportation, food and nutrition, learning environment
- **Other**: Additional issues or concerns about the child or family

Become familiar with the family functioning domain categories and criteria. Consider the child and family's strengths, concerns, and needs in the various domain areas as you have discussions with the family and gather and analyze information about them.

- Information gathered in a family team may be helpful in evaluating the domain categories.
- Evaluate each individual's functioning through the common "lens" of the domain areas when:
  - There are multiple children in the family,
  - There is a noncustodial parent or stepparent, or
  - A relative is caring for the child.

Complete the family functioning domain section of the case plan by working through each domain category (the subcategories for each domain category automatically appear as "pop-up boxes" as you complete the domain sections) and:

- Fill in the **Narrative** section of each domain with a specific description of any strengths or needs identified within that domain.

  Needs in any domain should be related to and discussed within the context of how the needs affect child safety, permanency, or well-being.

  Remember that families may have strengths in some domain areas that can be used to address needs in other domains.

- Establish a **Goal** for each domain area where a need is identified in the narrative. It is critical that goals be developed in partnership with the family.

  Goal statements should be strength-based and focused on achieving the outcomes essential for safety, permanency, and well-being.

- If no needs are identified for a family within a domain category, but strengths are noted, you may establish a goal for that domain that focuses on using family strengths to help meet needs in other domain areas.

- After reviewing the strengths, needs, and goals for each domain area, identify the strategies, services, and informal supports that may be helpful to achieving the goals.

- In each domain area where goals are identified, list the steps necessary to bring about the changes needed to accomplish the goal for that domain. The steps should clearly identify:

  - Who is responsible for each step and
  - The dates for beginning and completing the necessary actions.

  Update revisions to or completion dates for the steps throughout the life of the case plan.

- Discuss and review the case plan information on domain areas, proposed goals, and action steps with the family before making final entries to the plan.

- Use the **Comments** section in each domain area to enter updated information on the family's progress and functioning level in that domain.

When the child is residing with the child's parents, the case plan shall state whether the child would be at "imminent risk of removal" from the home if in-home services were not provided.

"Imminent risk" means there is an immediate threat or likelihood that the child will suffer maltreatment.

When assessing "imminent risk," consider the three safety constructs of threats of maltreatment, child's vulnerability to maltreatment, and the caretaker's protective capacities to determine if the child would be unsafe without in-home services in place.

Cases that meet this standard are eligible for federal Title IV-E funding as candidates for foster care.

In the comments section of the most applicable family functioning domain area, document whether DHS would ask the court to consider the removal of the child if the family refused or terminated in-home services and why.

Review Section

Use the *Family Case Plan* review section when reviewing family progress and making further recommendations for actions and services on the case.

- Indicate the date of the plan review and whether this review was conducted through a family team meeting.
- When completing the review, consider the family's current functioning, level of goal achievement, and completion of necessary steps within each domain area.
- Identify family achievements, progress toward safe case closure, remaining concerns, and your current recommendations in the review section.
- At least once every six months, review the status of any child who has been previously determined to be at "imminent risk of removal" if in-home services are not provided. Document if services should continue and why in the *Review Summary and Recommendations* box.

  Reference **Other Comments** if an evaluation determines that the location of the foster home is suppressed and review this determination every six months or less.

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.

- A plan for ensuring that the child and family receive services designed to facilitate the return of the child to a safe home or to another permanent placement.
- The health and educational status of the child.
- When applicable, a description of the programs and services that will facilitate the child's transition from foster care to adulthood.

This form is necessary to provide information mandated by state and federal laws and regulations regarding each child placed in an out-of-home setting in which the Department has custody, or when foster care is being provided under a voluntary placement agreement.

The DHS social work case manager responsible for the child should complete *Child Placement Plan* when the child is placed in an out-of-home setting and DHS has custody or the child is placed under a voluntary placement agreement.

For these children, this section is in addition to Parts A and B of the case plan. The *Child Placement Plan, Part C*, should be updated every 90 days just like Parts A and B.

The *Child Placement Plan* is distributed as part of the case plan for children who are in placement. Print a copy of the *Child Placement Plan* and retain it in the child's DHS service record along with the other sections of the case plan.

Based on available case information and your own discussions with the family, make narrative entries for all applicable items on the *Child Placement Plan* where no auto filled information appears. Enter sufficient narrative information to explain and give detail about the categories contained in the form.

- The child's name and FACS ID will be automatically completed.

- Enter the following:
  - Child's date of birth
  - Anticipated date of child's return home
  - Date of family plan development
  - Placement authority (court or voluntary placement)
  - Date of initial out-of-home placement
  - Date of current placement
  - Whether "contrary to welfare" language is in the appropriate court order (yes or no)
  - Whether "reasonable efforts" language is in the appropriate court order (yes or no)
- **Permanency Goal**. Select and enter the current permanency goal for the child.
- **Concurrent Goal Assessment**. Assess and answer the two questions concerning the child. NOTE: If you answer "no" to either question, you must enter a concurrent goal in the next section.
- **Concurrent Goals**. Complete this section if the answer to either question in "Concurrent Goal Assessment" is "no." Describe concurrent goal planning underway for the child.
- **Child Well-Being Domain**. Review information about the child entered in the family domain criteria "child well-being" area and indicate whether each of the domain subcategories is currently a strength or need for the child.
- **Level of Placement Review Considerations**. Based upon your assessment and observations of the child, determine the most appropriate level of placement for the child.
- **Indian Child Welfare Act**. This section automatically appears if Native American race is entered for the child in FACS. Answer the four questions in this section and enter narrative explanations where required.

- **Placement Status Information**. Answer the seven questions concerning the child in this section and enter any narrative to explain your responses.
- **Efforts Made by DHS to Support the Placement and Prevent Disruption**. Enter checks in the boxes to indicate the DHS efforts to support the placement and prevent disruption.
- **Placement History**. Enter information about the child's out-of-home placement history. Start with the current placement and then list all previous out-of-home placements, including any hospitalizations, institutional, or PMIC placements.
- **ASFA**. Answer the four questions in this section, including any narrative to explain your responses.
- **Visitation**. Make the appropriate entries to describe the child's visitation situation. Include any necessary narrative to explain the visitation arrangements.
- **Documentation**. Indicate whether the child has a certified birth certificate and a Social Security card and number. Describe plans to obtain if the child currently does not.
- **Health Records**. Enter any known health examinations and treatments the child has received. If possible, indicate this information for at least the last two years of the child's life.

  Indicate the provider, dates of service, and date the information on these services was given to the child's current caregiver and current service provider.

  NOTE: Do not record HIV status or risk of HIV infection anywhere in the case plan. File any such information in the medical record section of the case file and mark it "Confidential."
- **Mental Health/Psychological/Psychiatric**. Describe any known mental health, psychological, or psychiatric evaluations or treatment the child has received.

  Indicate the provider, dates of services, and date the information on these services was given to the child's current caregiver and current service provider.

- **Education Record**. Complete this section to provide information on the child's current educational stats. Contact school staff if needed to obtain this information.

- **Transition Planning**. This section is required for all foster child who are 16 years of age or older. "Transition planning" is the process of assisting child in foster care to prepare to be self-sufficient adults.

  This process includes an assessment of life skills, strengths, concerns, supports, and outcomes to be accomplished for successful transition.

  For child who may be eligible for services as an adult, the assessment and plan of services must be developed with someone who can reasonably be expected to fund those services or be a service provider when the child becomes an adult.

  Planning for transition to adulthood for children in foster care with special needs may need to begin as early as age 14 to ensure needed funding and services are available.

  Service area transition planning specialists can provide ongoing consultation and information regarding transition planning for adolescents.

  Select from the options. If the child is interested in pursuing higher education, the plan shall provide for the child's participation in the College Student Aid Commission's program or assistance in applying for federal and state aid.

- **Child Life Skills Assessment**, **Child With Special Needs**, **Referrals**, and **Discharge Preparation** sections. These sections of the *Child Placement Plan* appear only if the child is age 16 or over on the date you complete the plan.

- **Child Signature**. Obtain the child's and guardian signatures as appropriate.

Family Functioning Domain Criteria, Form 470-4138

Purpose	Form 470-4138 may be used to assist with assessment of the strengths and needs of a family. It is an example of statements regarding areas of strengths and needs.
Source	Print or photocopy the form from the sample in the manual.
Completion	The child protective worker may access this tool during the child abuse assessment process as aid of the assessment of strengths and needs.
Data	Family functioning domains are applicable throughout the life of a case beginning with the safety assessment, strengths and needs identification during child abuse or CINA assessment, and developing a family plan.

Family Interaction Plan General Roles and Responsibilities, Form 470-5148

Purpose	The *Family Interaction Plan General Roles and Responsibilities*, form 470-5148, is the official family interaction plan developed for children placed out of the home. All children who are placed out of the home need to have a family interaction plan in place to ensure interactions occur in safe and healthy ways. The family interaction plan should be tailored to meet the safety needs of the family.
Source	Complete this form on line using the template in the public state-approved forms folder on Outlook. Print or photocopy supplies of the form as needed from the sample in the manual.
Completion	The most effective way of developing or reassessing a family interaction plan is during a family team meeting. The written family interaction plan may be incorporated as part of the family team meeting notes or identified separately on the family interaction plan form. However, not all children placed out of the home will have a family team meeting but family interaction planning should still occur.
Distribution	Give a copy of the completed family interaction plan to the identified team members. Keep the original form in the child's case file.
Data	**Background Information**. Enter the following information: ♦ **Children's names**. If multiple children have different needs or safety concerns, the family team may want to consider a separate plan for each child. ♦ **Date of initial plan**. This is the date the first plan was developed. ♦ **Placed with**. Document where the child is placed and with whom. If multiple children are in different places, indicate the type of placement (i.e., resource family, relative, residential placement, etc.).

- **Placement date for children**. This is the date the child was removed and placed out of the home.
- **Reason for removal**. Document why the child or children were removed from the home.

Safety Concerns. Enter the safety concerns. The elements to explore when assessing safety include three basic constructs: threats of maltreatment, child vulnerability, and caretaker's protective capacities.

- **Threats of maltreatment**. The aggravating factors that combine to produce a potentially dangerous situation.
  - Situation (unsafe home, criminal activity)
  - Behavior (impulsive actions, assaults)
  - Emotion (immobilizing depression)
  - Motive (intention to hurt the child)
  - Perception (viewing child as a devil)
  - Capacity (physical disability)
- **Child vulnerability**. The degree that a child cannot on the child's own avoid, negate or minimize the impact of present or impending danger.
  - **Present danger** means immediate, significant, and clearly observed maltreatment which is occurring to a child in the present or there is an immediate threat of maltreatment requiring immediate action to protect the child.
  - **Impending danger** means a foreseeable state of danger in which family behaviors, attitudes, motives, emotions, or the child's physical environment poses a threat of maltreatment.
- **Protective capacities**. The family strengths or resources that reduce, control, or prevent threats of maltreatment.
- **Family Interaction Plan**. The family interaction plan needs to consider the developmental needs of the children and the safety concerns. Frequent and developmentally appropriate family interaction benefits the child emotionally and is the strongest indicator of family reunification and achievement of permanency.

Family interaction should begin as soon as possible after removal from parental custody. At a minimum, interactions should occur within 24 hours of placement, be regular, and of increasing frequency and duration.

- **Types of interaction**. Document the type of interaction. Creativity in defining interactions should be supported. Every opportunity needs to be considered such as doctor visits, school activities, meetings, and other functions in which the family would have participated if the children were in the home.

  Interactions should be built around meaningful activities including:

  - Mealtimes,
  - Bathing,
  - Naptimes,
  - Homework time,
  - Doctors' appointments,
  - School activities,
  - Sports activities, and
  - Should be geared towards the child's developmental abilities.

  Creative planning should not only support face-to-face time but also other methods, such as calls, letters, texting, emails, and other electronic methods of communication. Families should be encouraged to explore other ways to connect and interact with one another.

- **Frequency and length of interaction**. Document the frequency and length of interaction. In determining how often and how long interactions should be, consider the following:

  - The age of the children.
  - The severity and chronicity of the abuse.
  - The potential for abduction or continued abuse of the children.
  - The progress of the parent in learning new skills or managing inappropriate behaviors, protective capacities displayed by the parent.

- **Locations of interaction**. Document the location where the interaction will occur.

  Family interaction should occur in the least restrictive, most homelike setting that allows for natural interaction and appropriate to meet the child's needs for safety. Generally, the parental, relative, or resource family home will provide the best environment. When safety is an issue, a more secure setting should be chosen and a safety plan developed for the interactions to continue.

  Consider the type of interaction as you document the location. For example, if an interaction is built around school activities, sport activities, or doctors' appointments, you would document the location of the event (i.e., school, gymnasium, ball field, doctor office, etc.).

- **Types of supervision**. Document the type of supervision for the identified interaction. Types of supervision include fully monitored, semi or partially monitored, or no supervision necessary. Supervision can be provided by a professional or other person identified by the team.

- **Supervised by**. If supervision is required, document who is responsible to provide supervision during interaction. This will be determined by the team. Consideration should be given based on the safety concerns and the developmental needs of the child.

  Family interactions are most "natural" when interactions are supported by those with a relationship with the child, such as other family members versus professionals. Family supports can be relied on to assist with all aspects of services including attendance at meetings, role modeling, transportation, observing interactions, etc.

- **Date reviewed**. Document the date when the plan was reviewed with the family.

Goals. Document the goals to be accomplished during family interaction. Family interaction should focus on allowing the most natural parent-child interactions, such as:

- Cooking and eating a meal,
- Reading stories,
- Cleaning a room,
- Playing a game,
- Bath time,
- Naptime, or
- Bedtime routines.

The focus is on maintaining ties between the parent and child and assessing the parent's capacity to care for the child.

Goals are the desired behavioral changes to be accomplished during the family interaction. These behavioral changes are most likely related back to the safety concerns as identified by the team.

- **Desired behavioral changes**. Document the goals to be accomplished during family interaction.
- **Demonstrated by**. Document how the family and team will know if the goal is accomplished.
- **Date accomplished or revised**. Document the date when the goal was achieved or revised.

Family interaction needs to be reviewed during a family team decision-making meeting or by those the team identifies, at a minimum, when:

- There are changes in behavioral patterns demonstrated by the parents or children.
- Protective provisions that may be a safety concern change or arise.
- There is a change in family supports.
- There is a change in legal issues or court requirements (change in custody or guardianship) that may impact family interaction planning.
- Agreed upon behavioral changes are accomplished or not.

Transportation. Describe how transportation will be provided once individuals who are available to assist in transportation are identified. Transportation is a key component for interactions to be successful.

Resource family and other relative caregivers should be encouraged to transport children at least one way. Parents and extended family members should be expected to arrange their own transportation, though they may be given temporary support when necessary to ensure there is not a gap in family interaction; however, this will likely be accomplished by public transportation. Children in placement may have to be transported by provider or DHS staff, one or both ways to interactions.

Expectations. Expectations are the "nuts and bolts" of family interaction planning. Considerations when setting expectations could include, but are not limited to, the following:

- Behaviors that provide an unsafe situation may terminate the interaction. It is important that there is a follow up with the parents in order to reduce the risk for another unsafe situation.
- The use of physical discipline or threats towards others.
- Negative comments about others, which includes the children, family members, DHS worker, provider, and other professionals part of the team.
- Possession or bringing any drug paraphernalia, illicit substances, or alcohol to the interaction.
- All legal decisions or documents regarding contact, including No Contact Orders, etc. will be abided by all parties.
- Obtain approval before bringing any additional individuals to family interactions. Approvals are determined by your DHS case manager or family team.

Family Risk Assessment, Form 470-4133

Purpose	Form 470-4133 is used to identify risk factors during a child abuse assessment. The *Family Risk Assessment* is composed of two scales that measure the level of risk regarding neglect and abuse.
Source	Complete this form on line using the template available on the Case Flow home page.
Completion	The child protective worker completes The *Family Risk Assessment* during the child abuse assessment process. This form must be completed by the time the case is to be transferred to a DHS social work case manager OR before the completion of the child abuse assessment. Only **one** household can be assessed on a risk form. If the child moves to a different household because of the crisis, complete the risk assessment on the household in which the child will remain. ♦ If the child will remain in the new household, complete the risk assessment on the new household. ♦ If the plan is to reunify the family, complete the risk assessment on the household **from which the child was removed**. Upon completion of the form, a Total Neglect Risk Score and Abuse Risk Score are automatically calculated to the highest of either risk score. Use this information in the analysis of the family's strengths, needs, and recommendation for services. Reassess the case whenever you determine that an adjustment in the risk score is warranted (either up or down).
Distribution	Print a copy of the form and keep it in the child protective case file.

Data

Review information obtained from systems checks, Department records including service history, not confirmed assessments, and any prior or current court involvement. Review the risk assessment definitions and complete the *Family Risk Assessment* form by checking the most applicable response.

Instructions

On items involving caregivers, **select one or two** parents or substitutes based on physical and emotional proximity to the children. Do not rate more than two caregivers in a home.

Only one primary caregiver can be identified. The "primary caregiver" is the adult living in the household who assumes the most responsibility for child care.

When two adults are present and you are in doubt over which one assumes the most child care responsibility, select the adult with custody or guardianship or the caregiver responsibility for the child involved in the incident as the primary caregiver.

> Ms. X and her partner Mr. Y live together and appear to share caregiver responsibilities for Ms. X's children equally. Because Ms. X has legal custody of the children, select her as the primary caretaker.

If this does not resolve the question, select the legally responsible adult who was a perpetrator or alleged perpetrator.

> Mr. and Mrs. Z live together and appear to share caregiver responsibilities for their children equally. Mrs. Z is the alleged perpetrator of abuse, so she is selected as the primary caretaker.

When both parents are in the household, equally sharing care giving responsibilities, and both have been identified as perpetrators or alleged perpetrators, select the parent demonstrating the more severe behavior.

The "secondary caregiver" is defined as an adult living in the household who has routine responsibility for child care, but less responsibility than the primary caregiver. A partner may be a secondary caregiver even though the partner has minimal responsibility for care of the children.

If an item relates to all caregivers and the household has more than one caregiver, **rate the caregiver with the more severe behavior**.

The risk assessment form is composed of two scales: the neglect scale and the abuse scale. For detailed guidance, see Family Risk Assessment Guidance, RC-0123.

After scoring all items in each scale, total the score for each scale and determine the risk level by checking the appropriate boxes in the risk level section.

Overrides

Policy overrides: After completing the risk scales, determine if any of the policy overrides should be applied. Policy overrides reflect incident seriousness and child vulnerability concerns. They upgrade the risk level to "high" regardless of the scored risk level.

Discretionary overrides: After completing the risk scales, determine if a discretionary override should be applied to increase the risk level. Use a discretionary override when you are aware of unique case circumstances that warrant a higher risk level. **You must receive supervisory approval** for a discretionary override.

The discretionary override may raise the risk level only one level higher. The risk level may not be lowered by a discretionary override.

Family Risk Reassessment, Form 470-4134

Purpose	Form 470-3134 is used to identify risk factors and assist in assessing the impact of services provided to the family during a particular timeframes and whether certain events in the family have occurred during the period being measured.
Source	Complete this form on line using the template available on the Case Flow home page.
Completion	The social work case manager completes the *Family Risk Reassessment:* ♦ During case permanency planning reviews and ♦ Before case closure. The rating on the formal risk reassessment reflects changes in family functioning and provides a framework to identify critical factors that indicate changes in a child's risk maltreatment.
Distribution	Print a copy of the form and keep it in the case management service file. When the case permanency plan is updated: ♦ Document information from the *Family Risk Reassessment* in the comment section of the most applicable domain, and ♦ Incorporate the results into the case planning process.
Data	Refer to the Family Risk Reassessment Guidance, RC-0124.

Family Team and Youth Transition Decision-Making Meeting Agreement on Confidentiality, Form 470-5149

Purpose	The *Family Team and Youth Transition Decision-Making Meeting Agreement on Confidentiality* is an agreement between all members in attendance to a family team decision-making (FTDM) or youth transition decision-making (YTDM) meeting to keep personal and identifying information confidential.
Source	Print or photocopy supplies of the form as needed from the sample in the manual. DHS workers may also complete this form on line using the template in the public state-approved service forms folder on Outlook.
Completion	FTDM/YTDM facilitators prepare this form before conducting or facilitating a family team or youth transition decision-making meeting.
Distribution	Keep the original form in the child or youth's case file.
Data	The form identifies all team members who participated in the family team or youth transition decision-making meeting agreeing to keep information confidential.

Family Team and Youth Transition Decision-Making Meeting Referral, Form 470-5150

Purpose	The *Family Team and Youth Transition Decision-Making Meeting Referral* is used by the Department worker as a referral form to offer a family team or youth transition decision-making meeting to a child, youth or family.
Source	Complete this form on line using the template in the public state-approved forms folder on Outlook. Print or photocopy supplies of the form as needed from the sample in the manual.
Completion	The Department worker, as the "referral worker," completes the form before making a referral for a family team or youth transition decision-making meeting.
Distribution	Keep the original form in the child or youth's case file.
Data	**Date of referral**. Enter the date of referral. **Referred to.** Enter the name of the referral agency that is responsible for assigning an approved facilitator. **Referred by**. **Email**. Enter the DHS worker's email address. **Phone**. Enter the DHS worker's phone number. **County**. Enter the county name or number. **Parent/caregiver/noncustodial parent information**. Enter the first and last name, role, phone number, address or email, and race. **Child/youth information**. Enter the first and last name, placement information, phone number, date of birth in mm/dd/yy format, FACS identification number, state identification number, and race.

Type of referral. Check whether this is a Family Team Decision-Making (FTDM) or a Youth Transition Decision-Making (YTDM) meeting.

Prior FTDM or YTDM. Check yes or no if there was a prior FTDM or YTDM meeting. If yes, enter the date of the prior meeting.

Contact call. Check yes or no if the family or youth are aware that the facilitator will be calling them.

Court involvement. Check yes or no if there is court involvement.

No Contact Order (NCO). Check yes or no if there is a NCO in place. If yes, enter who the NCO is between.

Translator or interpreter. Check yes or no if there is a need for a translator or interpreter. If yes, enter the specific language or interpretation needed.

Family Interaction Plan. Check yes or no if there is a current *Family Interaction Plan* developed and in place.

Concurrent plan. Check yes or no if there is a formal documented concurrent plan.

Desired outcome of this meeting. Enter the desired outcome of this meeting.

Potential team members. Enter the name, email address, and phone number of the potential team members to be invited to the FTDM or YTDM meeting.

Safety and risk issues. Identify and document the safety and risk issues for the youth or family.

NOTE: At a minimum, consider and assess the following:

- Children under five years of age
- Children identified as a victim in the past
- Sexual abuse

- Physical abuse
- Denial of critical care
- Supervision
- Home environment
- Mental health issues
- Methamphetamine use or manufacturing
- Substance use or abuse (current and history)
- Domestic violence (current and history)
- Sex offender in the home
- Food, clothing, shelter, and physical living conditions of the children
- Children in out-of-home placement with relative or nonrelative

Cultural needs and special accommodations. Identify and document cultural needs and any special accommodations that the facilitator should be aware of.

Family Team Decision-Making (FTDM) Meeting Notes, Form 470-4126 or 470-4126(S)

Purpose	The *Family Team Decision-Making (FTDM) Meeting Notes*, form 470-4126 or 470-4126(S), is the official family plan developed during the family team meeting.
Source	Complete either the English or Spanish version of this form on line using the templates in the public state-approved forms folder on Outlook. Print or photocopy supplies of the English or Spanish version of this form as needed from the samples in the manual.
Completion	The FTDM facilitator engages the family team and develops the family's plan after a family team meeting is held.
Distribution	The facilitator gives a copy of the completed form to the identified team members. Keep the original form in the child's case file.
Data	**Case Information**. Enter the following information: ♦ Child or children's name or names ♦ Parent or caregiver's name ♦ Parent, caregiver or noncustodial parent's name ♦ Date of the Family Team Decision-Making meeting ♦ Facilitator's name ♦ Facilitator's approval number ♦ Next court hearing date and time ♦ Type of hearing **Desired Outcomes of this Meeting**. Enter the desired outcome of the meeting. **Family Functioning Domains**. The family functioning domains provide a consistent format for collecting, considering, and analyzing information about children and families. This consistency ensures that functioning areas most critically impacting safety, permanency, and well-being are addressed and targeted for service intervention. Use of the domains creates a common, consistent language as information about children and families flows from child protective workers to ongoing workers and service providers.

The domains provide a "common lens" through which the strengths and needs of the child and family can be assessed, discussed, and used in planning and service provision.

The family functioning domains consist of the following broad areas of functioning (each domain area has related subcategories):

- Child Well-Being
  - Child's physical and mental health,
  - Behavior,
  - Relationship with peers,
  - School performance,
  - Motivation and cooperation to stay with family,
  - Relationship with caregivers,
  - Relationship with siblings, and
  - Supports.
- Parental Capabilities
  - Supervision of children,
  - Mental health,
  - Informal supports,
  - Disciplinary practices,
  - Physical health,
  - Developmental and enrichment activities, and
  - Use of drugs or alcohol.
- Family Safety
  - Physical abuse,
  - Neglect of a child,
  - Sexual abuse,
  - Domestic violence, or
  - Emotional abuse.
- Family Interactions
  - Bonding with child,
  - Expectations of children,
  - Family interaction planning,
  - Relationship between parents or caregivers, and
  - Mutual support within the family.

NOTE: A written Family Interaction Plan, tailored to meet the safety needs of the family is developed and/or reassessed during a family team meeting involving a child who is placed out of the home to assure family interaction begins as soon as possible after removal from parental custody.

- Home Environment
  - Housing stability,
  - Food and nutrition,
  - Transportation,
  - Safety in community,
  - Financial management,
  - Learning environment,
  - Habitability of housing,
  - Personal hygiene, and
  - Income and employment.
- **Other**. Additional issues or concerns about the child or family.

  NOTE: Discuss concurrent planning and permanency goals, any interstate compact issues, child and family cultural factors, language barriers, or if the Indian Child Welfare Act applies.

Complete the family functioning domain section of the FTDM family plan by working through each domain category. Consider the child and family's strengths and needs in the various domain areas as you have discussions during the family team meeting. Fill in the narrative "strengths" and "needs" section of each applicable domain. Needs in any domain should be related to and discussed within the context of how the needs affect child safety, permanency, or well-being.

Establish a goal for each applicable domain area where a need is identified. It is critical that goals be developed in partnership with the family. Goal statements should be strength-based and focused on achieving the outcomes essential for safety, permanency, and well-being.

After reviewing the strengths, needs, and goals for each domain area, identify the strategies, services, and informal supports that may be helpful to achieving the goals.

- In each domain area where goals are identified, list the steps necessary to bring about the changes needed to accomplish the goal for that domain. The steps should clearly identify:
  - Who is responsible,
  - What do they agree to do, and
  - By when.
- Document the date for when the goal was completed or modified.

Crisis Plan. Identify and discuss what will be done if some part of the plan breaks down and a crisis happens.

Identify the risks and necessary steps needed to address the risk. The steps should clearly identify when and dated when completed or if ongoing.

Signatures and Notifications. Enter the name of invited team members, including their role, contact information, and check whether or not they attended the family team meeting.

Foster Care, Adoption, and Guardianship Medicaid Review, Form 470-2914 or 470-2914(S)

Purpose

Form 470-2914 or 470-2914(S) is used to obtain information needed to review Medicaid eligibility factors for children in foster care, subsidized adoption, or subsidized guardianship.

Source

The English version of the form is printed with 15 two-part carbonized sets on a pad. Order supplies from Iowa Prison Industries at Anamosa.

Both the English and Spanish versions of the form may be completed on line using the templates in the public state-approved service folder on Outlook.

Completion

The IM worker initiates this form one month before the Medicaid review is due by sending it to one of the following for completion:

- The social work case manager or juvenile court officer for a child in foster care placement other than supervised apartment living;
- The child in supervised apartment living;
- The adoptive family for a child receiving a non-IV-E adoption subsidy (no review is required for IV-E subsidies); or
- The guardian of a child in subsidized guardianship.

The adoptive parents or guardian completes the form for subsidy cases.

A service worker or juvenile court officer who receives the review form shall:

- Complete the information such as changes in siblings placed together, school attendance, unearned income, escrow account, or resources and list any expected changes.
- Contact the child's birth parents or custodial relative to ask about changes that have occurred in the child's resources or unearned income and changes in health insurance.

- Contact the child to ask the child to save wage stubs for the whole month before review. Ask if the child has any resources and record the answer on the review form.
- Sign the form.
- If the child does not provide the wage information, obtain it and send it to the IM worker.

If the designated person does not complete the form, the IM worker will notify the service worker. The service worker shall contact the person and explain the requirements and may assist the person, if requested.

Distribution

At the beginning of the review month, the person who completes the form returns the original to the IM worker who sent it, along with wage verification. A photocopy of the completed form may be filed in each child's service case record.

The IM worker will notify the service worker if the child's Medicaid eligibility is redetermined to a different coverage group.

If the IM worker determines that an adoptive child living out of state is eligible for a regular Medicaid group, the worker will notify the child's parents to apply for Medicaid in that state.

Data

The IM worker lists on the form the month that the review is due and the names of the siblings living together whose eligibility is determined together.

Foster/Adopted/Subsidized Guardianship Child and Siblings in Same Placement: Check whether each child is a full-time or part-time student. If the child is not in school, enter "neither." Enter the name of the school that each child attends and the child's grade.

Income: Check whether the child is employed full time or part time. Enter the name and address of the employer of each child, if known. Verification of the child's earned income is required for the whole calendar month. If the child is not employed, enter "N/A."

Check each type of unearned income that each child is eligible for or receiving. This includes all unearned income that is assigned to the Department and income from relatives, as well as income that the children receive from the sources listed. Write in the amounts if known.

Resources of Foster/Adopted/Subsidized Guardianship Child and Siblings Listed: Enter the type and location of all resources that each child owns. If there are no resources, enter "no." Indicate whether there is an escrow account. If the child owns a vehicle, enter identifying information about the vehicle.

Health Insurance for Child and Siblings Listed: Enter whether each child has health insurance. If so, enter the names of the company and the policyholder and provide the policy number if possible.

Address of Parents: Enter the name and address of each child's mother and father.

IV-E Information: Enter "yes" or "no" to each question. Enter whether one or both parents are incapacitated, deceased, or unemployed.

Expected Changes: Note any changes that are expected to take place in the child's future, particularly within the next six months. This could include changes on any of the items listed on this form or if the child is pregnant.

Foster Care Clothing Allowance, Form 470-1952

Purpose	Form 470-1952, *Foster Care Clothing Allowance*, is used for children in foster family care to document purchases made with the foster care clothing allowance for authorization of reimbursement.
Source	Complete this form on line using the template available on the public state-approved forms folder on Outlook.
Completion	The social work case manager completes the form in conjunction with the foster parent, using the clothing receipts submitted by the foster parent. The worker obtains the foster parent's signature and submits the form to the worker's supervisor. The supervisor checks the receipts against the clothing items listed and the cost of the items, the total, tax, and total costs for accuracy before approving and signing the form.
Distribution	The original shall be kept in the child's case file.
Data	Complete all items on the form.

Foster Care Escrow Account Transaction, Form 470-3725

Purpose	Form 470-3725 is used to request escrow withdrawal and escrow account closing for children in foster care who have escrow accounts.
Source	This form may be completed on-line using the template in the public state-approved forms folder on Outlook.
Completion	The service worker prepares the form when: ♦ A child leaves foster care, or ♦ A child in foster care has funds in escrow that are needed to meet current needs of the child that are not covered by foster care payments. Service area manager approval is required on this form.
Distribution	Send the original copy to the Foster Care Accounting Unit in the Bureau of Purchasing, Payments, Receipts and Payroll. Make a copy to file in the child's case record.
Data	Complete all items. When the child leaves foster care, the escrow funds are paid either: ♦ To the custodial parents or guardian of a minor child, or ♦ To the child when the child has attained the age of majority, unless a guardian has been appointed.

Foster Care Provider Medical Letter, Form 470-2747 or 470-2747(S)

Purpose	Form 470-2747 or 470-2747(S) provides information to the foster care provider regarding the Department's responsibility for providing medical coverage to children in foster care when the medical card has not been issued.
Source	Department staff may complete the English version of this form on line using the template in the public state-approved forms folder on Outlook. Juvenile court staff should print the form from the sample in the manual and complete it manually. Print or photocopy the Spanish version of this form from the sample in the manual and complete it manually.
Completion	The service worker or juvenile court officer assigned to the case completes the form when a child enters a foster care placement.
Distribution	Provide the original to the foster care provider and make a photocopy to file in the child's case record.
Data	The child's state identification number will eventually become the medical ID number after the Medicaid case is opened (if the child was not on Medicaid before entering placement).

Foster Care Review Notice, Form 470-0714 or 470-0714(S)

Purpose	Form 470-0714 or 470-0714(S) is a letter used to invite parents, foster parents, and other persons not covered under interagency agreements to attend a meeting of the foster care review committee.
Source	Complete the English version of this form on line using the template in the public state-approved forms folder on Outlook. Print or photocopy the Spanish version of this form from the sample in the manual.
Completion	Designated local office staff prepare the form when a case is scheduled to be presented to the foster care review committee.
Distribution	Mail the form at least five working days before the scheduled review date. The original shall be sent to the addressee. File the copy in the child's case record.
Data	If the person to be notified is not the social worker, list the person's name and phone number. If the case plan or any other case information is being sent along with the letter, add a sentence explaining this.

Foster Child Behavioral Assessment, Form 470-4401 or 470-4401(S)

Purpose

The *Foster Child Behavioral Assessment* checklist serves two purposes.

- It may be used in the development of the case plan as a tool to identify the needs of the child. Every behavioral need of a foster child identified in this tool should be outlined when completing the case plan, along with the corresponding actions and responsibilities of the resource family.
- Since this tool identifies need and responsibilities, it is also the tool used to determine level of care and corresponding foster care payment.

Source

Complete the English version of this form on line using the template in the public state-approved forms folder on Outlook.

Print or photocopy the Spanish version of this form from the sample in the manual.

Completion

Complete the *Foster Child Behavioral Assessment*:

- Within the first 30 days of a child's initial entry into foster care.
- Whenever the child's behavior changes significantly.
- When the child's placement changes.
- After termination of parental rights, in preparation for negotiating an adoption subsidy or presubsidy.
- Before a court hearing on guardianship subsidy. NOTE: The highest guardianship subsidy is limited to Level 2, basic rate plus level 2.

If a child comes out of group care or PMIC, the child's payment in the foster family home will be the basic foster care maintenance rate. It is anticipated that the family team meeting, with the new foster parents participating, will be part of the discharge planning. The *Foster Child Behavioral Assessment* should be completed within the first 30 days of placement.

If a child leaves the foster family care and goes to shelter care and then returns to the same foster family home, the payment rate remains the same as the rate received by the foster family prior to the child going to shelter care. An assessment shall be completed within 30 days of placement with a new foster family.

To authorize payment to the resource family at a higher level than the basic rate, this form shall be signed by the worker and the worker's supervisor.

After supervisory approval, the difficulty of care payments shall begin the first day of the month **following** the month in which the form was completed. Do not enter the new assessment rate into FACS until the supervisor has signed off and approved the assessment and rate.

Distribution

The original form shall be kept in the child's case file. A copy may be provided to the resource family upon the family's request.

Data

When completing the checklist, use all available information about the child for a thorough assessment of the child. This may include evaluations, school and provider reports, and home studies, as well as input from parents and the resource family.

Check only behavior that is severe enough to be outside the norm for a child of the same age. Do not check behavior that is typical for a child that age (e.g., "temper tantrums" for a 2-year-old).

In order to have a valid assessment, check each item that applies in **every** category ("minimal" and "moderate" and "intensive").

The template calculates the basic rate once the child's birth date is entered, and automatically calculates the level of care and the total daily rate. The form is designed so that checking all the applicable boxes will result in the proper calculation for the behaviors.

See 17-E, Maintenance Payment.

Foster Family Placement Contract, Form 470-0716 or 470-0716(S)

Purpose

Form 470-0716 or 470-0716(S) is the formal contract between the Department and the foster parents stating the terms of the placement.

Source

Department staff may complete the English version of this form on line either through the FACS system or using the template in the public state-approved forms folder on Outlook. Juvenile court staff should print the form from the on-line manual for manual completion.

Print or photocopy the Spanish version of this form from the sample in the manual.

Completion

The Department worker prepares the form when DHS has financial responsibility for the placement. Juvenile court services shall complete the contract with the foster parents when they are responsible for the placement.

Complete the form when:

- A child is placed in a foster family home that will be supervised directly by the Department or by juvenile court services.
- There is a change in any of the terms of the placement (e.g., rate of payment).

The contract shall be approved by the worker's supervisor, or if the contract involves a difficulty of care payment, by the service area manager. The sequence of signature depends on local office procedures.

Distribution

When the form is completed, make a photocopy to file in the child's case record and give the original to the foster parents.

Data

The child's name and birth date shall correspond to the information entered in FACS.

The effective date is the date of placement or the date the revised terms become effective.

Special provisions shall include any specific obligations either for the worker or the foster parents, such as transportation for counseling, arrangement for home visits, etc. Each foster parent shall sign the contract.

The special provision section also needs to include the entry of all applicable names and phone numbers. The social work case manager responsible for the placement of a child in family foster care shall enter their home phone number as an after-hours emergency number.

Any additional emergency numbers that the foster parents may need shall also be entered in this section.

Foster Family Removal Letter, Form 470-0718 or 470-0718(S)

Purpose	Form 470-0718 or 470-0718(S) is used to inform a foster family when a placement is terminated. It contains all the information needed to meet the legal requirements for this action.
Source	Complete the English version of this form on line using the template in the public state-approved forms folder on Outlook. Print or photocopy the Spanish version of this form from the sample in the manual.
Completion	When the removal is instigated by the placing agency, the placing worker prepares the form ten days in advance of the planned removal date, unless there is evidence of child abuse. In placements supervised by the Department, the placing worker is the Department worker. In placements supervised by a private agency, the placing worker is the private agency worker. When there is evidence of abuse, or when the placement is terminated through action of some other party (the court, the parent, or the child), prepare the form when the decision is made that the placement is terminated.
Distribution	Make a copy of the completed form. Give or send the original to the foster parents; file the copy in the child's case record.
Data	The form is self-explanatory.

Founded Abuse in Nonregistered Child Care Parent Letter, Form 470-4384 or 470-4384(S)

Purpose	Form 470-4384 or 470-4384(S) is used to provide written notification to parents of non-victim children enrolled in a nonregistered child care home in which founded abuse has occurred.
Source	Complete the English version of the form on line using the template available in the public state-approved forms folder on Outlook. Print or photocopy the Spanish version of this form from the sample in the manual.
Completion	The worker doing the assessment completes the form and mails the form to the parents of non-victim children at the conclusion of the assessment.
Distribution	Send one copy to the parents. Maintain a copy in the case file.
Data	Enter: ♦ The date of notification ♦ Parent's name and address ♦ Type of abuse ♦ The name of the provider of nonregistered child care ♦ The name of child enrolled or previously enrolled at the nonregistered child care ♦ Worker phone number ♦ Worker signature

Future Needs Adoption Subsidy Professional Documentation, Form 470-4311

Purpose	Form 470-4311, *Future Needs Adoption Subsidy Professional Documentation*, serves as a tool to document a child's risk of having special needs in the future and being eligible for adoption subsidy and IV-E funding.
Source	Complete this form on line using the template in the public state-approved adoption forms folder on Outlook.
Completion	The adoption worker shall send the form to the medical, mental health, or mental retardation professional. The professional evaluating the child completes this form before the adoption court hearing date to finalize the adoption of the child.
Distribution	The original shall be kept in the child's case file. A copy may be provided to the resource family upon their request.
Data	When completing the form, all available information about the child shall be provided for use by the professional person for a thorough assessment of the child. This may include evaluations, school reports, provider reports, and home studies, as well as input from parents and the resource family.

General Accounting Expenditure, GAX

Purpose

The *General Accounting Expenditure* is used to authorize payment for a variety of expenses. These instructions relate to:

- Obtaining reimbursement for photographs, X-rays, other physical or mental examinations or tests, and costs directly associated with these services when performed at public expense as medically indicated for child abuse reports;
- Claiming the following foster care and adoption expenses:
  - Medical expenses for children in presubsidy that cannot be covered by the Medicaid program.
  - Respite care of over 24 days per year.
  - Life books.
  - Funeral expenses for children under the guardianship of the Department.

  See 17-E, Services Not Covered by Medicaid and Funeral Expenses, for more details.

Source

Complete this form on line using the template in the public state-approved administrative form folder on Outlook.

Completion

The Department worker or designated clerical staff prepare the form when expenses are incurred which require issuance of a special warrant. The person or agency making the claim must sign it and may be asked to complete the description section, but Department staff should do the coding.

Four copies are essential. In addition, local procedures may require a copy for the claimant or a control copy for the service area file.

For **child abuse assessment** expenses, the person or agency taking the photographs or X-rays or performing the tests or examinations is "the claimant." The claimant must submit:

- A cover letter in duplicate.
- A *General Accounting Expenditure* in triplicate for each child.
- Invoices when available.

The cover letter shall contain the following information:

- The child's name, age, and address
- The name of the worker or child protective assessment unit to whom the services, reports, photographs, X-rays or test results were provided
- The date the photographs or X-rays were taken
- A statement by the claimant indicating agreement to retain documentation of the services provided for five years, or agreeing to provide them to the Department for retention

Distribution

Send the original GAX with original signatures along with original receipts or verification and two copies of the whole packet, as follows:

- For child abuse assessment expenses, send both copies of the cover letter and the form to:

  DHS Central Abuse Registry
  P. O. Box 4826
  Des Moines, Iowa 50309-4826

- For funeral expenses, send the material to the service area manager for approval and then to the Bureau of Purchasing, Payments, Receipts and Payroll.
- For other expenses, send the material to the service area manager for approval and then to the foster care or adoption program manager in the Division of Adult, Children and Family Services.
- For medical expenses, also send a memo explaining what the charges are and why they cannot be billed to Medicaid.

Always keep a control copy in the child's case record.

Data

Complete the form as follows:

Budget FY: Enter the last two digits of state fiscal year in which the expense is incurred. Claims cannot overlap fiscal years. The state fiscal year ends on June 30. A new fiscal year begins on July 1. Claims cannot be made for June and July together, because these months are not in the same fiscal year.

Date: Enter the date that the form is initiated.

I/3 Vendor Customer Number: The I/3 vendor number is a number the state accounting system assigns to identify vendors. It is associated in the I/3 system with the federal EIN (tax identification number) or the SSN (social security number).

Agency Name: Enter "Department of Human Services."

Vendor Name and Address: Enter the name and mailing address of the person being reimbursed. The warrant will be made out to this name and mailed to this address.

FOB: For foster care or adoption expenses, enter the name and state identification number of the child for whom the expenses were incurred. Leave blank for multiple life books.

Order Approved By: For foster care or adoption expenses, enter the original signature of the service area manager or authorized designee and the date signed. (If a stamp is used, the person approving the claim must initial the entry.)

Description: Enter an itemized list of expenses being claimed. Specify what service was provided (i.e., X-rays, medical examination, photographs, drug tests, etc.) and the date the expense was incurred. Example:

- 02-04-00 Slide film.
- 02-04-00 Processing of slides.
- 03-30-00 20 duplicate X-rays copied at $5 each.

Unit Price: Enter the unit price for each type of item billed if applicable. For example, the unit price for X-ray copies is $5.

Total Price: Enter the total price for this bill.

Claimant's Certification: The form must be signed by the person to whom the reimbursement will be made (or a representative of the agency, if applicable). This must be an original signature. The use of a name stamp or a faxed signature is not sufficient. The date the claimant signed is also needed.

Agency Certification: Leave blank for sign-off by Bureau of Purchasing, Payments, Receipts and Payroll.

Line No.: Multiple lines are needed only if more than one type of claim is combined on one form.

Fund: Enter "0001."

Agency: Enter "413."

Unit: Enter the code for the child's type of care.

Code	Type of Care
DAL3	Legal fees
F003	Child abuse assessment expenses
NAPE	All other expenses for IV-E-eligible child receiving adoption presubsidy or subsidy
NAPS	All other expenses for **non-**IV-E-eligible child receiving presubsidy or subsidy
NFME	All other expenses for IV-E-eligible child receiving family foster care
NFMS	All other expense for **non**-IV-E-eligible child receiving family foster care

Sub Unit: Enter the decategorization project number, if applicable.

Department Object Code: Enter the four-digit Department object code, if applicable.

Object: Enter the code for the type of claim made.

Code	Type of Claim
2213	Life books
2349	Counseling services
2355	Child abuse expert witness or review
2447	Child abuse medical and laboratory fees
2453	Court reporters or transcription
2455	Sheriff fees
2462	Legal fees
4240	Funeral expenses
4334	Noncovered medical care
4355	Foster care respite over 24 days
4518	Noncovered medical supplies and equipment

Amount: Enter the amount payable for each line.

Document Total: Enter total of the amounts from each line. This will be the amount of the warrant.

Health Services Application, Form 470-2927 or 470-2927(S)

Purpose

The *Health Services Application* is designed to be a brief and easily understood form to assist people applying for various health-related programs using a single application. With this form, an applicant does not have to provide identical information to several different agencies in order to apply for the programs each agency administers.

For DHS, these programs include SSI-related and FMAP-related Medicaid, State Supplementary Assistance, Medically Needy, and refugee Medicaid.

The same application may also be used to request nutrition assistance under the Women's, Infants, and Children's food program (WIC) and for services at maternal health centers or child health centers.

Examination of Medicaid eligibility is required in child welfare cases to obtain federal Medicaid funding for rehabilitative treatment services and PMIC services for eligible children.

Source

Form 470-2927 is printed in pads of 30 sets. The Spanish translation, form 470-2927(S), is printed in pads of 10 sets. Order supplies from Iowa Prison Industries at Anamosa.

Completion

Unless the child is currently on Medicaid, give or mail the *Health Services Application* to the parents within three working days from date of removal order or acceptance for service, or complete the form with the family. If you send the form, give a ten-day due date for completion.

See 8-B, Information Provided, for a list of pamphlets to provide to the client with the *Health Services Application*.

Offer the *Health and Financial Support Application* when a family wants to apply for FIP or Food Assistance as well as Medicaid. (See 6-Appendix, Health and Financial Support Application, Form 470-0462 or 470-0462(S).)

The parent, guardian, or responsible person shall complete the form. When both parents or spouses are in the home, both must sign the application. A friend, relative, authorized representative, or DHS staff may help, if needed. A person who assists in completing the application must also sign the form.

If the parent or guardian is unwilling to apply, and the case is under the jurisdiction of the juvenile court, request a court order directing the parent or guardian to apply on the child's behalf.

If the parent or guardian does not complete the form, the juvenile court officer or social worker must complete the form on the child's behalf and submit it to the IM worker.

People receiving Medicaid under an SSI-related coverage group shall complete a new *Health Services Application* for reviews.

Distribution

Mail or give the *Health Services Application* to the family. Provide a self-addressed stamped envelope for returning the form to the income maintenance unit. For children in foster care, use the IV-E IM worker's name and address.

When the applicant requests WIC or maternal and child health services, the IM worker will send the application to the local WIC or maternal and child health services office.

If the service unit receives the application, date stamp it and then forward it to the income maintenance unit within two working days of receipt. For the purpose of Medicaid, the application date is the date the first office received the application.

If the client wants a copy of the completed application, photocopy the form for the client.

Data

The form collects information about household members, family income, and resources to serve as a starting point for eligibility determination.

Home Study Update Worksheet, Form 470-3619

Purpose	Form 470-3619 provides an optional method for families to prepare information needed for completion of the home study update when a foster family adopts a child in their care.
Source	Print or photocopy supplies of the form from the sample in the manual.
Completion	A home study update should be completed when a foster family is interested in adopting a child in their care and the family has not been previously approved for adoption.
Distribution	Keep the original completed worksheet in the adoptive applicant's file.
Data	The worksheet includes a list of recommended areas to explore with foster parent during the interviews and asks for the family's explanation of their decision to adopt.

ICAMA Notice of Action, Form 470-3700 (ICAMA 6.02)

Purpose	Form 470-3700 is used to inform the family receiving adoption subsidy that the state they are moving to has been notified that their child is eligible to receive Medicaid benefits in the new state of residence.
Source	This form is a PDF template available through the on-line manual.
Completion	The adoption program manager issues the form when a child's adoption subsidy worker submits ICAMA form 6.01 (470-3699), *ICAMA Notice of Medicaid Eligibility/Case Activation*, indicating that the child is moving from Iowa to another state.
Distribution	Send the *ICAMA Notice of Action* to the adoptive family along with a copy of ICAMA form 6.01 and the *Adoption Subsidy Agreement*. Send a copy of the *ICAMA Notice of Action* to the adoption subsidy worker for the child's adoption subsidy file.
Data	The form: ♦ Includes the children's names, financial status, and new address for verification. ♦ Informs the family whether the new state of residence is a member of the Interstate Compact on Adoption and Medical Assistance (ICAMA).

ICAMA Notice of Medicaid Eligibility/Case Activation, Form 470-3699 (ICAMA 6.01)

Purpose

Form 470-3699 is used to notify a new state of residence of the child's eligibility for Medicaid. The ICAMA compact administrator in the new resident state is responsible for:

- Facilitating the issuance of a medical assistance eligibility card based on the documentation provided.
- Notifying Iowa of the child's Medicaid status.

Source

This form is a PDF template available through the on-line manual.

Completion

The child's adoption subsidy worker completes ICAMA 6.01 when any child who receives adoption assistance (subsidy) moves from Iowa to another state, whether the child is IV-E-eligible or non-IV-E-eligible.

Distribution

Send the form to the adoption program manager in the Division of Adult, Children, and Family Services along with a copy of the child's *Adoption Subsidy Agreement* (showing the child's basis for Medicaid eligibility). Keep a copy in the adoption subsidy file.

The adoption program manager will inform the adoption compact administrator in the family's new state of residence that the child is eligible to receive Medicaid benefits in the new state of resident by sending:

- A copy of ICAMA 6.01
- A copy of the current *Adoption Subsidy Agreement*

Data

The form includes:

- Identifying information about the child and family.
- Information about Medicaid coverage for state-funded children.
- Information about other medical coverage the children have.
- Referral information. (Leave the "TO:" section blank.)
- A certification statement about the child's eligibility.

ICAMA Report of Change in Child/Family Status, Form 470-3701 (ICAMA 6.03)

Purpose

Form 470-3701 is used to communicate between the adoption assistance state and the new state of residence on changes in the family's situation (such as case status, address, and adoption status).

Source

Print or photocopy supplies of the form as needed from the sample in the manual.

Completion

The child's adoption subsidy worker completes this form about a child living in another state receiving an Iowa adoption subsidy when:

- The adoption of a child receiving presubsidy assistance is finalized.
- The *Adoption Assistance Agreement* is renewed.
- The adoption or the adoption subsidy is terminated.
- The family moves (unless the other state reported the move).

The IM worker completes the form about a child in Iowa receiving adoption assistance from another state when:

- A new Medicaid case is opened.
- The Medicaid case is closed.
- The family moves (unless the other state reported the move).

Distribution

Send the form to the adoption program manager in Central Office. Keep a copy in the child's adoption subsidy file.

The adoption program manager will send a copy of the form to the ICAMA compact administrator in the family's new state of residence and to the family.

Data

Complete the reason for reporting in Section A and the child identifying information in Section B.

Adoption workers also complete Section C, D, or E, depending on whether the change being reported concerns the case status, the family's address, or the child's adoption status.

IM workers also complete Section B, C, or D, depending on whether the change being reported is the opening of the Medicaid case, the closing of the Medicaid case, or a change in the family's address.

ICPC Financial and Medical Plan, Form 470-3827

Purpose	Form 470-3827, *ICPC Financial and Medical Plan*, is used to inform the receiving state of how the child's financial needs and medical coverage will be handled while that child is in the receiving state and the sending state retains legal custody or protective supervision.
Source	Form 470-3827 is available as a 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	This form is completed by the Department worker.
Distribution	Complete four copies. Send three copies with form 470-0781 to the ICPC office and retain one copy for the child's file.
Data	**Child's Name:** Enter the child's full name.
	Date of Birth: Enter the child's date of birth in mm/dd/yy format.
	Iowa Medicaid State ID #: Enter the Medicaid state identification number.
	Today's Date: Enter today's date in mm/dd/yy format.
	Legal Status: Enter the full name, address, and phone number of the agency or person having custody or guardianship of the child.
	Placement: Choose the type of placement and mark the correct box or choose "Other." Explain the resource for the financial or medical plan.
	Emergency: Enter the phone number and the name of the person who can be called in case of a medical emergency.
	Sign the form and include the worker's phone number.

ICPC Interstate Compact Transmittal, Form 470-0790

Purpose	Form 470-0790 is used to transmit information about an interstate case from Central Office. The form is a communication tool to explain what "action" is required, such as, enclosed or requested 470-0781 (ICPC 100A) forms, home studies, reports, 470-0788 (ICPC 100B) forms and additional information. This form also indicates when an interstate file is closed.
Source	Form 470-0790 is available as a 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	This form is completed only by Interstate Compact Unit staff in Central Office when any information regarding an interstate compact communication is sent out of Central Office.
Distribution	One copy of the transmittal form accompanies correspondence from the ICPC office. File the transmittal form in case file with client records.
Data	This form is self-explanatory.

ICPC Supervision Report, 30 Day, Form 470-4992

Purpose	Form 470-4992 is used to prepare supervisory reports for states that have placed children into Iowa.
Source	Form 470-4992 is available as a 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 supervising worker completes this form to report on the initial 30-day visit after the child is placed. The provider's progress reports to DHS may be submitted attached to the report form. To ensure the proper routing of the information, attach a cover memo that identifies: ♦ The state that placed the child in Iowa, ♦ The child who is the subject of the report, and ♦ The DHS worker who may be contacted if further service arrangements need to be made.
Distribution	Submit three copies of form 470-4992 with the cover memo and attachments to the Iowa Interstate Compact Unit, 1305 E. Walnut Street, 5th Floor, Des Moines, Iowa 50319-0114. The Unit will add a recommendation and forward the report to the sending state.
Data	The form reports on the child's safety and well-being and the supervising worker's recommendations regarding the placement and the child's permanency goal.

ICPC Supervision Report, 90 Day, Form 470-4993

Purpose	Form 470-4993 is used to prepare supervisory reports for states that have placed children into Iowa.
Source	Form 470-4993 is available as a 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 supervising worker completes this form to report on each 90-day visit after the child is placed. The provider's progress reports to DHS may be submitted attached to the report form. To ensure the proper routing of the information, attach a cover memo that identifies: ♦ The state that placed the child in Iowa, ♦ The child who is the subject of the report, and ♦ The DHS worker who may be contacted if further service arrangements need to be made.
Distribution	Submit three copies of form 470-4993 with the cover memo and attachments to the Iowa Interstate Compact Unit, 1305 E. Walnut Street, 5th Floor, Des Moines, Iowa 50319-0114. The Unit will add a recommendation and forward the report to the sending state.
Data	The form includes: ♦ Reports on the child's safety and well-being, school performance, caretakers, permanency plan status, and unmet needs. ♦ The supervising worker's recommendations regarding the placement and the child's permanency goal.

Intake Guidance Tool, Form 470-4131

Purpose	The *Intake Guidance Tool* provides a list of questions to be asked of the reporter or the referral source.
Source	Print supplies of the *Intake Guidance Tool* as needed from the sample in the manual.
Completion	An intake worker may complete this worksheet when a child abuse report is being received.

Interstate Compact on the Placement of Children Request (ICPC 100A), Form 470-0781

Purpose

Form 470-0781 (ICPC 100A) is the sending agency's formal written notice to the receiving state of its intention to make an interstate placement. It requests a finding as to whether the placement would be contrary to the interests of the child. With most placements, it is also a formal request for a home study.

Following reviews by the receiving state, it is the official notice of the receiving state's decision. A favorable finding means that the placement can be made in conformity with the compact. An unfavorable finding means that the placement would be unlawful.

Form 470-0781 (ICPC 100A) must accompany all requests for placement to which the compact is applicable. It must be favorably acted upon by the receiving state before any compact placement is made.

Source

Form 470-0781 (ICPC 100A) is available as a template in the public state-approved forms folder on Outlook. This form is also printed with 12 all white NCR sets on a pad, which can be ordered from Iowa Prison Industries at Anamosa.

Completion

The service worker, private agency, court, or any person placing the child may complete this form. It is prepared when a request is being made to place a child in another state.

Distribution

Complete as follows:

- The sending agency keeps one copy and forwards the completed original plus four copies to the sending compact administrator, deputy compact administrator, or alternate.
- The compact administrator, deputy compact administrator, or alternate keeps one copy and forwards the completed original plus three copies to the receiving agency compact administrator, deputy compact administrator, or alternate.

- The receiving agency compact administrator, deputy compact administrator, or alternate completes Section IV of the form and forwards one copy to the receiving agency and the completed original and one copy to the sending compact administrator, deputy compact administrator, or alternate within 30 days.
- The sending compact administrator, deputy compact administrator, or alternate keeps a completed copy and forwards the completed original to the sending agency.

Data

In the upper right-hand corner of the form, write "IV-E ELIGIBLE" or "NOT IV-E ELIGIBLE" for a child under custody, guardianship, or supervision of the Department.

In the first two blocks, enter the name and address of the ICPC administrator (or deputy) to whom the request is being forwarded (TO) and the name and address of the ICPC administrator (or deputy) whose state is submitting the request (FROM). If information for the receiving state is unknown, put only name of the state.

Section I

Identifying Data. Fill out one form per child to be placed. Enter the full legal name, social security number, ICWA (Indian Child Welfare Act) eligibility, sex, date of birth, IV-E eligibility determination, and ethnic group of the child for whom this placement is proposed. If the child is known by a nickname, place it in parenthesis beside the legal name.

NOTE: An "Indian child" means any unmarried person who is under age 18 and is either:

- A member of an Indian tribe or
- Eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe.

Enter the names of the legal mother and the legal father, usually the birth parents. When an adoption has been finalized, the adoptive parents are the legal parents. If the parent is deceased, enter "deceased" after the parent's name.

If parental rights have been voluntarily relinquished or terminated by the court, indicate in parenthesis beside the name. If you prefer to withhold the name, simply enter the status of the parent's rights.

Enter the complete name, address, and telephone number of the agency or person who is responsible for planning for this child and who is financially responsible for the child. In most instances, these two items will be the same (the sending agency).

Section II **Placement Information.** Enter the full name, address, and telephone number of the persons or facility with which the sending agency proposes to place the child. The social security number is optional. If the resource, e.g., foster family care, is yet to be determined, leave these items blank.

Types of Care Requested: Place an X in the box designating one of the following:

- Foster Family Home: A foster family home is a facility providing care and guidance for a child or children not related to the caretaker for regular 24 hour care, or a certified kinship care home. A family foster home may not operate without a license or a certificate as required by the laws of the receiving state.
- Group Home Care: A resource which is licensed or approved as a group home and which provides substitute care for a fee; usually a modified family-type setting which serves more children than a foster home but fewer than an institution.
- Child Caring Institution: A group care facility that is licensed or approved to provide custodial care to a larger number of children than a foster home or group home.
- Residential Treatment Center: A group care facility which provides a specific treatment program outside the realm of a medical hospital, psychiatric hospital or institution for the mentally retarded or mentally ill; e.g., a residential program for the treatment of alcohol/drug abuse. The receiving state is not obligated to supervise this type of placement made by the sending state.

- Institutional Care Article VI, Adjudicated Delinquent: A group care facility for adjudicated delinquent whose proposed placement is according to Article VI of the ICPC. These facilities may include group homes and residential treatment centers and may serve nondelinquents as well.
- Parent: Legal parents.
- Relative (Not Parent): Specify relationship, such as maternal aunt, paternal grandparents, brother, etc.
- Other: Specify a type of care not already listed, such as:
  - Nonrelative free home (an unrelated family that does not require foster home licensure in the receiving state and does not need or want foster care payments)
  - Independent living arrangement (an older teenager who is still under the jurisdiction of an agency or court but is capable of independent living without the supervision of a foster home or group home)
  - Maternity home

Adoption: Refers to both agency and private/independent adoptive placement before finalization. This may refer to an initial placement with a family where adoption is the intention, or it may refer to the movement of an adoptive family from state A to state B following placement.

Indicate if a federally funded adoption subsidy (Title IV-E) or a state-funded subsidy (non IV-E subsidy) is applicable. Mark in which state the adoption is to be finalized.

Legal Status: Place an X in the box, which designates one of the following:

- Sending Agency Custody/Guardianship: Child is in the full legal custody or guardianship (depending on the state's terminology) of a public agency.

  For example, a public agency may be social services, child corrections, probation, parole, or a tribe. If allowed by state law, the sending agency may also be a licensed private child placement agency, an adoption agency, or a birth mother.

- Parent/Relative Custody/Guardianship: Child is not under the jurisdiction of either an agency or the court but is the full legal responsibility of parent or relative. This choice is most likely to be marked when a parent/relative or guardian wishes to place a child in one of the types of care listed.

- Court Jurisdiction Only: Child is not the legal responsibility of an agency. The court has full responsibility for weighing the requested information and making the placement decision and is, therefore, the sending agency.

  This choice is most likely to be marked when two or more relatives have taken a dispute over custody into court and at least one of the disputing relatives is not a parent.

- Protective Supervision: A legal status created by court order under which the child is permitted to remain in the child's home or is placed with a relative or other suitable person and the court, the Department, or another agency designated by the court provides supervision and assistance.

- Parental Rights Terminated – Right to Place for Adoption: The sending agency has accepted a voluntary relinquishment of parent rights or has completed court action terminating parental rights and now holds complete jurisdiction over the child with the right to place for adoption.

- Unaccompanied Refugee Minor: This form is not used to report the initial placement into the United States but to request placement and services in a second state after a U.S. agency or court has been granted full legal responsibility (custody or guardianship). Mark this block only if that is the case.

  Also mark the "Sending Agency Custody/Guardianship" block. If this is an unaccompanied refugee minor whose status warrants the ICPC 100As specific to those children (not the legal responsibility of an U.S. agency or court), do not use this form.

- Other: Legal status is not otherwise listed, e.g., legal action, such as a petition for custody/guardianship or to terminate parental rights, is pending.

For example, the child is the responsibility of the sending agency under a voluntary agreement with the parent or legally responsible relative, and no court action has been taken or is pending to alter the family member's legal rights over the child.

Section III: Services Requested

Initial Report Requested: If the proposed placement is not for a group care placement and a current home study has not yet been received, mark the box for the appropriate type of home study needed based on the type of care indicated in Section II.

Supervisory Services Requested: Place an X in one of the following boxes to indicate how supervisory services are to be conducted:

- Request Receiving State to Arrange Supervision: Mark this box if the sending agency cannot supervise and does not have a contractual or other agreement with a pre-determined agency to provide these services. Usually the public social service agency will be asked to provide supervision following an approved home study and subsequent placement.
- Another Agency Agreed to Supervise: Mark this box if the sending agency already has received the formal agreement of a pre-determined supervisory agency. This choice is most likely to be marked in agency adoptive placements where an agency in the receiving state already has provided an adoptive home study and will be providing ongoing services to the adoptive family.

  Do not mark this item simply because you know which local office of the public agency will receive this referral and might even have discussed the case over the telephone. That does not constitute an agreement to supervise.
- Sending Agency to Supervise: Mark this box if it is logistically feasible, it is the best case plan, and the receiving state has granted the sending agency permission (which may or may not include licensure) to provide services in its state.

Supervisory Reports Requested: To be completed even though placement may not be a certainty at this time. Indicate how frequently you wish to receive progress reports; quarterly is most common.

Be very discriminating in your use of "upon request," because that leave the provision of supervision open-ended with no commitment to provide that service until you request it. Use "other" when you wish to receive reports at a less usual frequency, such as monthly or annually (specify the period).

Name and Address of Supervising Agency in Receiving State: If you know the name and address of the supervising agency, type that information onto the line indicated. If not known by the sending agency, that information should be completed by the receiving state's compact office following receipt of a recommendation indicating that placement may be made.

Enclosed: Indicate which of the following items are enclosed:

- Child's Social History: Should accompany the majority of referrals; includes the pre-placement summary on adoption referrals and can be written with non-identifying information, if appropriate and preferred.
- Home Study of Placement Resource: Attach a current home study if one is not being requested; most likely to be marked if you already have an approved home study or the child is relocating with foster parents and the foster home study is enclosed.
- Court Order: All applicable court documents should be enclosed, e.g., custody/guardianship orders, surrenders, orders terminating parental rights, and orders requesting a home study for the court.
- ICWA Enclosure: Obtain a letter from the child's tribe showing that the child is a member or is eligible for membership.

- Financial/Medical Plan: Attach the plan of how the proposed placement will be funded and how the children's medical needs will be covered.
- IV-E Eligibility Documentation: Attach a copy of the determination of IV-E eligibility.
- Other Enclosures: Indicates other pertinent materials, such as psychological evaluations, permanency plan, medical reports, and school reports. It is not necessary to itemize them on the form.

Signature of Sending Agency or Person: The form should be signed and dated by anyone outside of the compact office who is completing the form. This includes a person with this authority in the county social services agency, private agency, or court and any private individual or family member who is legally responsible for the child (as indicated in Section I and Section II, Legal Status).

Signature of Sending State Compact Administrator, Deputy or Alternate: Pursuant to Article III(d) of ICPC.

This form must be signed and dated by the compact administrator, deputy, or alternative in the sending state, if the regulations of the sending state provide for transmittal of the form through the sending state's compact office. This is usually the case.

Section IV: **Action by Receiving State.** The compact office in the receiving state completes this section. The designated person reviews the proposed placement and all required information and indicates whether the placement can lawfully be made.

Remarks might include conditions or reservations to be noted or that an affirmative notice under Article III(d) is being given retroactively. The compact administrator or alternate then signs and dates the form.

IV-E Changes, Form 470-3918

Purpose

Form 470-3918, *IV-E Changes*, is used by social work case managers (SWCM) and social worker IVs (SW4) to communicate information to IV-E income maintenance workers regarding changes that potentially affect IV-E eligibility and claiming. The IV-E worker uses the form to document:

- The effect the reported change has on IV-E eligibility and claiming; and
- That a IV-E annual review was completed.

Source

Complete this form on line using the templates available in the public state-approved forms folder on Outlook or on the DHS Intranet eForms web page. Supplies of the form can also be printed from the sample in the manual or the templates.

Completion

The **SWCM or IV-E worker** completes Section 1 regarding the child's information.

The **SWCM** completes Section 2 regarding changes.

The **SW4** completes Section 3 regarding the RE2 finding.

The **IV-E worker** completes Sections 4 and 5 regarding impact the change has on IV-E eligibility and claiming requirements.

Distribution

The SWCM forwards the form to the IV-E worker.

- The form can be sent via e-mail if there are no paper attachments included with the form.
- If a court order is received via e-mail, e-mail both forms to the IV-E worker.
- If there is a paper attachment (court order or voluntary placement agreement), forward the paper copy of the form along with the attachment.

The IV-E worker must file the completed copy of the form in the IV-E case record.

Data

Complete the form as follows:

Section 1 (SWCM or IV-E worker)

Complete the child's information.

Section 2 (SWCM):

- Complete the applicable section based on the type of change that occurred.
- Attach applicable court orders to the form.

Section 3 (SW4):

- Identify the RE2 due date.
- Indicate whether the attached court order contains an RE2 finding and the date FCTL / database entries were completed.
- Sign and date the form.

Section 4 (IV-E Worker):

Mark the box next to the applicable change and complete information regarding the change.

Section 5 (IV-E Worker):

- Indicate whether IV-E funding can be claimed. If the funding status changed, include the effective date of the change.
- Complete the information on ABC entries.
- Sign and date the form.

IV-E Initial Placement Information, Form 470-3839

Purpose

Form 470-3839 is used by the social work case manager (SWCM) to communicate information to the IV-E worker about a child's removal from the home. The IV-E worker needs this information to complete a determination of IV-E eligibility and claiming for children in out-of-home care. The IV-E worker uses this form to document the IV-E determination.

Source

Complete this form on line using the templates available in the public state-approved forms folder on Outlook or on the DHS Intranet eForms web page. Supplies of the form can also be printed from the sample in the manual or the templates.

Completion

The **SWCM** initiates this form for each child who has been placed in out-of–home care, whether through a court order or through a voluntary placement agreement. Complete Section 1 of the form when a child is first placed in an out-of-home setting, within five working days of the agreement or order.

- For voluntary placements, also provide the IV-E worker with a copy of the voluntary placement agreement signed by the parents or guardian and the DHS social work case manager.
- For emergency removals and court-ordered removals, also provide the IV-E worker with a copy of the court order with the removal language.

The **IV-E worker** completes Section 2 through 5 to document whether IV-E initial eligibility and claiming requirements are met.

If the court order does not contain "reasonable efforts" language, track the case to determine if the reasonable efforts determination has been made within 60 days. Once you obtain the reasonable efforts finding, complete form 470-3918, *IV-E Changes*.

Distribution

The SWCM forwards the form to the IV-E worker along with a copy of the court order or the voluntary placement agreement.

- The form can be sent via e-mail if there are no paper attachments included with the form.
- If you received the court order via e-mail, you can e-mail both forms to the other unit.
- If there is a paper attachment (court order or voluntary placement agreement), forward the paper copy of the form along with the attachment.

The IV-E worker must file the completed copy of the form in the IV-E case record.

Data

Complete the form as follows:

Section 1 (SWCM)
Complete the service worker and child's information regarding the child's situation, case identifying information, and removal household information.

Section 2 (IV-E Worker)
Determine if IV-E initial eligibility requirements are met and mark the applicable "Yes/No" box for each requirement. Include dates where applicable.

Section 3 (IV-E Worker)
Determine if the IV-E claiming requirements are met and mark the applicable "Yes/No" box for each requirement.

Section 4 (IV-E Worker)
Indicate whether the appropriate system entries have been made and the date entered.

Section 5 (IV-E Worker)
Sign and date the form.

JCS Referral for Payment, Form 470-3334

Purpose	The *JCS Referral for Payment* transfers information from the juvenile court officer (JCO) needed for DHS to set up a FACS case for payment of foster care services for children being supervised by a JCO.
Supply	Print or photocopy supplies of the form from the sample in the manual.
Completion	The JCO prepares the form on "payment-only" foster care cases (supervised by the JCO instead of a DHS service worker) when: ♦ The child is placed in foster care. ♦ There is a change or new information relevant to the case (changes in demographics, new placements, reviews). ♦ The case closes.
Distribution	File the original in the juvenile court case file. Forward one copy to DHS. If the child has a disability, also send one copy to Benefit Team Services.
Data	The form includes information about: ♦ The JCO. ♦ The foster child and the child's parents. ♦ The child's school status. ♦ The child's removal and placement. ♦ The circumstances leading to the child's removal. ♦ The child's current living arrangement. ♦ The child's current case permanency plan. ♦ Foster care administrative reviews. ♦ The child's finances. ♦ Parental support, FIP, and SSI.

Letter of Removal, Form 470-3018 or 470-3018(S)

Purpose	Form 470-3018 or 470-3018(S) is the means of informing an adoptive family when a placement is terminated. It contains all the information needed to meet the legal requirements for this action.
Source	Complete the English version of this form on line using the template in the public state-approved adoption forms folder on Outlook. Print or photocopy the Spanish version of this form from the sample in the manual.
Completion	The child's guardian (DHS) decides who sends the *Letter of Removal* when the decision is made that the placement is terminated.
Distribution	Make a copy of the completed form. Give or send the original to the adoptive parents. File the copy in the child's case record.
Data	The form gives the reason for ending the placement and explains what the family can do if they object to the removal.

Long-Term Permanency Placement Agreement, Form 470-4540

Purpose	Form 470-0450, *Long-Term Permanency Placement Agreement,* is an agreement between the Department or juvenile court services and the caregivers concerning the permanency placement of a child in foster care.
Source	Print or photocopy the form from the sample in manual and complete it by hand.
Completion	The social work case manager or juvenile court officer shall facilitate the *Long-Term Permanency Placement Agreement* for completion in conjunction with the caregivers and the foster child. The social work case manager or juvenile court officer can fill in the foster child's name and date of birth and check the box that reflects the planned permanent living arrangement. The form is then given to the caregivers to sign and return to the Department social work case manager or juvenile court officer.
Distribution	Make two copies of the completed form. Keep the original in the child's case file. Provide a copy to the caregivers and to the foster child.
Data	Complete a new *Long-Term Permanency Placement Agreement* if there is a change in the long-term permanency placement.

Matching Tool, Form 470-3613

Purpose

Form 470-3613 serves as a guide for participants of an adoption staffing to assist in reaching a consensus on the best match of a potential adoptive family with a particular child. This tool is **not** intended to be the sole basis for the placement decision.

Source

Print or photocopy supplies of the form as needed from the sample in the manual.

Completion

All participants of the adoption staffing complete the *Matching Tool* for each child or sibling group that will be adopted together before the final staffing when a child is being considered for an adoptive placement.

Distribution

Keep the completed *Matching Tool* in the child's file maintained by the adoption worker.

Data

To use the *Matching Tool*, the child's worker shall:

- Assign a number to each family being considered.
- Label each home study with the family number.
- Provide to each staffing participant:
  - A copy of the *Child Study*, form 470-3698.
  - Copies of each numbered home study being considered.
  - A *Matching Tool* for each family.

Each staffing participant shall read and review the *Child Study* and each home study before completing the *Matching Tool*. Each staffing participant shall rate each family, considering how the factors identified in the home study will meet the needs of the child.

When completing the *Matching Tool*, refer to the sections of the home study as indicated on the tool. For example, Line 4 on the *Matching Tool* is "Parenting Experience," and Sections D, K, and J on the home study pertain to that topic.

The ratings of all staffing participants may be averaged to assist in reaching a consensus on the possible best match for the child.

Medicaid Referral, Form 470-3061 or 470-3061(S)

Purpose

The *Medicaid Referral,* form 470-3061 or 470-3061(S), is designed to refer families receiving child welfare services to apply for Medicaid. It is to be used in conjunction with the *Health Services Application*, form 470-2927 or 470-2927(S).

Source

Print or photocopy the English or Spanish version of this form from the sample in the manual.

Completion

When a family that is not currently covered by Medicaid could benefit from financial support for medical and mental health services, the social work case manager responsible for the service case shall:

- Complete the identifying information on the form.
- Give this form to the family along with a *Health Services Application*.

Distribution

Make two copies of the completed form. Attach one to the *Health Services Application* and send or give it to the family. Send one copy to the local office IM Unit. File the remaining copy in the case record.

Data

County No.: Enter the number of the county where the family resides.

Referring Worker No.: Enter your worker number (e.g., CSA1).

Date of Referral: Enter the current date.

Client: Enter the name of the child who is the focus of the services.

SS No.: Enter the child's social security number.

Custodial Relative: Enter the name of the head of the child's household.

Address: Enter the family's address.

Mexican Consulate Notification, Form 470-4385

Purpose

Form 470-4385 is used to provide written notification to the Mexican Consulate Office in Omaha in the following situations:

- When the Department has identified that a child in its custody is either a Mexican national or multiple-nationality minor. NOTE: This identification should be conducted on existing children in DHS custody as well as on new cases entering custody.
- When a parent or custodian of a Mexican national or multiple-nationality minor has requested that DHS notify the Mexican Consulate Office.
- When the Department learns that the noncustodial parent or parents of a child in state custody resides in Mexico (regardless of whether the child is a Mexican national or multiple nation minor).

Source

This form is available as a template in the public state-approved forms folder on Outlook.

Completion

The written notification should be addressed to the Mexican Consulate and should be completed and sent within ten working days of the initial date the child entered state custody.

NOTE: If the DHS worker becomes aware at some point after a child has entered state custody that the child is a Mexican national or multiple-nationality minor, the written notification should be sent to the Consulate without delay.

Distribution

When the Department takes custody of a child who is determined or is believed to be a Mexican national or a multiple-nationality minor:

- Provide written information to the child and the child's parents or custodian, in both English and Spanish, explaining the juvenile court process and the rights of children and parents or custodians in juvenile court.

  Use Comm. 146 (English) and Comm. 189 (Spanish), *The State Has My Child – What Can I Do?*, for this purpose.

- Provide the child and family with the address and phone number of the Mexican General Consulate Office in Omaha, Nebraska.

  Viridíana Miranda, Mexican General Consul
  Mexican Consulate Office
  7444 Farnam Street
  Omaha, Nebraska 68114
  Phone: (402) 595-1862, (402) 312-5006 (cell)
  Fax: (402) 595-1845
  Email: vmiranda@sre.gob.mx

- Let the family know that you will cooperate with staff of the Mexican Consulate in matters concerning DHS involvement with the child.

- Document the date you sent the notification letter in your case file and maintain a copy of the letter under correspondence in the case file.

Data

This form is self-explanatory.

Multidisciplinary Team (MDT) Agreement, Form 470-2328

Purpose	The purpose of form 470-2328 is to formulate an agreement between the Department and various community professionals for consultation during the course of abuse assessments to discuss assessment, diagnosis, coordination of services, possible referrals, and disposition.
Source	This form may be completed on line using the template in the public state-approved forms folder on Outlook.
Completion	Complete the form during the formation of a multidisciplinary team before the dissemination of any individual child abuse information. All parties of the multidisciplinary team must sign, with final approval being the service area manager or designee. Any ad hoc members, whose participation has been approved by the Department, must sign in to each and every meeting attended. Ad hoc members shall be provided with the general terms and conditions of regular team members. All parties must resign each agreement at least annually, by July 1 of each year.
Distribution	The service area manager or designee maintains the original agreement. Furnish one copy to each member of the team and one copy to Central Office, Division of Adult, Children and Family Services.

Non-Law Enforcement Record Check Request Form A, Form 595-1489 or 595-1489(S)

Purpose

Non-Law Enforcement Record Check Request Form A, form 595-1489 or 595-1489(S), is used to authorize a check for criminal convictions on the prospective relative placement and anyone aged 14 or over who lives in the relative's home or has access to a child when the child is alone.

Source

DHS service staff can complete the English version this form on line using the template available through the public state-approved forms folder on Outlook.

The English version of this form is also printed in pads of 50 two-part sets. Order supplies from Iowa Prison Industries in Anamosa.

Print or photocopy the Spanish version of this form from the sample in the manual.

Completion

At the time of initial consideration of the relative for placement, complete this form for:

- The relative, and
- Each person aged 14 or over who:
  - Resides in the relative's home,
  - Works in the home, or
  - Has access to a child when the child is alone.

Obtain the signature of the person being checked under "waiver," so a complete record check may be performed.

When the family returns the forms, check each person's records using the Single Contact Repository (SING) system or the Courts Online web site.

When a person has criminal or abuse records, send form 470-2310, *Record Check Evaluation*, to the subject of the record if you still want to consider the home as a possible placement.

Distribution	Send the family one copy of the form for each person to be checked. The completed forms are filed in the child's file.
Data	Complete the form as follows: ♦ Enter the requesting worker's name, work address, fax number and telephone number in the "From:" spaces. ♦ Enter the name, maiden name, sex, social security number, and birth date of the person whose records are requested. ♦ The requesting worker signs the "request" section. ♦ The person being checked signs the "waiver" section.

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

Purpose	The purpose of form 470-3575 is to notify designated persons that a child protective assessment has been concluded and of the outcome of the assessment and appeal rights.
Source	The English version of this form is available as a template through the Document Generator (DOCM) on the STAR system. You may also complete this form on line using the template in the public state-approved forms folder on Outlook. Print or photocopy the Spanish version of this form from the sample in the manual.
Completion	The child protective worker generates this form following the assessment, when abuse was determined to have occurred by a preponderance of the evidence, but the incident was not placed on the Registry because the incident was minor, isolated, and unlikely to reoccur. Prepare a form for: ♦ The mandatory reporter who made the report if applicable. ♦ DHS child protective worker who assisted in completing the assessment by conducting a courtesy interview. The subject of the assessment or that person's legal representative completes page 2 of the form when the subject wishes to receive those portions of the summary to which they may be entitled.
Distribution	Send two copies of the form to subjects of the report and one copy to other persons being notified. Also send the written summary of the assessment to subjects in the household who participated. Send one copy to the mandatory reporter who made the report, if applicable. Maintain a copy of each notice for the case file.

Data

The STAR system completes:

- The name and address of the person to whom the form is being sent.
- The date the notice is being completed.
- The incident number that was assigned to the report at intake.
- The names of the child subject and the name of the person determined to be responsible for the abuse.
- An 'X' in the applicable box regarding treatment services and juvenile court recommendations from data the worker entered on the STAT screen.
- The type of abuse that was confirmed. Each category of abuse assessed will be listed after the child victim's name under the section "THIS REPORT CONCERNS."

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

Purpose

Form 470-3243 or 470-3243(S) is used to notify designated persons that a child abuse assessment has been concluded, the outcome of the assessment, and appeal rights.

Source

You may complete the English version of this form using the template available through the Document Generator (DOCM) screen on the STAR system or the template in the public state-approved forms folder on Outlook.

Print or photocopy the Spanish version of this form from the sample in the manual.

Completion

The child **protective** worker generates this form following the assessment when abuse was determined to have occurred by a preponderance of the evidence and the incident was placed on the Registry. Prepare a form for:

- The subjects of the report.
- The mandatory reporter who made the report, if applicable.
- The employees of a child protection center involved in the child abuse assessment and child care facility administrators, if applicable.
- The DHS child protective worker who assisted in completing the assessment by conducting a courtesy interview, if applicable.

A subject of the assessment, that person's legal representative, or the mandatory reporter who made the report may complete page 2 of the form when wishing to receive those portions of the summary to which they may be entitled.

Distribution

Send two copies of the form to the subjects of the report and one copy to other person being notified.

Also send the written summary of the assessment to subjects in the household who participated. Maintain a copy of each notice for the case file.

Data

The STAR system supplies:

- The name and address of the person to whom the form is being sent.
- The date the notice is being completed.
- The incident number that was assigned to the report at intake.
- The names of the child subject and the name of the person determined to be responsible for the abuse.
- An 'X' in the applicable box regarding treatment services and juvenile court recommendations, from the data the worker entered on the STAT screen.
- The type of abuse that was founded. Each category of abuse assessed will be listed after the child victim's name under the section "THIS REPORT CONCERNS."

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

Purpose

The purpose of form 470-3242 is to notify designated persons that a child protective assessment has been concluded and of the outcome of the assessment and appeal rights.

Source

You may complete the English version of this form using the template available through the Document Generator (DOCM) screen on the STAR system or the template in the public state-approved forms folder on Outlook.

Print or photocopy the Spanish version of this form from the sample in the manual.

Completion

Following the assessment, the child protective worker generates this form when abuse was not determined to have occurred by a preponderance of the evidence and the incident was not placed on the Registry.

Prepare a form for:

- Subjects of the assessment.
- The mandatory reporter, where applicable.
- DHS child protective worker who assisted in completing the assessment by conducting a courtesy interview.

The subject of the assessment or that person's legal representative completes page 2 of the form when the subject wishes to receive those portions of the summary to which they may be entitled.

Distribution

Send one copy of the form to each subject of the report and one copy to the noncustodial parent and to any other persons being notified.

Maintain a copy of each notice for the case file.

Data

The STAR system supplies:

- The name and address of the person to whom the form is being sent.
- The date the notice is being completed.
- The incident number that was assigned to the report at intake.
- The names of the child subject and the name of the person responsible for the abuse.
- An 'X' in the applicable box regarding treatment services and juvenile court recommendations from data the worker entered on the STAT screen.
- The type of abuse that was alleged but not confirmed. Each category of abuse assessed will be listed after the child victim's name under the section "THIS REPORT CONCERNS."

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

Purpose	Workers use form 470-0602 to notify a service applicant or recipient of all actions taken which affect the client's case and which are not or court-ordered. The form presents the information in a way that meets due process requirements and documents these actions.
Source	This form may be completed on line using the template in public state-approved forms folder on Outlook or it may be printed or photocopied from the sample in the manual.
Completion	The worker prepares an original and one copy of this form to notify clients of eligibility determinations and service needs for the following case actions: ♦ An application is approved, denied, or withdrawn. ♦ The service is changed. ♦ Services are terminated. ♦ A client is required to pay client participation. ♦ The client participation amount changes. ♦ Services are renewed as a result of a regular or special review.
Distribution	Give the original to the client. File a copy in the case record.
Data	**Identifying Information:** The case number may be omitted on applications. **Explanation of Action:** Include in this section: ♦ The action taken; ♦ The services, if new or changes, and ♦ The specific basis for the action in words the client can understand.

If services are being reduced, state the reason clearly. For a termination, include the basis for cancellation and the reason for termination.

Manual or Rule References: State the chapter and subsection of the ***Employees' Manual*** that supports the action taken. (Administrative rule reference may be added).

Fees: For clients with client participation, specify:

- The service the client participation covers.
- The amount of the client participation.
- The period covered by the client participation (e.g., $20 per month).
- The person to whom the fee is payable.

Notice of Intake Decision, Form 470-3789

Purpose	Form 470-3789 is used to provide notification to all mandatory and permissive reporters of the decision made by the Department about whether or not to accept their report of child abuse.
Source	Form 470-3789 is system-generated by CWIS.
Completion	Form 470-3789 will be completed automatically and mailed to the reporter within five working days of the receipt of a report.
Distribution	One copy will be sent to the reporter. Maintain a copy in the case file. Destroy rejected intakes and notices after six months.
Data	The system will enter: ♦ The date of notification. ♦ The name of the reporter. ♦ The reporter's address. ♦ The name of the local office making the decision. ♦ The date on which the report was received. ♦ The name of child and family named in the report.
	The applicable box will be checked to indicate whether the report of child abuse is being accepted or rejected.
	If the report is being rejected, the applicable box will be checked to indicate the reason why the report has not been accepted.

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

Purpose	The *Notice to Relatives* is used to: ♦ Notify a child's relatives that the child's custody has been transferred to DHS for the purpose of placement. ♦ Ask if the relative is willing to be considered for placement of the child or to provide assistance or support for the child. ♦ Identify possible resources available for the relative if the relative takes placement of the child and many of the requirements for becoming a licensed foster parent.
Source	The form is generated from the Comprehensive Child Welfare Information System (CCWIS).
Completion	The social work case manager completes the required fields in CCWIS within 30 days of the court order that transfers the child's custody to DHS for placement with the child's grandparents, adult siblings, parents of the child's siblings or half siblings, aunts, uncles, and other relatives identified by the child's parents. Ensure that you have signed releases from the child's parents before releasing any information to the relatives regarding the child and the removal. You do not need a release of information to send the relative notice to the relative.
Distribution	The notice will be generated and sent to each relative through Central Print. A copy will be stored in the CCIWS system.
Data	The social work case manager completes the required data fields in CCWIS.

Notice to Relatives Worksheet, Form 470-4840

Purpose	The *Notice to Relatives Worksheet* is used to obtain information about the relatives of a child who has been removed from the custody of a parent or guardian.
Source	Complete this form on line using the template in the public state-approved forms folder on Outlook. You can type directly into the template or print the form. Form 470-4840 is printed in pads of 25 two-part carbonized sets. Order supplies from Iowa Prison Industries at Anamosa in the usual manner.
Completion	The social work case manager initiates the *Notice to Relatives Worksheet* for each removal episode from the home, even if the child returns home within 30 days of removal. The parents may complete the form independently or with the assistance of the worker. Each parent should complete the worksheet. Send the *Notice to Relatives*, form 470-4769, to the persons listed on the worksheet.
Distribution	Keep the original in the child's case file. Provide a copy to the foster parents if requested.
Data	"Relatives of the child" include the grandparents, aunts and uncles, adult siblings, and other adult relatives who are suggested by the parents.

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

Purpose

Form 470-4894 is used to notify school personnel that a child is in foster care or to engage educators to ensure and monitor appropriate school placement. If the child is transferring schools, the form triggers a five-day requirement for the district to transfer records. This form notifies educators at the receiving school to enroll the child immediately.

Source

Print or photocopy supplies of the form from the sample in the manual.

Form 470-4894 is also available as a fillable PDF on the Department's website. DHS workers may also complete the PDF on the Policy Coordination Employees' Manual SharePoint site.

Completion

The social work case manager completes this form:

- When a child has entered foster care, or
- When a placement change is expected for a child in foster care, or
- To engage educators regarding the education or behavior of a child in foster care.

Iowa Code section 232.2 requires the Department to:

- Provide evidence that there was an evaluation of the appropriateness of the child's educational setting;
- Provide evidence that:
  - The Department coordinated with appropriate local educational agencies to identify how the child could remain in the home school; or
  - If it was determined not to be in the child's best interest to remain in that school, that local educational agencies immediately and appropriately enrolled the child in another educational setting during the child's placement.
- Ensure that the child's educational records were provided to the new educational setting.
- Document the education stability of a child in foster care.

Iowa Code section 280.29 requires a school district, upon notification by the Department:

- That a child in foster care is transferring from one school district to another school district, to transfer all education records to that district no later than five school days after receiving notification.
- That a child in foster care is transferring into the school district, to provide for the immediate and appropriate enrollment of the child.

Distribution

Contact the parent or guardian, as appropriate, to explain the necessity of communication with the schools. Send the completed form to a school principal, who may forward to the appropriate education professional (i.e., counselor, homeless liaison). Send to one or both of the following, as appropriate, and place in the child's case file.

- The school the child is currently attending.
- The school the child is likely to be enrolled in, if a school change is being considered.

Data

The social work case manager completes this form as follows:

Name: Include the name of a school principal.

Address: Address of local education agency (school or AEA).

Greeting: After "Dear," print the name of the school principal.

Child's Name: Print first, middle, and last name of the child.

Date of Birth: Print child's date of birth to help the schools identify the child.

Official Notification: Indicate the appropriate selections.

Note on Parental Consent/Legal Authority: Consent from the parent or guardian is not required for DHS to share that the child is in foster care or to discuss the appropriate school placement. However, health, substance abuse, child protection, and HIV information may not be shared without parent or guardian consent. Encourage the parent to communicate with educators on behalf of their child, as appropriate.

School officials with questions may contact the Department of Education staff indicated on the form.

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

Purpose	Form 470-5079 documents the guardian's: ♦ Time-limited approval for foster children to travel out-of-state with the foster parents and ♦ Consent for emergency medical treatment if attempts to secure permission of the parent or guardian, and Department are unsuccessful.
Source	Complete this form on line using the template available in the public state-approved forms folder on Outlook.
Completion	When there is more than one child traveling with the foster parents, indicate the gender after each child's name by putting an "M" or "F." The form is signed by the: ♦ Child, as appropriate, ♦ Child's parent or guardian, ♦ Foster parents, ♦ Case manager or supervisor, and ♦ Area service administrator or designee. If one of the child's parents is not available or cannot be located, document the attempt to locate the parent in the case narrative and have the other parent sign the form.
Distribution	Provide the original form to the foster parent and place a copy in the child's case file.

Parent Profile Referal and Intake Form, Form 470-5073

Purpose	Form 470-5073, *Parent Profile Referral and Intake Form*, is a communication tool for the referral process. The form is used to collect general intake information needed by the Parent Partner Program to provide support for the parent.
Source	Print or photocopy supplies of the form from the sample in the manual.
Completion	The referring person completes as much of the form as possible (aside from the section for program use only). The local coordinator or lead parent partner should meet with the parent to complete the rest of the form. This allows the local coordinator to make a decision to provide support for the parent. After completing the form, the contractor enters it into the Parent Partner database within 30 days.
Distribution	This form contains **confidential information** about an individual. Do not leave the form unattended. Do not share the information with others. Treat the information as securely as possible. Once this form is completed, the worker forwards the form to the local coordinator via email or hard copy.
Data	Provide all the information in the Referral Information and Parent Information sections. Provide as much information in the Family Section that is known within a reasonable timeframe. This information is primarily used to determine whether or a not an individual will be accepted as an appropriate referral. This information will be used to determine a parent partner match.

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.

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.

Payee/Placement Changes, Form 470-3359

Purpose	Form 470-3359 is used to provide information to the contractor for the SSI Advocacy Project regarding payee changes or placement changes.
Source	Form 470-3359 is available as a template in the public state-approved forms folder on Outlook, Service folder.
Completion	The child's service worker prepares this form when changes have taken place during the time the referral is being processed and after a positive decision.
Distribution	Complete the form in Outlook. Print the form and FAX to the contractor for the SSI Advocacy Project to the telephone number on the form along with the current court order giving DHS custody of the child. File the form in the child's case record.
Data	The form contains identifying information, payee change request, and data about the child's move within or out of foster care.

Photography Record, Form 470-3350

Purpose	Form 470-3350 is used to inform Iowa KidsNet when arrangements have been made to photograph a child who will be featured on the state and national Internet exchanges or print publications.
Source	Print or photocopy supplies of the form as needed from the sample in the manual.
Completion	The child's adoption worker prepares three copies of this form after identifying a photographer and making an appointment for a photo session. Call a volunteer photographer in your area, identify the photographer, and arrange a time for the photography session. To obtain information on participating photographers in your area, contact Della at Iowa KidsNet at 515-271-7399.
Distribution	Mail or fax one copy of the completed form to: Iowa KidsNet Attn: Della Degner 3125 Cottage Grove Avenue Des Moines, Iowa 50311 Fax: 515-271-7450 Phone: 515-271-7399 ddegner@iowakidsnet.com Keep a copy of the form in the child's case record and take a copy of the form to the photo shop.
Data	List all children in a sibling group and their Exchange numbers on the same form. NOTE: Iowa KidsNet can receive digital photos of children. The photo's resolution must be 250 or more. The photos can be JPEG or TIF files. Instruct the photographer to mail this form with the CD or film to the above address.

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

Purpose	Form 470-0580 or 470-0580(S) is used to obtain an initial and continuing record of a child's physical history and medical care. The form may be used for children in all foster care situations, as it meets the federal Medicaid requirements for early and periodic screening and the federal requirements for inclusion of health information in a child's case permanency plan.
Source	Print or photocopy the English or Spanish version of this form from the sample in the manual.
Completion	The child's physician shall complete the *Physical Record* or equivalent document: ♦ Before a child's entry into foster care, if at all possible, and ♦ At least annually thereafter. Whenever possible, give the form to the child's parents to be completed before placement. If the form is not completed before placement, it shall be completed within 14 calendar days of a child's entry into foster care. If the child has to be placed in foster care before the examination is completed, you may request the foster care provider's assistance in getting the form completed. If neither the parents nor foster care provider assist in getting the form completed, make arrangements for the examination. If the *Physical Record* does not have immunization information attached, get this information from the child's family or from the school where the child is enrolled at the time of placement. If the child's immunization record is not available, work with the child's physician to determine what immunizations are needed.
Distribution	File the original form, signed by the physician, in the child's record. Make two or more copies. Give a copy to the foster care provider.

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

Purpose	Form 470-0719 is used in securing a written agreement as to acceptance of a child in foster care in a child-placing or child-caring agency.
Source	Complete this form on line using the template in the public state-approved forms folder on Outlook. Supplies may also be printed from the sample in the manual.
Completion	The foster care worker shall prepare two copies of this form at the time a child enters purchased foster care and upon each change in placement. The immediate supervisor shall approve the form.
Distribution	File the original of form 470-0719 in the child's case record. Give the duplicate to the child-placing or child-caring agency.
Data	Under the "special provision" section, make explicit any agreement between the Department and the agency that is not otherwise made explicit in the agreement.

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

Purpose	Form 470-5081 is a written agreement with a child-placing agency contracted with the Department to provide SAL services used to secure acceptance of a child in SAL foster care. The Department worker also uses this form to authorize the purchase of SAL services.
Source	This form may be completed on line using the template in the public state-approved forms on Outlook. You can also print or photocopy the form from the sample in the manual.
Completion	The Department worker, as the "referral worker" completes the form before: ♦ The child is placed into SAL foster care. ♦ Initiation of services by the SAL contractor. The immediate supervisor of the referring worker must approve the form.
Distribution	Send the original to the contractor. Keep a copy in the child's case record.
Data	In the "Placement Agreement" section, complete: ♦ Information identifying the contractor and child, and ♦ Necessary information within the agreement. Under "Service Authorization," enter: ♦ The appropriate SAL service codes, ♦ The number of units of service you are authorizing (one unit equals one hour), and ♦ The beginning and ending dates of authorized services. Standard services include supervision, guidance, monitoring, and life skills training. If specific services beyond those are needed to meet the needs of the child (e.g., parent skill development services, emphasis on a specific life skills, specific medical needs), describe them under "Special Provisions."

Placement Agreement: Specialized Psychiatric Institution, Form 470-2490

Purpose	Form 470-2490 is used to secure a written agreement when a foster care child in Department custody or guardianship is placed in a specialized psychiatric institution.
Source	This form may be completed on-line using the template in the public state-approved forms folder on Outlook. Form 470-2490 can be photocopied from this manual as needed.
Completion	The foster care worker shall prepare this form at the time a child enters the placement. The immediate supervisor shall approve the form.
Distribution	File the original in the child's case record. Give the duplicate to the facility.
Data	Under the "special provision" section, make explicit any agreement between the Department and the facility, not otherwise made explicit in the agreement.

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

Purpose	Form 470-3616 or 470-3636(S) documents that an adoptive family was given preliminary consideration for a child and the family was given the opportunity to ask for additional information about a child to assist in their decision to be considered for a particular child.
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 or photocopy the Spanish version of this form from the sample in the manual.
Completion	The adoption worker may send this letter before the adoption selection staffing to any prospective approved adoptive family that the worker wishes to consider for a particular child or sibling group. This includes relatives with approved home studies who are not the current caretaker of the child being considered. It is not necessary to send this letter to the child's current foster parents, since your discussion with the foster parents about their interest in adopting a particular child should be documented in the child's record.
Distribution	Send the original to the prospective adoptive family. Keep a copy of the letter both in the child's record and the adoptive family's file.
Data	If the child is not listed in the photolisting book, complete a brief summary (similar to what would be in the photolisting book) and include the summary in the letter.

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

Purpose	Form 470-3617 or 470-3617(S) is used to inform adoptive families who were considered for a particular child that they were not selected.
Source	DHS workers can complete the English or Spanish version of this form on line using the templates in the public state-approved adoption forms folder on Outlook.
Completion	The adoption worker may send this letter to all adoptive families who were considered during the selection staffing for a particular child. Send the letter after the selected family has been contacted to confirm their interest in proceeding with adoptive placement.
Distribution	Print three copies of the form. Send the original to the prospective adoptive family. Keep a copy of the letter both in the child's record and the adoptive family's file.
Data	Self-explanatory.

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 *Request for Approval of Supervised Apartment Living Foster Care Placement*, 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: ♦ 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.

Protective Child Care Documentation, Form 470-4895

Purpose	Form 470-4895, *Protective Child Care Documentation*, collects information on children needing protective child care that is required to determine eligibility for Child Care Assistance.
Source	Complete this form on line using the template in the public state-approved forms folder on Outlook.
Completion	The child protective worker or social work case manager completes this form when there is a need for protective child care.
Distribution	Keep a copy of the form in the service file and e-mail a copy to the worker entering the case into KinderTrack.
Data	The service worker enters the following information:

- A check indicates if this is a new application, review, or change.
- The date the *Application for All Social Services* is signed by the applicant, recipient, or legal guardian.
- A check indicating the need for service is to prevent or alleviate child abuse or neglect. Also check if the need has been documented in the case plan, the safety plan, or the case narrative or if a court order is attached to this form.
- A check indicates the action requested: beginning eligibility, continued eligibility, or close protective child care. The effective date must be entered for the action requested. If case is closing, enter a reason.
- A check indicating who the children reside with (parent or caretaker).
- The full name of the parent or caretaker of the children needing care. (If there are two parents or caretakers in the home, information is needed for both.) If the caretaker is a relative, custody or guardianship is not required to be formalized through the court.
- The parent or caretaker's phone number.
- The parent or caretaker's state identification number.

- The parent or caretaker's social security number. Leave blank if the person does not have a social security number.
- The address, including the street, city, and ZIP code where the children live.
- The county of financial responsibility.
- Each child's information:
  - The name, date of birth, social security number, state ID number, sex, date the child started kindergarten (for 5-year-olds), name of school, race, ethnicity, citizenship, and alien status. Leave the social security number blank if the child does not have a number.
  - A check indicating if any child has special needs.
  - Names of the children with special needs.
- Hours/Days of Child Care Needed
  - The days and times the child needs care for both school days and nonschool days.
  - A check indicating need for supervisory approval for three or more units of child care per day.

  The supervisor must provide an explanation of why three or more units of child care are needed per day and must sign the form. NOTE: Child care cannot be approved for 24-hour-a-day care.
- Child Care Provider Information
  - The child care provider's name, phone number, street address, city, state, and ZIP code, the provider number (if known), provider approval date (if known), date care started, and date care ended (if appropriate).
  - Duplicate information for a new provider, if applicable.
  - A check to indicate the type of provider. When the form is completed for a change in providers, indicate the type of the new provider.

  NOTE: The family can choose any provider unless the choice is not safe. Document in the service file the reasons the provider chosen is not safe and work with the family to identify a safe provider.

- A check indicating required information that is being attached with the form, which could be:
  - The parent or caretaker's written statement of the child's citizen status,
  - A printout of child's TD03 screen from the ABC if the child has been on benefits,
  - A current court order,
  - Documentation verifying special needs, or
  - A statement from the provider explaining what extra services or care is needed for a child with special needs.

  NOTE: To pay a special-needs rate, you must have documentation of a child's special needs and a statement from the provider explaining the extra services that will be provided.

Receipt of HIV-Related Information, Form 470-3227

Purpose	Form 470-3227 is used by the person receiving HIV-related information to document understanding of the confidentiality of this knowledge.
Source	Print or photocopy the form from the sample in the manual.
Completion	The worker prepares an original and one copy of the form. All persons to whom the Department releases HIV-related information regarding a specific child verbally or in writing shall sign this document within 10 days of receipt of the information. (Iowa Code section 141A.9)
Distribution	File an original in the case record and give a copy to the person receiving the information.
Data	Complete all items.

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

Purpose	This form is used to provide a form on which a relative home study can be completed whenever a court has created a priority placement order.
Source	Form 470-3926 is available as a 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 service worker in the receiving state completes three copies of this form when form ICPC 101, *Sending State Priority Home Study Request*, is received.
Distribution	Send the original and two copies to the deputy compact administrator in the Division of Field Operations.
Data	Complete each section of the form by either entering the required information or by entering "Not Applicable."

Identifying Information

Name of Child to be Placed: Enter the child's name (last name, first name, and middle initial, if any). If more than one child is proposed to be placed with the caretaker, list all additional children on a separate sheet and attach it to the back of the home study.

Age: Enter the age of the child who is proposed to be placed, as of the date this form is completed. If more than one child is proposed to be placed with the caretaker, list each additional child's age on the separate sheet.

Sending State: Enter the name of the state that issued form ICPC 101.

Ethnic Group: Enter the ethnic group to which the child belongs (as shown on form ICPC 101). If more than one child is proposed to be placed with the caretaker, list each additional child's ethnic classification on the separate sheet.

DOB: Enter the child's date of birth as listed on form ICPC 101. If more than one child is proposed to be placed with the caretaker, list each additional child's date of birth on the separate sheet.

Dates of Telephone Contact: Enter the dates (mm/dd/yy) on which you made telephone contact with the proposed caretaker.

Dates of Home Visits: Enter the dates (mm/dd/yy) on which you made each home visit with the proposed caretaker. You must make at least one home visit with the proposed caretaker.

Proposed Caretaker/Spouse

This section relates to the proposed caretaker and spouse, if applicable. It is essential to enter complete information to answer each question.

Name: Enter the name (last name, first name, middle initial) of the proposed caretaker. This information must agree with the names on form ICPC 101. (If the name does not agree with information on form ICPC 101, contact the deputy compact administrator for instruction before completing the rest of the form.)

Social Security Number: Enter the social security number of the proposed caretaker. If the caretaker does not have a social security number, enter "none" on this line.

Address: Enter the address (street, apartment number, city, state, and zip code) of the proposed caretaker. If the address is a rural route, include the route number and box number.

Telephone Number (Home) and (Work): Self-explanatory. Include area code. If the proposed caretaker does not have a telephone, enter a message telephone number, if possible. If the proposed caretaker does not have a telephone number or a message telephone number, enter "none."

Marital Status: Place an X in the marital status of the proposed caretaker, as follows:

S	Single
M	Married
Sep	Separated
D	Divorced
W	Widowed

Living With: Enter the name (last name, first name, and middle initial) of the adult person (other than legal spouse) with whom the proposed caretaker is living, if any.

Caretaker/Spouse: Enter the name (last name, first name, and middle initial) of the caretaker's spouse, if the caretaker is legally married.

Employer's Name and Address: Enter the company name and address of the employer, if the proposed caretaker is employed.

Employer's Telephone Number: Enter the work telephone number, including area code, of the employer of the caretaker's spouse. If the employer does not allow the employee to receive telephone calls while on duty, specify that information beside the telephone number.

Income: Enter a dollar amount for the gross income of the household. Place an X in the box, which reflects the pay period involved. You **must** submit income verification.

Head of Household: Enter the name of the adult (aged 18 or older) who is considered to be the head of the household, as evidenced by the name on rent receipts, utility bills, etc.

Number of Members in Household: Enter the number of adults ages 18 or over and the number of children under the age of 18 in the household. Use the designation "A" for adults and "C" for children. Example: A = 2 and C = 1 indicates there are two persons aged 18 or over and one child under the age of 18 in the home.

Relationship to Proposed Caretaker: Enter the relationship of the proposed caretaker to the head of household, if applicable. If they are the same people, enter "same."

Length of Relationship (if not marital): Enter the length of time the proposed caretaker and head of household have had a relationship. If the head of household is the proposed caretaker, enter "same."

Relationship of Proposed Caretaker to Child: Enter the relationship between the proposed caretaker and the child who is being considered for placement in this home. Specify "paternal" or "maternal" to identify which side of the family is involved.

NOTE: Consider "half" relationships the same as whole relationships (e.g., a half sister is the same as a sister). Consider "step" relationships the same as if related by blood (e.g., a stepbrother is the same as a brother).

A relationship by marriage terminates when death or divorce occurs, but if a child was born of the married parents, the relationship between the parents continues even after the marriage is dissolved.

Legal relationships between the child and members of the extended family may be altered when a court has terminated parental rights of the birth parents. If the parental rights of only one birth parent have been terminated, the child's relationship to the other parent (and the relatives of that parent) remains in effect.

Reason for Wanting to Care for Children: Enter the reason given by the proposed caretaker for wanting to care for these children and include your assessment of the response.

How did you hear about child's situation? Enter the response of the proposed caretaker to this question and your assessment of the response.

Do you understand the situation that caused this request? Enter the response of the proposed caretaker to this question and your assessment of the response.

Ability to protect child from offender: Enter your assessment of the ability of the proposed caretaker to protect the child from the person who perpetrated abuse or neglect.

Willingness to provide care (time-limited or open-ended): Enter the response of the proposed caretaker to this question and your assessment of the response.

Appropriateness of child care plans: Enter the response of the proposed caretaker to this question and your assessment of the response. Include any necessary explanation if the proposed caretaker does not plan to use child care or if the child to be placed with the caretaker does not require child care.

Forms of discipline: Enter the forms of discipline, which the proposed caretaker plans to use. Indicate whether corporal punishment will be used.

Is present income adequate? Enter your assessment of the adequacy of the income in the home to meet both current expenses and the additional expenses if the child is placed in the home.

Willingness (ability) to care for child without financial help: Check "yes" or "no" to indicate the caretaker's response.

Willingness to accept and apply for FIP? Check "yes" or "no" to indicate the caretaker's response.

Requests foster care benefits? Check "yes" or "no" to indicate the caretaker's response

Willingness to undergo licensure? Check "yes" or "no" to indicate the caretaker's response.

Special Needs

Using the information contained on form ICPC 101, enter your assessment of the caretaker's ability to meet the child's special needs, as well as the resources available in the schools and community to meet the child's special needs.

Other Adults in Household

List each person in the household aged 18 or over separately. Use an additional sheet to list household members if needed. For each person, note:

- Name
- Age
- Relationship to proposed caretaker
- Relationship to child to be placed
- Attitude towards placement

Other Children in Household

List each child in the household separately. Note:

- Name.
- Age.
- Relationship to proposed caretaker.
- Relationship to child to be placed.
- Attitude towards placement. If children in household are too young to respond to "attitude towards placement," enter "child too young."
- School progress and problems. For each child in the household who is school age, enter the progress problems being encountered in school.

- Previous contacts with public or social service agencies: Enter the response of the caretaker to this question. Include all previous contacts of each member of the household with each public or social service agency describe:
  - The dates of contact
  - Types of contact
  - Services offered and provided
  - Outcomes

Clearances

Describe the results of criminal records and child abuse registry checks for each adult member of the household. If for some reason these checks are not completed, please explain.

Police: Conduct a criminal record check as directed 17-B(4), Topic 4, Record Checks for Emergency Placements.

Child abuse and neglect: Check the Central Abuse Registry using the procedures in 17-B(4), Topic 4, Record Checks for Emergency Placements.

Family known to public/social services agencies: Check the FACS system for current or prior cases on the family.

Health

Check "yes" or "no" to indicate whether proposed caretaker and other family members state that they are in basic, good health and free of communicable diseases. If not, attach separate page of explanation.

Home and Community

Adequacy of space: Enter your assessment of the proposed caretaker's home in relation to its adequacy to accommodate the child who is being considered for placement.

Will the child have his/her own bed? Check "yes" or "no." If no, explain.

Will the child have his/her own closet space? Check "yes" or "no." If no, explain.

Will the child share a bedroom? Check "yes" or "no."

With whom? If the previous question was answered "yes," enter the name of each child with whom the child will be sharing a bedroom.

Housekeeping standards: Enter your assessment of the proposed caretaker's housekeeping standards, taking into account the needs of the child who is being considered for placement.

Viewed potential hazards, safety problems, (please specify): Enter your assessment of any potential hazards or safety problems, which could affect the child, who is being considered for placement. If no potential hazards or safety problems are observed, enter "none."

Appropriateness of neighborhood: Enter your assessment of the caretaker's neighborhood, taking into account the needs of the child who is being considered for placement.

Proximity to schools, medical services, etc.: Enter your assessment of the proximity of community resources being available to the caretaker and the child being considered for placement, taking into account the child's special needs, if any.

Area of Concern

Explain any potential problem areas that you anticipate.

Case Plan From Sending State

Is the submitted case plan suitable/adequate for this placement? Check "yes" or "no." If no, explain in the space provided.

Do you have any recommended changes in the case plan or goal? If none, enter "none" in this section.

Are there any restrictions, limitations you would place on the proposed family, the court, the placing agency? Enter as much detail as necessary to explain your responses. If none, enter "none" in this section.

Financial/medical plan from sending state. Is it adequate for this child? Check "yes" or "no." If not, explain why.

Study Narrative

Discuss any areas that cannot be addressed by this abbreviated study. Expand on any area that needs clarification.

Worker's Recommendations: Check "For placement" or "Against placement" as applicable. If the recommendation is against placement, please explain.

NOTE: The ICPC unit or the sending agency will not accept the form if this section is left blank.

Comments (if appropriate): Self-explanatory.

Name of Worker: Print your name.

Name of Supervisor: Print the name of your immediate supervisor.

Title: Enter your job title on the left side of the page and your supervisor's title on the right side of the page.

Signature: Sign your name on the left side. If appropriate, your immediate supervisor signs on the right side.

Date: On the left side of the page, enter the date when you signed the form. On the right side of the page, enter the date when your supervisor signed the form, if applicable.

Telephone Number: Enter the respective work telephone numbers of yourself and your supervisor. Including area code and, if applicable, the extension.

References

Space is provided to enter information for three references as given by the proposed caretaker. For each one enter the:

- Street address,
- City,
- State,
- Zip code,
- Home telephone number, and
- Work telephone number, if applicable.

Beside each identified reference, check the box "yes" or "no" to indicate whether you contacted the reference.

Beside each reference you contacted, check the box "positive" or "negative" to indicate whether the information given by the reference was positive or negative about the proposed caretaker and the plan to place the child with the proposed caretaker.

If a reference gives a negative report, please explain the information.

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.

Referral and Authorization for Child Welfare Services, Form 470-3055 or 470-3055(S)

Purpose	Form 470-3055 or 470-3055(S) is used by the Department worker as a referral form to inform the contractor about: ♦ Services the contractor is authorized to provide. ♦ When services are terminated or changed during the authorization period.
Source	Department staff may complete the English version of this form on line using the template in the FACS system or the template in the public state-approved forms folder on Outlook. Print or photocopy the Spanish version of this form from the sample in the manual.
Completion	The DHS worker, as the "referral worker," completes the form before: ♦ Initiation of services, when referring to a contractor for service delivery, ♦ The date of change, when terms of the services change, or ♦ The termination date, if services are terminated during the authorization period.
Distribution	Send the original to the contractor. Keep a copy in the case record.
Data	Complete the contractor's name and address, the name of the billing child, the service code, effective date, and final eligibility date.

Relative Home Study Face Sheet, Form 470-5035

Purpose	Form 470-5035 provides demographic information and a family and household members who are being studied for the placement of a child.
Source	Complete this form on line using the template available in the public state-approved forms folder on Outlook. You can also print the form from the sample in the manual.
Completion	The Department worker or the recruitment and retention contract worker completes the *Relative Home Study Face Sheet* as a part of completing the relative home study. The home study worker should complete the information at the first meeting with the family.
Distribution	Attach a copy to the completed relative home study and maintain it in the child's file. If the recruitment and retention contractor does the home study, the contractor shall also keep a copy in its file.
Data	The form: ♦ Identifies the referred children and the home study worker. ♦ Contains demographic information about the relative family. ♦ Notes environmental factors and family preferences. ♦ Records the results of background checks on family members.

Release of Confidential HIV Information, Form 470-3234

Purpose	Form 470-3234 documents the release of HIV information and reasons for release. A record is maintained to ensure compliance with confidentiality policies for HIV information.
Source	Print or photocopy form 470-3234 from the sample in the manual.
Completion	The worker prepares one copy of the form.
Distribution	The form is filed in the client's record.
Data	Record: ♦ The type or method of release, ♦ The date HIV information was released, ♦ The type of information released, ♦ The recipient of the information, and ♦ The reason why HIV information was released

Report of Suspected Child Abuse, Form 470-0665 or 470-0665(S)

Purpose	Form 470-0665 provides a method for gathering the information.
Source	The English version of this form is available as a template in the public state-approved forms folder on Outlook. Print or photocopy supplies of the form from the sample in the manual. Make supplies available to mandatory reporters upon request. To meet the requirement of the law, reporters may also develop their own form. Print supplies of the Spanish version from the sample in the manual.
Completion	The mandatory reporter making the report is to complete a written report within 48 hours after the oral report of the child abuse to the Department to meet the requirements of the reporting law.
Distribution	The mandatory reporter forwards the required copy to the local office. It must be destroyed at the same time as other child abuse information connected with the report.
Data	The reporter is to attach any collateral information on the report to the form.

Report on Child's Placement Status (ICPC 100B), Form 470-0788

Purpose

Form 470-0788 (ICPC 100B) is used to communicate between the placer, the supervising agency, and the respective compact administrators regarding the status of a placement requested under the Interstate Compact on the Placement of Children. It is a national form, known as the ICPC 100B.

Source

Form 470-0788 (ICPC 100B) is available as a 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 person supervising the placement or causing the child to be placed completes this form each time:

- A placement is made.
- A placement is changed.
- An approved placement is canceled.
- A placement is terminated.
- A case is closed.
- There is a change of address or status of the placement (e.g., from foster care to adoption).

The Department worker is responsible for preparing the form for all children in the Department's custody or guardianship who are placed out of state and for all children placed into Iowa for whom the Department has assumed supervision under the compact.

When courts, probation officers, or private agencies have placed a child in another state or accepted supervision of a child from another state, their staff are responsible for preparing the form.

Complete one form per child or per sibling if the action applies to siblings at the same time.

When there is a change of purpose in an existing placement, e.g., from foster care to adoption, form 470-0781 (ICPC 100A) may be required at the request of the receiving state.

Distribution

Complete as follows:

- The sending agency keeps one copy and forwards the completed original plus three copies to the sending compact administrator, deputy compact administrator, or alternate.
- The sending compact administrator, deputy compact administrator, or alternate keeps one copy and forwards two copies to the receiving agency compact administrator, deputy compact administrator, or alternate.
- The receiving agency compact administrator, deputy compact administrator, or alternate keeps one coy and forwards one copy to the receiving agency.

Data

In the "To" box, enter "_____ Interstate Compact Administrator" with the blank filled with the name of the state where the report is to be sent. The Iowa Interstate Unit will complete the address.

In the "From" box, enter "Iowa Interstate Compact Administrator, Department of Human Services, 5th Floor, 1305 E. Walnut Street, Des Moines, Iowa 50319-0114."

Section I: **Identifying Information.** Enter the full legal name and birth date of the child concerning whom this placement information is being reported.

Enter the names of the legal mother and the legal father as on form 470-0781 (ICPC 100A).

Section II: **Placement Status.** To confirm the initial placement, indicate the resource's name and address and the exact date the child was placed in the receiving state. For "Type of Care," enter the same information that is marked for that item on form ICPC 100A: foster family care, adoption, etc.; with relative placements, specify the relationship.

If some aspect of the placement changes while the child remains in the receiving state, mark the "Placement Change" box and indicate the exact effective date of the change.

If the child moves from one placement resource to another, mark all of the remaining boxes and enter the requested information. For example, if a child leaves the parents' home and is placed in a residential treatment center, fill in the facility's name and address and indicate the new "Type of Care."

Subsequent ICPC 100Bs will list the new placement resource under "Identifying Information." Any additional moves to replace the child within the receiving state will be reflected in this same manner.

If only the name (e.g., mother re-marries) or address (original placement resource moves) changes, mark and complete only those items that are applicable.

Section III: **Compact Placement Termination.** Place an X in the appropriate boxes:

- Adoption Finalized: If an ICPC adoptive placement has been finalized (consummated), mark that box and the appropriate box for the state in which finalization occurred, "In Sending State" or "In Receiving State." Attach the final adoption decree.
- Child Reached Majority/Legally Emancipated: Mark this box if the child has reached majority age and has simultaneously ceased to be the responsibility of the sending agency, or if the child has become emancipated through such legal action as marriage or court decision.
- Legal Custody Returned to Parent(s): Mark this box when the child's legal custody/guardianship is returned to the parent which the concurrence of the receiving state. Attach the court order transferring custody to the parents to form 470-0788 (ICPC 100B).
- Legal Custody Given to Relative: Mark this box when the child's legal custody or guardianship is awarded to relatives (other than parents) with the concurrence of the receiving state. Attach the court order transferring custody to the relative.

- Treatment Completed: Mark this item when the placement resource has been providing a specific treatment-oriented service; that service has been completed; and the child is, therefore, being discharged from the facility, e.g., residential treatment center. This box may also be checked if the child was placed through Article VI of the Compact.

- Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State: Mark this box when the jurisdiction of the sending state has ended for some reason other than the transfer of custody to parents or relatives with the concurrence of the receiving state's supervising agency or court.

  For example, if formal legal custody or guardianship is not going to be addressed but both states agree that supervision is no longer required or if both states agree to transfer jurisdiction to the receiving state.

  If the sending state's jurisdiction is terminated without the concurrence of the receiving state (including custody/guardianship transfer), the decision was made unilaterally and that box should be marked.

- Unilateral Termination: Mark this box when the interstate agreement has been terminated unilaterally, whether by the sending or receiving state. A unilateral termination is one which one state ends the interstate placement agreement without the concurrence of the receiving state.

- Child Returned to Sending State: Mark this box when the child returns to the state they were placed from. This may be due to a disruption in placement.

- Child Moved to Another State: Mark this box when the child moves to a state other than the sending state.

- Proposed Placement Request Withdrawn: If you have submitted form ICPC 100A to request placement approval and have decided not to explore that resource further, mark this box, list the "Name" of the "Proposed Placement Resource," and date of your decision to terminate the compact.

Mark this box only when no action has yet been taken on form ICPC 100A. If you are withdrawing more than one request, submit a separate form on each and list each respective "placement resource."

- Approved Resource Will Not Be Used for Placement: Mark this box when you have received an approved form ICPC 100A but have decided not to place the child with that resource. List the name of the "Approved Placement" and date of your decision to end the compact.
- Other Reason: Please mark and specify if the reason for compact placement termination is not listed above; for example, the entire family moved to another state (new address should be indicated under "Placement Change"), the death of a child, the child ran away and whereabouts are unknown.

Date of Termination: Indicate the exact date of the activity, which ended the Compact Placement Agreement.

Section IV: **Signatures.** If a person, individual, or local agency is completing the form, please have a designated person sign, under "Person/Agency/Supplying Information," identify the agency, and date the signature.

The second block should be signed and dated by the compact administrator, deputy, or alternate.

Report on Efforts to Place Child for Adoption, Form 470-2889

Purpose	The purpose of form 470-2889 is to meet the statutory requirement of keeping the court informed of the efforts that are being made to place a child whose parental rights are terminated in an adoptive home in a timely manner.
Source	Complete this form on line using the template in the public state-approved forms folder on Outlook.
Completion	The child's adoption worker initially completes this form within 45 days of receipt of the termination order. A follow-up report is required every 45 days thereafter, until the child is placed in an adoptive family or the court determines that reports are no longer necessary. NOTE: Other report formats may be used according to service area protocol.
Distribution	Submit one copy to the court. Keep one copy in the child's case record.
Data	The form reports the child's current placement and the avenues being used to recruit an adoptive family.

Request for Approval of Supervised Apartment Living Foster Care Placement, Form 470-3186

Purpose

Form 470-3186 is used to:

- Obtain the service area manager's approval for:
  - A child aged 16½ or older to be placed into a SAL cluster-site placement, or
  - A child aged 17 or older to be placed into a SAL scattered-site placement.
- Obtain authorization for payment of start-up costs needed by the child.

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 the form after a foster care staffing has determined that a supervised apartment living placement is the appropriate level of care for the child.

Complete all information above the approval section and obtain the supervisor's signature. Then obtain the signature of the service area manager or designee.

The service area manager or designee:

- Approves or denies the placement,
- Approves or denies a waiver request for continuous placement (if applicable), and
- Indicates the amount of the initial allowance.

Distribution

File the signed original in the case record.

Data

The form lists the eligibility requirements for supervised apartment living placement and the amount of funds, if needed, for start-up costs.

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

Purpose

Form 470-0643 is used:

- To request registered child or dependent adult abuse information.
- To verify the identity of the person filing the request.
- To respond to the request for information.
- To record the dissemination of information.

Source

DHS staff can complete this form on line using the template available through the public state-approved forms folder on Outlook.

Completion

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).

Section 1 and either Section 2 or Section 3 is completed by the individual or agency staff person requesting the information.

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.

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.

Distribution

For requests originating **outside the Department** and **employment checks** 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 Medicaid Information, Form 470-2737 or 470-2737(S)

Purpose	Form 470-2737 or 470-2737(S) is a letter that requests the parents, guardian, or other responsible persons to provide the information necessary to determine the medical coverage group for the child in foster care.
Source	Complete the English version of this form on line using the template in the public state-approved forms folder on Outlook. Print or photocopy the Spanish version of this form from the sample in the manual.
Completion	The service worker shall prepare and mail this form within three working days of a child's entry into foster care.
Distribution	Send one copy to the parents, guardian or other responsible person with the *Health Services Application*, form 470-2927 or 470-2927(S). Maintain one copy in the child's foster care file.
Data	Complete as follows: ♦ Fill in the date the letter is sent to the family. ♦ Enter the family's name and address. ♦ Enter the date that the letter is to be returned to the worker in the designated area. ♦ Enter the service worker's phone number. ♦ Enter the worker's signature.

Request for Tangible Goods, Child Care, and Ancillary Services, Form 470-3056 or 470-3056(S)

Purpose	Form 470-3056 or 470-3056(S) is used to secure prior authorization for the purchase of tangible goods, child care, or ancillary services that foster parents caring for special-needs children may need.
Source	Complete the English version of this form on line using the template available in the public state-approved forms folder on Outlook. Print or photocopy the Spanish version of this form from the sample in the manual.
Completion	The foster care worker shall prepare two copies this form when it is determined that foster parents require the designated services to meet the needs of a special needs child in care. Complete the form before the actual purchase of services. The immediate supervisor shall approve the form.
Distribution	Provide the original to the foster parent and file a copy in the child's case record.
Data	The items on the form are to be completed as follows: **Child's Name:** Enter the child's name. **Age:** Enter the child's current age. **Foster Parent's Name and Address:** Enter the foster parent's name and address. **Reason for Request:** Enter a brief statement (1-2 sentences) detailing the reason for the request. **Describe Child's Special Need:** Briefly describe the special need and how the special need relates to the request. **Identify Service:** Check the appropriate service.

Total Amount Requested: Enter the total amount of the request and indicate if the amount is a one-time-only payment or a recurring monthly payment.

For child care requests, enter the projected number of hours per month care will be provided and the hourly rate. NOTE: Child care services may be provided by a licensed foster parent or a licensed or registered child care provider.

Signatures: Obtain the indicated signatures.

When the service area manager's authorization is obtained, generate payment to the foster parent or service provider via the ABC system according to instruction in 17-E, *OUT-OF-HOME PLACEMENT POLICY AND PROCEDURES*.

NOTE: Secure original receipts, signed by the foster parent or service provider and maintain them in the child's case record.

Rescinding the Consent to Adoption, Form 470-2990 or 470-2990(S)

Purpose	Form 470-2990 or 470-2990(S) is used to rescind the *Consent to Adoption* that the Department previously granted.
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 or photocopy the Spanish version of this form from the sample in the manual.
Completion	The child's adoption worker prepares this form when it is determined before finalization of the adoption that it is not in the child's best interest to finalize the adoption based one or more of the following circumstances: ♦ The request of the adoptive family. ♦ A founded child abuse report or an accusation of child abuse, pending the determination of the report. ♦ Conviction of a crime or an accusation of a crime, pending a court decision regarding the crime. ♦ The request of a child who is aged 14 or over and has reversed the decision regarding the adoption. ♦ Other verified indications that the adoption is not in the best interest of the child.
Distribution	Make two copies of the completed form. Send the original to the family's attorney and a copy to the adoptive family. Keep one copy in the child's case file.

Review Decision on Nonregistered Report, Form 470-3396 or 470-3396(S)

Purpose	Form 470-3396 or 470-3396(S) provides a letter for notifying subjects of the decision following local review of a nonregistered child abuse investigation or assessment.
Source	The English version of this form is available as a template in the public state-approved forms folder on Outlook. Print or photocopy the Spanish version of this form from the sample in the manual.
Completion	The staff person designated by the service area at the time of the decision completes the letter. Issue the letter to inform the subject of the right to administrative hearing on the local office decision on the correction of the report.
Distribution	Send one copy to the subject who requested the review. Make a copy of the completed form to place in the case file.
Data	The template completes the date field. Enter: ♦ The name and address of the person requesting review, in the format for a window envelope. ♦ The date of the request. ♦ The name of the office receiving the request. ♦ The incident number of the report reviewed. ♦ A check in the box for the response to the request for review. ♦ The date of the *Notice of Child Abuse Assessment* for that report. ♦ The name and signature of the person making the decision.

Review Decision on Registered Report, Form 470-3395 or 470-3395(S)

Purpose	Form 470-3395 or 470-3395(S) is a letter for notifying subjects of the decision following local review of a registered child abuse assessment.
Source	The English version of this form is available as a template in the public state-approved forms folder on Outlook. Print or photocopy the Spanish version of this form from the sample in the manual.
Completion	The staff person designated by the service area at the time of the review decision completes the letter. Issue the letter to inform the subject of the right to administrative hearing on the local office decision on the correction of the report.
Distribution	Send the original to the subject who requested the review. Make a copy of the completed form to place in the case file.
Data	The template enters the date field. Enter: ♦ The name and address of the person requesting a review, in the format suitable for a window envelope. ♦ The date of the request. ♦ The name of the office receiving the request. ♦ The incident number of the report reviewed. ♦ A check in the box for the response to the request. ♦ The date of the *Notice of Child Abuse Assessment* for that report. ♦ The name and signature of the person making the decision.

Rights of Youth in Out-of-Home Placement, Form 470-5337

Purpose

Form 470-5337 describes the rights of a youth in an out-of-home placement with respect to:

- Education,
- Health,
- Visitation,
- Court participation,
- The right to receive a credit report every year while in foster care,
- The right to be given certain documents if the youth leaves out-of-home placement at age 18 or older, and
- The right for the youth to stay safe and avoid exploitation.

Source

Form 470-5337 is printed in pads of 25 two-part carbonized sets. Order supplies from Iowa Prison Industries at Anamosa in the usual manner.

Supplies of the form can also be printed from the sample in the manual or the sample in the public state-approved forms folder on Outlook.

Completion

The Department worker must explain the rights, in an age-appropriate manner, to youth on the worker's caseload when the youth becomes 14 years of age or, if the youth is older than 14, after the youth enters out-of-home placement.

After explaining the youth's rights, the youth must sign and date the form indicating that the worker has reviewed the rights in a way the youth understood and answered any questions the youth had.

The worker will review the rights with the youth as needed. The youth must sign and date a new form each time.

In Part C (Transition Plan section) of form 470-3453, *Family Case Plan*, the following statement appears in the transition plan:

> A list of rights with respect to education, health, visitation, and court participation has been discussed with the youth. Also addressed was the right to stay safe and avoid exploitation. The rights document was provided to and signed by the youth, most recently on **(date)**. The rights document was provided to all legal parties of the case and was made part of the case plan. The document is stored in the case file.

The worker needs to put the most recent date the youth signed the form in this statement in the case plan.

Distribution

After the youth signs and dates the form give the original to the youth. Place the copy in the case file.

If the form was printed from the manual, make two copies. The youth must sign and date both copies. Give one copy to the youth. Place the other copy in the case file.

Give a signed and dated copy of the form to all legal parties of the case.

Safety Assessment, Form 470-4132 or 470-4132(S)

Purpose

The *Safety Assessment*, form 470-4132 or 470-4132(S), helps to ensure the safety of the child victim by identifying the safety concerns and involving the family in the development of a plan to address safety needs.

Source

Complete the English version of this form using the template on the Case Flow home page.

Print or photocopy the Spanish version of this form from the sample in the manual.

Completion

The child protective worker must complete the *Safety Assessment*:

- Within 24 hours of the first contact with the child, and
- At the end of the child protective assessment.

The social work case manager must complete the *Safety Assessment* with supervisory consultation before:

- Deciding to initiate unsupervised visitation.
- Deciding to reunify the child with the family.
- Deciding to close the case or recommend case closure to the court.

Either worker shall also complete the *Safety Assessment* whenever circumstances suggest that the child is in unsafe situation.

Use RC-0104, *Safety Assessment Guidance*, to complete the safety assessment. Review information obtained from systems checks, Department records, and any prior or current court involvement.

Distribution

The *Safety Assessment* is not distributed as part of the *Child Protective Services Assessment Summary*. Print the safety assessment and keep it in the case file. If the case is transferred for ongoing DHS services, include a copy of the *Safety Assessment* in the referral packet.

Upon request, provide a copy of the *Safety Assessment* to the subjects of the report. Provide the *Safety Assessment* to a provider of safety plan services when there is a release of information signed by parent.

Data

Case name: The child protective worker enters names of all of the child victims. The social worker case manager enters the youngest child's name.

Incident number/FACS number: The child protective worker enters the incident number. The social work case manager enters the FACS number.

Worker name: Name of the worker.

County: Enter the name of the county of residence of the child.

Date *Safety Assessment* completed: Enter the date the *Safety Assessment* is completed.

Safety Assessments: Check the item that describes the circumstances of the assessment:

- Initial child protective safety assessment
- Child protective safety assessment at the end of the assessment
- Unsupervised visitation safety assessment
- Reunification safety assessment
- Case closure safety assessment
- Unsafe situations safety assessment

Signs of Present or Impending Danger: Identify a concern for present or impending danger by checking "yes," which is defined as "clear evidence or other cause for concern."

NOTE: The form does not give an exhaustive list of examples. For more examples of the signs of present or impending danger, see RC-0104, *Safety Assessment Guidance*.

Description of Safety Constructs:

- Describe the threats of maltreatment that are present at this time (i.e., aggravating factors that combine to produce a potentially dangerous situation)
- Describe the child's vulnerability to maltreatment (i.e., the degree that a child cannot on the child's own avoid, negate, or minimize the impact of present or impending danger)
- Describe the caretaker's protective capacities (i.e., the family strengths or resources that reduce, control, or prevent threats of maltreatment from arising as well as factors and deficiencies that have a negative impact on child safety)

NOTE: See the definitions of present danger and impending danger.

Safety Decision: Check the box to indicate your determination as to whether the child is "safe," "conditionally safe," or "unsafe."

DHS worker signature: Enter an electronic signature.

Date and time completed: Enter the date and time.

Supervisory consulted and manner of consultation: Enter name of supervisor consulted and manner of consultation. Select the phone, e-mail or face-to-face.

Date and time: Enter the date and time of supervisory consultation.

Safety Plan, Form 470-4461 or 470-4461(S)

Purpose	The *Safety Plan*, form 470-4461 or 470-4461(S), is used to identify safety concerns and involve the family in addressing safety needs and documenting actions to be taken to ensure safety of the child victim and the other children.
Source	The English version of the form may be printed from the template on the Case Flow home page or ordered from Iowa Prison Industries at Anamosa in a three-part carbonized set. Print or photocopy the Spanish version of this form from the sample in the manual.
Completion	If the *Safety Assessment* determines that a child is conditionally safe, a *Safety Plan* must be developed. The child protective worker or social work case manager completes the *Safety Plan* with the family.
Distribution	Keep a copy of the *Safety Plan* in the case file. Provide a copy to the family, to the provider of safety plan services upon referral, and to the social worker case manager upon case transfer. The *Safety Plan* is not distributed as part of the *Child Protective Services Assessment Summary*. If the case is transferred for ongoing DHS services, include a copy in the referral packet.
Data	**Child's name:** Enter the name of the child victims. The social work case manager enters the youngest child's name. **Worker and:** Enter the worker's name. **County:** Enter the county name or number. **Incident #:** Enter the number assigned by the STAR database system. **Date/time *Safety Plan* completed:** Enter the date and time the *Safety Plan* was completed. **Safety Concerns:** Enter cause for concern for present or impending danger using the *Safety Assessment*.

Tasks which assure safety and are done by, for how long, and how often:

- **Participant:** Enter the name of each participant who will have responsibility in the safety plan.
- **Agreed upon actions:** Enter the actions that each participant has agreed to be responsible for to ensure the safety of the child victims.
- **How long:** Length of time the participant is agreeing to actions to ensure the safety of the child victims.
- **How often:** Frequency the participant is agreeing to actions to ensure the safety of the child victims.

How the plan is monitored: Enter how the plan will be monitored.

Back-up plan: Enter specific back-up plan for each action to ensure safety of the child victims.

Family and Participant Agreement: The parents or caregivers of the child victims must sign and date the form at the point of its completion to document their agreement with the safety plan. Enter any additional information.

CPW / SWCM / supervisor agreement with *Safety Plan*: Upon review and approval of the *Safety Plan* the child protective supervisor or social work case management supervisor must sign and date the agreement and enter the date and time of approval.

Sending State Priority Home Study Request, Form 470-3925 (ICPC 101)

Purpose	Form 470-3925 (ICPC 101) is used to alert the receiving state to the fact that the court that has jurisdiction over the child has determined that a priority placement of a child from one state into another state is necessary.
Source	Form 470-3925 is available as a 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 service worker in the sending state completes five copies of this form and other ICPC referral materials within three business days of receipt of a court order that indicates the court has determined that a priority placement situation exists.
Distribution	Send the original and two copies to the deputy compact administrator in the Division of Field Operations. Also send a copy to the court that requested the priority placement for verification that the ICPC referral was submitted timely. Keep a copy in the child's record.
Data	If more than one child is proposed to be placed with the caretaker, list all additional children on a separate sheet of paper and attach the sheet to the back of the home study.

Identifying Information

Name of Child to be Placed: Enter the child's complete name, (last name, first name, and middle initial, if any).

Age: Enter the child's age as of the date the form is completed.

Mother's Name: Enter the name of the mother of the child as found on the child's birth certificate.

Ethnic Group: Enter the ethnic group to which the child belongs, such as Caucasian, African-American, Native American Indian, Hispanic, etc. If the child belongs to more than one ethnic group, enter "Biracial" for the child's ethnic group membership.

DOB: Enter the child's date of birth as listed on the child's birth certificate.

Father's Name: Enter the name of the father of the child as found on the child's birth certificate. If there is no father listed on the birth certificate, list the name of the alleged father if known, and specify "alleged." If the child's birth father is unknown, enter "unknown" on this line.

Proposed Caretaker

This section relates to the person who will be providing care for the child when placement occurs. Contact the proposed caretaker to determine the person's interest in caring for the child if the court order does not indicate such information.

Due to the time constraints for completing the home study, it is essential to include all identifying information about the proposed caretaker in the request.

Name: Enter the name (last name, first name, middle initial) of the proposed caretaker.

Marital Status: Enter the marital status of the proposed caretaker, as follows:

S	Single
M	Married
Sep	Separated
D	Divorced
W	Widowed

Living With: Enter the name (last name, first name, middle initial) of the adult person with whom the proposed caretaker is living, if any. If the proposed caretaker is living alone (without any other adult in the home), leave this section blank.

Address: Enter the complete address (street, apartment number, city, state, zip code) of the proposed caretaker. If the address is a rural route, include the route number of the proposed caretaker.

Home Telephone Number: Enter the home telephone number of the proposed caretaker, including the area code. If the proposed caretaker does not have a home telephone number or a home message telephone number, enter "None" on this line.

Work Telephone Number: Enter the work telephone number of the proposed caretaker, including the area code of the proposed caretaker. If the employer does not allow the employee to receive telephone calls while on duty, specify that information beside the number. If the proposed caretaker is not employed, leave this line blank.

Social Security Number: Enter the social security number of the proposed caretaker, if known. Otherwise, leave this line blank.

Relationship to Child Identified Above: Specify paternal or maternal to identify which side of the family is involved.

NOTE: Consider "half" relationships the same as whole relationships (e.g., a "half sister" is the same as a sister). Consider "step" relationships the same as if related by blood (e.g., a "stepbrother" is the same as a brother).

A relationship "by marriage" terminates when death or divorce occurs, but if a child was born of the married parents, the relationship between the parents continues even after the marriage is dissolved.

Termination of parental rights of a birth parent by a court severs all relationships between the child, the parent's parents, and all other relatives (either by blood or marriage).

Best Time of Day to Contact Caretaker: Enter "a.m." if the best time to contact the proposed caretaker is between 8:00 a.m. and 12:00 noon (local time of the caretaker). Enter "p.m." if the best time to contact the proposed caretaker is between 12:00 noon and 5:00 p.m. (local time of the caretaker).

Enter "evening" and specify the period if the best time to contact the proposed caretaker is after 5:00 p.m. and before 9 p.m. (local time of the caretaker).

Employer: Enter the company name of the employer if the proposed caretaker is employed. If the proposed caretaker should not be contacted at work, indicate this fact beside the name.

Alternate Contact Name & Address: Enter the name (last name, first name, middle initial) and address (street, apartment number, rural route and box numbers, city, state, and zip code) of an alternate person who may be contacted in an effort to make contact with the proposed caretaker. Include the relationship of the contact person with the proposed caretaker.

Assessment of Child

This section relates to the child who will be placed with the proposed caretaker if the receiving state compact administrator recommends placement and court approval for placement is given.

It is essential to provide sufficient information so that the receiving state worker can complete an adequate assessment that will take into account the needs of the child, as well as the capacity of the proposed caretaker to provide appropriately for the child.

Case Plan Attached: Check "yes" or "no" to indicate if the child's case plan is attached to the referral. If you have completed a case plan, you must attach it to the referral.

Financial/Medical Plan Attached: Check "yes" or "no" to indicate if the financial and the medical plans for the child are attached to the referral.

For proposed placement with the child's parent, you may indicate that the parent is expected to assume financial and medical responsibility through private resources or public aid.

For all other placements, you must include financial and medical plans with the referral to indicate how the proposed caretaker will meet the child's financial and medical needs.

Special Needs: Enter a description of all special needs, which require attention if the child is to be successfully placed with the proposed caretaker. Special needs of the child include all medical, physical, emotional, behavioral, educational, and psychological areas of functioning.

If this information is contained elsewhere in the referral packet, enter the location for the information.

Handicaps: Mental/Physical: Describe in detail all mental or physical handicaps which the child has and which must be taken into consideration in regard to the capability of the proposed caretaker to care for those conditions adequately. If this information is contained elsewhere in the referral packet, enter the location of the information.

Service Needs/Treatment Requirements: Enter all service needs and treatment requirements, which must be addressed in order to achieve and maintain an acceptable placement of the child.

For each service need or treatment requirement listed, include the method by which payment for provision will be obtained, if such information is not included elsewhere in the referral (e.g., case plan, financial/medical plan, etc.).

School Information: If the child is under age on the date of the proposed placement, leave this section blank. If the child is aged five or older, enter the following information:

- Name of school.
- Grade last attended.
- Report that includes most recent grades.
- Whether special classroom attendance is necessary due to child being learning disabled (LD) or behaviorally disabled (BD).
- Copies of the child's Individualized Educational Plan (IEP), if applicable.
- Recommendations of most recent teacher, counselor, or principal regarding educational needs of child.
- If child is not attending school, give the reasons for nonattendance.

Other Required Pertinent Information: Check "yes" or "no" to indicate whether additional case material will be sent. If you select "yes," indicate a tentative date for submitting the additional material.

Worker's Name: Print your name (first name, last name).

Telephone Number: Enter your telephone number, including area code. If applicable, include the extension number.

Worker's Signature: Self-explanatory.

Date: Self-explanatory.

Supervisor's Signature: If required by local office policy, enter the signature of your immediate supervisor.

Date: Self-explanatory.

Telephone Number: If required by local office policy, enter your supervisor's telephone number, including area code.

Social History, Form 470-3615 or 470-3615(S)

Purpose	Form 470-3615 or 470-3615(S) provides a specific guide for completing the written social history that is required for each child in foster care.
Source	Complete this form on line using the templates in the public state-approved forms folder on Outlook. Save a copy to your My Documents.
Completion	The child's foster care worker shall complete the *Social History* within 60 days of the date the child enters foster care or kinship placement. Leave the child's social security number off the form until after termination of parental rights. When termination of parental rights is issued, give an updated copy of the *Social History*, form 470-3615, to the worker responsible for completing the *Social History* (if different than the child's current worker).
Distribution	Keep one copy in the child's case record. A copy of the child's hospital birth records should be attached to the social history. The child's social security number is confidential and can only be shared with the foster parents, relatives, or foster care agency provider when a release has been signed by the child's parent or parents. Give a copy to the child's foster parents, relatives, and foster care agency provider along with a copy of the child's case permanency plan. NOTE: After termination of parental rights, a copy shall be included in the child's adoption and guardianship file.
Data	The child's parents, relatives, and foster parents should be consulted to obtain information needed to complete the social history. If the parent is unavailable or refuses to provide information, the worker shall complete as much as possible, using available information. AIDS/HIV information may be shared **only with written permission** of the child's parent or guardian or by order of the court.

SSI Advocacy Project Referral, Form 470-3361

Purpose	Form 470-3361 is used to provide information to the contractor for the SSI Advocacy Project.
Source	Complete this form on line using the template in the state-approved forms folder on Outlook.
Completion	The child's service worker prepares an original and one copy of this form to request that DHS be named payee when: ♦ A child entering care is already receiving SSI or Social Security benefits and is expected to be out of the home for **more** than 90 days. ♦ A child entering care who has significant physical or mental health problems.
Distribution	Send the original to the contractor for the SSI Advocacy Project at the address listed on the form. File a copy in the child's case record.
Data	The form collects identifying information about the child and the child's disabilities.

Statement of Citizenship Status: Foster Care, Form 470-4500

Purpose	Form 470-4500 is used as part of the verification of a child's citizenship status when the child is placed in foster care.
Source	The form may be printed from sample in the manual and completed manually.
Completion	When other forms of verification are not available, prepare a copy of form 470-4500 and ask the parent or legal guardian of the child to complete and sign the form.
Distribution	Place the original in the child's case file and send a copy to the IV-E Eligibility Unit.
Data	A "citizen" is a person born in the United States or a person who has been naturalized. A "U.S. national" is a person who, although not a citizen of the United States, owes permanent allegiance to the United States. These are generally persons born in outlying possessions of the United States. An "alien" is a person who does not meet one of the above definitions. NOTE: Marking "alien" does not necessarily indicate the person is ineligible for services. Additional information may be needed to determine eligibility for certain state and federal programs.

Supervisory Report, Form 470-0773

Purpose	Form 470-0773 provides a guide for reporting post-placement supervision in an adoptive home.
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 who does the post-placement supervision of the placement prepares: ♦ The first report within 30 days after placement is made. ♦ A second report no later than 90 days after placement. ♦ The final report after the fifth month of placement or after consent to adopt is requested. NOTE: This form is optional. Workers may use their own format.
Distribution	Keep one copy in the child's case record; and a copy in the child's guardianship file. (Additional copies may be needed, depending upon the situation.)
Data	This form records: ♦ Contacts made with the child and family. ♦ Observations about the child. ♦ Observations about the family. ♦ A summary of the worker's evaluation of the placement.

Transfer of Subsidized Adoption Case, Form 470-3003

Purpose	Form 470-3003 serves as a transmittal between Department offices for transfer of a subsidized adoption case.
Source	Print or photocopy supplies this form as needed from the sample in the manual.
Completion	The child's worker shall complete this form for each child whose case is transferred to another Department service area.
Distribution	Send a copy to the service area manager for the family's new residence, and place a copy in the case file mailed to the new office.

Voluntary Foster Care Petition, Form 470-2634 or 470-2634(S)

Purpose	Form 470-2634 is used to facilitate the scheduling of the initial determination hearing for voluntary foster care placements if another format is not provided by the juvenile court.
Source	Print or photocopy the English or Spanish version of this form from the samples in the manual.
Completion	The foster care worker completes of this form before placement.
Distribution	Make three copies of the competed form. File the original with the juvenile court where the parents or guardian are signing the foster care petition. Give a copy to the parents or guardian and file a copy in the child's case record. Follow any alternative procedures as developed by the juvenile court.

Voluntary Foster Care Placement Agreement, Form 470-0715 or 470-0715(S)

Purpose	Form 470-0715 is used for securing a written agreement for all voluntary placements in foster care.
Source	Complete the English version of this form on line using the template in the public state-approved forms folder on Outlook. You may also print the form from the sample in the manual. Print or photocopy the Spanish version of this form from the sample in the manual.
Completion	The foster care worker completes the *Voluntary Foster Care Placement Agreement* before the child's placement into foster care (unless it is an emergency placement) and, for a child aged 18 or older, upon each six months' redetermination. All voluntary placement agreements for children under age 18 shall terminate after 90 days. See 17-E, Voluntary Placement for Children Under Age 18, and Voluntary Placement for Children Aged 18 or Older, for more specific policies. Make three copies for children under the age of 18; make two copies for children aged 18 or over.
Distribution	After obtaining all required signatures, file the original in the child's record, and give one copy to the child or the parent or guardian who signed the agreement. For children under 18, make sure the FACS referral to ICAR is complete for eligible foster care placements.
Data	Both parents' signatures are necessary when both have custody of the child.

Waiting Child Enrollment, Form 470-3351

Purpose	Form 470-3351 is used to enroll a child available for adoption with Iowa KidsNet. The information contained in the form allows Iowa KidsNet to register a child on our web site, compose the child's biography, and register the child with AdoptUsKids, if desired. (See AdoptUsKids Website Waiver, Form 470-4155, if you do not want your child listed on AdoptUsKids.)
Source	It is preferred that this form be completed electronically.
Completion	The child's adoption worker completes a copy of this form after a child's parental rights have been terminated and the child needs to be listed with Iowa KidsNet to recruit an adoptive family. If you have a sibling group to list with Iowa KidsNet, please complete a separate enrollment form for each child in the sibling group. If a child remains listed with Iowa KidsNet one year or longer, complete an update of the enrollment form each year or more frequently if there is a significant change in the child's circumstances.
Distribution	Fax, mail, or e-mail the completed form to: Iowa KidsNet Attn: Della Degner 3125 Cottage Grove Avenue Des Moines, IA 50311 ddegner@iowakidsnet.com Fax: 515-271-7450 Phone: 515-271-7399 Place a completed copy of the *Waiting Child Enrollment* form in the child's case record.

Youth Transition Decision-Making (YTDM) Meeting Notes, Form 470-5161

Purpose	The *Youth Transition Decision-Making (YTDM) Meeting Notes*, form 470-5161, is the official youth plan developed during the YTDM team meeting.
Source	Complete this form on line using the template in the public state-approved forms folder on Outlook or print or photocopy supplies from the sample in the manual.
Completion	The YTDM facilitator engages the youth team and develops the youth's plan, with the youth, after a family team meeting is held.
Distribution	The facilitator disseminates the completed form to the identified team members. Keep the original form in the youth's case file.
Data	**Case Information**. Enter the following information: ♦ Youth's name ♦ Parent/caregiver name (if applicable) ♦ Parent/caregiver/noncustodial names ♦ Date of the youth transition decision-making meeting ♦ Facilitator's name ♦ Facilitator's approval number ♦ Next court hearing date and time ♦ Type of hearing **Desired Outcomes of this Meeting**. Enter the desired outcome of the meeting. **Fostering Connections**. The five fostering connections areas provide a consistent format for collecting, considering, and analyzing information about the youth. This consistency ensures that functioning areas most critically impacting health, housing, education, employment, and supportive relationships. Use of the five areas creates a common, consistent language as information about the youth flows from child protective workers to ongoing workers and service providers. The five areas provide a "common lens" through which the strengths and needs of the youth can be assessed, discussed, and used in planning and service provision.

The five fostering connections areas consist of the following broad areas of functioning (each area has related subcategories):

- **Education**. Academic performance, graduation date, GED or high school diploma, extracurricular activities, job training options, IEP, financial aid, ACT/SAT/COMPASS tests.
- **Employment**. Transportation needs, dressing for success, vocational rehabilitation, application and interview skills, maintaining employment, resume, informal support.
- **Health**. Insurance cards (medical, dental, vision), access to a physician, medication management, SSI, physical health, hygiene, mental health, reproductive health.
- **Housing**. Safe, affordable and stable, after 18, SAL, PAL, current housing.
- **Supportive Relationships**. Aftercare, healthy family connections, peers, AMP, adult services, permanency pact, community connections, mentors, church.
- **Other**. Discuss financial management, life skills, vital documents (birth certificate, Social Security card, driver's license or state picture identification, Selective Service, healthcare proxy, etc.).

  NOTE: Discuss concurrent planning and permanency goals, any interstate compact issues, child and family cultural factors, language barriers, or if the Indian Child Welfare Act applies.

Complete the stabilization section of the YTDM youth plan by working through each of the five fostering connections categories from left to right. The far left column is available to write the current or 'Now" situation for the youth. Under the column, "What will happen," establish a goal for each applicable area where a need is identified. It is critical that goals be developed in partnership with the youth. Goal statements should be strength-based and focused on achieving the outcomes essential for the youth.

Establish a goal for each applicable area where a need is identified. It is critical that goals be developed in partnership with the youth. Goal statements should be strength-based and focused on achieving the outcomes essential for the youth.

After reviewing the strengths, needs, and goals for each area, identify the strategies, services, and informal supports that may be helpful to achieving the goals.

- In each area where goals are identified, list the steps necessary to bring about the changes needed to accomplish the goal for that domain. The steps should clearly identify:
  - Who is responsible,
  - What do they agree to do, and
  - By when.
- Document the date for when the goal was completed or modified.

Crisis Plan. Identify and discuss what will be done if some part of the plan breaks down and a crisis happens.

Identify the risks and necessary steps needed to address the risk. The steps should clearly identify when and dated when completed or if ongoing.

Signatures and Notifications. Enter the name of invited team members, including their role, contact information, and whether or not they attended the YTDM meeting.

Youth Transition Decision-Making (YTDM) Youth's Dream Path, Form 470-5176

Purpose	The *Youth Transition Decision-Making (YTDM) Youth's Dream Path*, form 470-5176, is the official model to use during the YTDM meeting.
Source	Complete the form on line using the template in the public state-approved forms folder on Outlook. Print or photocopy supplies of the form as needed from the sample in the manual.
Completion	The YTDM facilitator develops the youth's dream path, in collaboration with the youth, after a youth transition decision-making meeting is held.
Distribution	The facilitator gives a copy of the completed form to the identified team members. Keep the original form in the youth's case file.
Data	**Case Information**. Enter the following information: ♦ Youth name ♦ Parent/caregiver name ♦ Parent/caregiver/noncustodial names ♦ Date of the meeting ♦ Date of the next YTDM meeting ♦ Facilitator name and approval number ♦ Next court hearing date and time ♦ Type of hearing ♦ Action plan **Desired Outcome of this Meeting**. Use the Dream Path as a tool for the stabilization and action planning parts of the YTDM meeting. The Dream Path includes the stabilization phase which identifies the five Fostering Connection areas that need to be addressed and stabilized in the first column.

The five Fostering Connections areas are:

- Education
- Employment
- Health
- Housing
- Supportive Relationships

Complete the stabilization section of the YTDM youth plan by working through each of the five fostering connections categories from left to right. The far left column is available to write the current or 'Now" situation for the youth. Under the column, "What will happen," establish a goal for each applicable area where a need is identified. It is critical that goals be developed in partnership with the youth. Goal statements should be strength-based and focused on achieving the outcomes essential for the youth.

After reviewing the strengths, needs, and goals for each area, identify the "Who will help me" (services or supports that may be helpful) to achieving the goals.

In each category list the action steps needed to achieve the goal. The steps should clearly identify:

- If youth is in agreement;
- Who is responsible;
- What do they agree to do; and
- By when, which is documented under either the 0 to 3 months column or the 4 to 9 months column.

Crisis Plan (Plan B). Identify and discuss what will be done if some part of the plan breaks down and a crisis happens.

Identify the risks and necessary steps needed to address the risk. The steps should clearly identify when and dated when completed or if ongoing.

To move into the Dream Path phase. Each YTDM meeting begins with a review of the five Fostering Connections areas to determine if changes or adaptations need to be made. Once the youth has achieved stability, the longer range planning can begin. The 'Dream' written in the 'cloud' on the far right of the document is reviewed and steps are determined to head in that direction. Action plans are developed with a six to nine months' time frame.

Each additional meeting of the team can look ahead further. The youth will be fully listened to and have input every step of the way. If there is disagreement, take the time to discuss the issue and resolve it before moving forward.

Each meeting covers strengths of the youth and a review of the previous assignments. A new Plan B will be established each meeting as well. Completion of the YTDM process is determined by the youth and the team. It can continue informally after the youth ages out of the system, if desired.

Comm. 146 or Comm. 146(S), The State Has My Child! What Can I Do?

Purpose	Booklet Comm. 146, *The State Has My Child! What Can I Do?*, and its Spanish translation, Comm. 146(S), inform parents about the potential for termination of parental rights when a child enters foster care.
Source	Order supplies of this booklet from Iowa State Industries at Anamosa.
Distribution	Give or mail this booklet to parents or guardians before or when a child is placed in foster care or relative care.
Data	The booklet addresses reason for removal of a child, legal procedures involved in placement, and case permanency planning.

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.

Comm. 177 or Comm. 190, How Can I Help This Child?

Purpose	Booklet Comm. 177, *How Can I Help This Child?*, and its Spanish translation, Comm. 190, inform relative caregivers about their responsibilities when a child is placed with them instead of entering foster care.
Source	Order supplies of this booklet from Iowa State Industries at Anamosa.
Distribution	Give or mail this booklet to relatives or guardians before or when a child is placed with them.
Data	The booklet addresses reason for removal of a child, legal procedures involved in placement, and case permanency planning.

Comm. 265 or Comm. 265(S), Family Team Decision-Making Meetings

Purpose	Comm. 265 or Comm. 265(S), *Family Team Decision-Making Meetings*, informs families on: ♦ Family team decision-making meetings, ♦ Who is invited to these meetings, ♦ What happens before these meetings, ♦ What happens at these meetings, and ♦ Who to contact should they have any questions.
Source	Print or photocopy supplies of Comm. 265 or Comm. 265(S) as needed from the sample in the manual.
Distribution	Give or mail Comm. 265 or Comm. 265(S) to families.

Comm. 283, Family Team and Youth Transition Decision-Making Standards Handbook

Purpose	The *Family Team and Youth Transition Decision-Making Standards Handbook* provides a set of standards and practice guidance to achieve positive results associated with the family team and youth transition decision-making process. These standards were developed to ensure that every family is offered the opportunity to participate in the FTDM and YTDM process unless the family is unwilling or doing so would place a family member in danger.
Source	Print or photocopy supplies of the handbook as needed from the sample in the manual.
Completion	DHS workers may access this set of standards and practice guidance to aid in understanding the family team decision-making and youth transition decision-making process.

Comm. 385, Overview of Iowa's Adoption Subsidy Program

Purpose	Brochure Comm. 385 explains eligibility for the adoption subsidy program and the supports available.
Source	Print or photocopy supplies of this pamphlet from the sample in the manual.
Distribution	Provide this brochure to families who are considering adopting a child through the Department.
Data	The brochure addresses how to decide if special needs adoption is right for a family, the purpose of the subsidy program, eligibility for subsidy, and the agreement to future adoption subsidy.

Comm. 386, Financial Assistance for Relative Caretakers

Purpose	Brochure Comm. 386 outlines the financial resources available to relatives when a child is placed in their care.
Source	Print or photocopy supplies of this pamphlet from the sample in the manual.
Distribution	Provide this brochure to families when a child is placed in their care through the Department.
Data	The brochure provides a brief description of the Family Investment Program, licensed foster care, Medicaid, Child Care Assistance, and Food Assistance. The descriptions include basic eligibility factors and how to apply for the program.

Comm. 435, Family Interaction Standards

Purpose	The *Family Interaction Standards*, Comm. 435, provides a set of standards and practice guidance to achieve positive results associated with family interaction. These standards were developed to ensure family interaction maintains the parent-child relationship and other family attachments and reduces the sense of abandonment which children experience at placement.
Source	Print or photocopy supplies of Comm. 435 as needed from the sample in the manual.
Completion	DHS workers may access this set of standards and practice guidance to aid in understanding family interaction philosophy.

Comm. 437, Iowa Foster Child and Youth Bill of Rights

Purpose	Comm. 437, *Iowa Foster Child and Youth Bill of Rights*, is used to inform the child, parents, and caretakers about the rights and responsibilities of a child in foster care. These rights were developed by Iowa youth to empower children and youth in foster care and to improve casework practice.
Source	Print or photocopy supplies of this flier from the sample in the manual.
Distribution	At the time a child enters foster care, provide the flier to the child, their parents, and caretakers as appropriate and discuss.
Data	The flier provides a tool to start a discussion with a child, parent, or caretaker that will promote respectful and engaging care of the child.

Comm. 439, Family Team and Youth Transition Decision-Making Facilitator Approval

Purpose

The *Family Team and Youth Transition Decision-Making Facilitator Approva*l provides direction on the protocol for approving and reapproving family team and youth transition decision-making facilitators.

Source

Print or photocopy supplies as needed from the sample in the manual.

DHS workers may also complete this form on line using the template in the public state-approved service forms folder on Outlook.

Completion

DHS workers and others interested in facilitating family team decision-making (FTDM) or youth transition decision-making (YTDM) meetings may access this form to provide guidance in the approval or re-approval process.

Completion of the following sections of Comm. 439 is required in order to be approved or reapproved as a FTDM or YTDM facilitator:

- Application for Approval
- FTDM/YTDM Facilitator Evaluation Checklist
- FTDM/YTDM Meeting Satisfaction Survey

Data

Application for Approval. The application includes information required for the approval or re-approval process.

- **FTDM or YTDM Facilitator**. Check whether family team or youth transition decision-making meeting facilitator. Check initial if not a currently approved facilitator. Check re-approval if currently assigned a facilitator approval number and wish to extend approval for two additional years.
- **Demographics**. Enter the name, address, phone, email, and agency name (if applicable).
- **Signature**. Sign and date the form.

- **Attachments**. Include the appropriately identified attachments for the initial approval or re-approval based upon completed application request.
- **Approval**. Authorized service area contacts enter the assigned facilitator number, date, and sign the form.

FTDM/YTDM Faciliator Evaluation Checklist. This is completed by an approved individual providing feedback on the facilitator to determine recommendations for approval or denial.

FTDM/YTDM Meeting Satisfaction Survey. This survey is completed by anyone participating within the family team or youth transition decision-making meetings.

Comm. 440, Family Team and Youth Transition Decision-Making Coaching and Mentoring Guidelines

Purpose	The *Family Team and Youth Transition Decision-Making Coaching and Mentoring Guidelines* provides direction on the protocol for approving FTDM/YTDM coaches and mentors and identifies the roles and responsibilities of coaches.
Source	Print or photocopy supplies as needed from the sample in the manual. DHS workers may also complete this form on line using the template in the public state-approved service forms folder on Outlook.
Completion	DHS workers and others interested in becoming family team decision-making (FTDM) or youth transition (YTDM) meeting coaches may access Comm. 440 to provide guidance in the approval process. Completion of the *Application for Approval – FTDM/YTDM Coach and Mentor* section of Comm. 440 is required in order to be approved as a FTDM or YTDM coach
Data	**Application for Approval – FTDM/YTDM Coach and Mentor**. The application includes information required for the approval process. ♦ **Demographics**. Enter the name, address, phone, email, and agency name (if applicable). ♦ **Signature**. Sign and date the form. ♦ **Attachments**. Include the appropriately identified attachments for the approval. ♦ **Approval**. Authorized service area contacts enter the assigned coach or mentor number, date, and sign the form.

Comm. 450 or Comm. 450(S), Differential Response System: Family Assessment

Purpose	Comm. 450, *Differential Response System: Family Assessment*, and its Spanish translation, Comm. 450(S), informs the family of their eligibility for a family assessment and provides the family general information about the family assessment.
Source	Per service area protocol, print or photocopy supplies of the *Differential Response System: Family Assessment* as needed from the sample in the manual **or** order supplies from the Department of Administrative Services (DAS) through your service area.
Distribution	Give Comm. 450 or Comm. 450(S) to the family when engaging the family in a family assessment.

Comm. 462, Parents Rights & Responsibilities

Purpose	*Parents Rights & Responsibilities*, Comm. 462, summarizes some of the most important rights and responsibilities for parents when their children have been removed from their care.
Source	Print or photocopy supplies of Comm. 462 as needed from the sample in the manual.
Distribution	Give or mail Comm. 462 to parents or guardians before or when a child is placed in foster care or relative care.

RC-0003, Child Abuse Registry Report Code Card

Purpose	The code card provides a list of all coded responses necessary to interpret computerized records of child abuse investigations on the Automated Child Abuse and Neglect (ACAN) system.
Source	Print or photocopy supplies of the *Child Abuse Registry Report Code Card* as needed from the sample in the manual.

RC-0045, Interstate Compact Requirements for Placing Children Out of Iowa

Purpose	Checklist RC-0045 is a guide to follow in evaluating, supervising, and terminating the placement of a child from one state to another.
Use	Follow this checklist when you prepare a referral packet to place an Iowa child out of state through the Interstate Compact on the Placement of Children (ICPC).
Source	Print or photocopy supplies of the RC-0045 as needed from the sample in the manual.

RC-0046, Interstate Compact Requirements for Receiving Children Into Iowa

Purpose	Checklist RC-0046 is a guide to follow as when evaluating, supervising, and terminating the placement of a child from one state to another.
Source	Print or photocopy supplies of RC-0046 as needed from the sample in the manual.
Use	Follow this checklist when you receive a referral packet from another state seeking to place a child in Iowa through the Interstate Compact on the Placement of Children (ICPC).

RC-0049, Dissemination Desk Aid

Purpose

RC-0049 is used to identify:

- The type of information that can be released to specific to persons upon request.
- The form on which the request is be to be submitted.

Source

Print or photocopy supplies of the *Dissemination Desk Aid* 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.

Confirmed Not Registered

Only the field offices can release information or written summaries to authorized persons or entities on reports that are confirmed but not registered, because this information is not on the Registry.

- Form 470-3575, *Notice of Child Abuse Assessment: Confirmed Not Registered*, is the notice sent upon completion of a child abuse assessment where abuse is confirmed but not registered.

  The written summary is provided to the subjects with the notification.

- Form 470-0429, *Consent to Obtain and Release Information*, is required for release to people other than to the subjects or their legal representatives, Department staff for official duties, the juvenile court, and the county attorney.

Not Confirmed

Only the field offices can release information or written summaries to authorized individuals or entities on reports that are not confirmed, because this information is not on the Registry.

- Form 470-3242, *Notice of Child Abuse Assessment: Not Confirmed*, is the notice sent upon completion of a child abuse assessment where abuse is not confirmed.

  The **written** summary is provided with the notification to the subjects.

- Form 470-0429, *Consent to Obtain and Release Information*, is required for release to persons other than to Department staff for official duties, subjects or their legal representative, the juvenile court and the county attorney.

Part B for All Findings:

Only the field offices can release information or written summaries to authorized individuals or entities from Part B of the abuse report, because this information is not on the Registry.

NOTE: As of September 2005, *Child Abuse Assessment Summary Part B* was no longer required.

Form 470-0429, *Consent to Obtain and Release Information*, is required for release to people other than to Department staff for official duties, the juvenile court, and the county attorney. Refer to 1-C for substance abuse information.

Policy requires that all subjects of a report be sent a copy of the assessment upon completion.

RC-0053, Home Study Update Guide: Transition to Adoption

Purpose	RC-0053 is used as a guide for completion of the home study update when a foster family adopts a child in their care.
Source	Print or photocopy supplies of RC-0053 as needed from the sample in the manual.
Completion	The home study worker should complete a home study update when a foster family is interested in adopting a child in their care and the family has not been previously approved for adoption. At least two face-to-face visits are recommended.
Distribution	Keep the completed home study update in the family's DHS file. Also provide the family with a copy of the update. If the update is purchased, the private agency may keep a copy for its file.
Data	The guide includes a list of recommended areas to explore with foster parent during the interviews, including: ♦ Legal responsibilities ♦ Decision making ♦ Emotional and psychological impact ♦ Financial obligation ♦ Anticipated adjustments ♦ Support system

RC-0076, CPS and CINA Intake Decision Tree

Purpose	The *CPS and CINA Intake Decision Tree*, RC-0076, is a desk aid to be used at intake
Source	Print or photocopy supplies of the *CPS and CINA Intake Decision Tree* as needed from the sample in the manual.
Use	Intake workers may use the *CPS and CINA Intake Decision Tree*, RC-0076, to determine if a child abuse assessment should be accepted and the response time that must be met based on the report.
Data	The desk aid indicates CINA criteria for a referral to be accepted for a CINA assessment or if an information or referral only is appropriate.

RC-0077, CINA Guidance Tool

Purpose	The *CINA Guidance Tool* lists the child in need of assistance definitions as they appear in the Iowa Code 232.2, subsection 6.
Source	Print or photocopy supplies of the *CINA Guidance Tool* as needed from the sample in the manual.
Use	The *CINA Guidance Tool* is an internal desk aid only.
Data	The *CINA Guidance Tool* provides a directive as to when a child abuse assessment or CINA assessment is required.

RC-0078, Relative Home Study Outline

Purpose	RC-0078 provides an outline for formatting the narrative evaluation of a relative for the placement of a child.
Source	Print or photocopy supplies of the RC-0078 as needed from the sample in the manual.
Use	Before the recommendation to approve or deny placement of a child in a relative home, Department staff shall complete a home study or request the recruitment and retention contractor to do the study. The home study worker shall use the *Relative Home Study Outline* as a guide to arrange the information gathered for the study.
Distribution	Keep a copy of the completed home study in the child's file with the *Relative Home Study Face Sheet*. If the recruitment and retention contractor does the home study, the contractor shall also keep a copy in its file.
Data	When completing the home study, refer to the attached interview questions for suggestions on completing each item. All the elements in the *Relative Home Study Face Sheet* shall be addressed in the narrative.

RC-0082, How-Do-I? Guide: Case Planning

Purpose	A desk aid for departmental staff regarding general procedural steps in case planning.
Source	Print or photocopy supplies of the *How-Do-I? Guide: Case Planning*, RC-0082, as needed from the sample in the manual.
Data	The information is divided into the areas of policy, procedure, and practice guidance, and covers: ♦ Preparation for case planning, ♦ Engaging the family, ♦ Developing the initial *Family Case Plan*, ♦ Establishing the permanency goal, ♦ Concurrent planning, ♦ Review of the case plan, ♦ Transition planning, and ♦ Safe case closure.

RC-0083, How-Do-I? Guide: Case Management

Purpose	A desk aid for departmental staff regarding general guidelines for case management.
Source	Print or photocopy supplies of the *How-Do-I? Guide: Case Management*, RC-0083, as needed from the sample in the manual.
Data	The information is separated according to policy, procedure, and practice guidance. Topic areas include: ♦ Reviewing the family plan and family profile, ♦ Determining and accessing RTSS and non-RTSS services, ♦ Coordinating and monitoring provision of services, ♦ Reassuring safety and risk, ♦ Providing case management, and ♦ Closing the case.

RC-0084, How-Do-I? Guide: In-Home Case Management

Purpose	RC-0084 is a desk aid for Departmental staff regarding general guidelines for in-home case management.
Source	Print or photocopy supplies of the *How-Do-I? Guide: In-Home Case Management*, RC-0084, as needed from the sample in the manual.
Data	The information is separated according to policy, procedure, and practice guidance. Topic areas include: ♦ Requirements for reasonable efforts, ♦ Assessing service needs, ♦ Types of available services, ♦ Service application and approval process, and ♦ Monitoring and follow-up of services.

RC-0086, How-Do-I? Guide: CPS Assessment

Purpose	A desk aid for departmental staff regarding general procedural steps during a CPS assessment.
Source	Print or photocopy supplies of the *How-Do-I? Guide: CPS Assessment*, RC-0086, as needed from the sample in the manual.
Data	The information is divided into the areas of policy, procedure, and practice guidance as it relates to the assessment intake process.

RC-0087, How-Do-I? Guide: CINA Assessment

Purpose	A desk aid for departmental staff regarding general procedural steps during a CINA assessment.
Source	Print or photocopy supplies of the *How-Do-I? Guide: CINA Assessment*, RC-0087, as needed from the sample in the manual.
Data	The information is divided into the areas of policy, procedure, and practice guidance as it relates to the CINA assessment process.

RC-0088, How-Do-I? Guide: CINA Intake

Purpose	A desk aid for departmental staff regarding general procedural steps in acceptance or rejection of a CINA referral.
Source	Print or photocopy supplies of the *How-Do-I? Guide: CINA Intake*, RC-0088, as needed from the sample in the manual.
Data	The information is divided into the areas of policy, procedure, and practice guidance as it relates to the CINA intake process.

RC-0089, How-Do-I? Guide: CPS Intake

Purpose	A desk aid for departmental staff regarding general procedural steps in acceptance or rejection of child abuse reports for assessment.
Source	Print or photocopy supplies of the *How-Do-I? Guide: CPS Intake*, RC-0089, as needed from the sample in the manual.
Data	The information is divided into the areas of policy, procedure, and practice guidance as it relates to the intake process.

RC-0090, Drug Testing Guidelines

Purpose	The *Drug Testing Guidelines* is a desk aid to be used as a decision making tool for determining the particular method to use for drug testing.
Source	Print or photocopy supplies of the *Drug Testing Guidelines* as needed from the sample in the manual.
Data	The *Drug Testing Guidelines* lists the types of drug tests available and indications for use. The pros and cons of each type of drug test are listed, as is a window time of detection for each.

RC-0093, CPS Assessment – Case Disposition Decision Tree

Purpose	The *CPS Assessment – Case Disposition Decision Tree* is for use by Departmental as a desk aid regarding general procedural steps in determining case disposition.
Source	Print or photocopy supplies of the *CPS Assessment – Case Disposition Decision Tree* as needed from the sample in the manual.
Use	CPS staff may use in determining case disposition based on the age, finding, and risk of a child abuse assessment.

RC-0095, Criminal Record Case Codes

Purpose	RC-0095 is a desk aid for Departmental staff that lists the criminal record case codes.
Source	Print or photocopy supplies of the *Criminal Record Case Codes*, RC-0095, as needed from the sample in the manual.
Use	The codes are used when criminal record checks are completed on line regarding allegations that include an allegation of a criminal act, or indications of possible child or worker safety concerns.

RC-0096, How-Do-I? Guide: Out-of-Home Case Management

Purpose	RC-0096 is a desk aid for Departmental staff regarding general guidelines for out-of-home case management.
Source	Print or photocopy supplies of the *How-Do-I? Guide: Out-of-Home Case Management*, RC-0096, as needed from the sample in the manual.
Data	The information is separated according to policy, procedure, and practice guidance. Topic areas include: ♦ Determining placement type, ♦ Services to the child in foster care, ♦ Parental rights and responsibilities, ♦ Unauthorized absence of a child from placement, ♦ Foster care payment, ♦ Foster care recovery, ♦ Medical coverage for children, ♦ Review of the foster care placement, ♦ Providing out-of-home case management, ♦ Closing the case, and ♦ Transition services.

RC-0097, CINA Intake Guidance Tree

Purpose	The *CINA Intake Guidance Tree* lists the CINA criteria.
Source	Print or photocopy supplies of the *CINA Intake Guidance Tree* as needed from the sample in the manual.
Use	The *CINA Intake Guidance Tree* is an internal desk aid only.
Data	The *CINA Intake Guidance Tree* provides a directive as to whether or not a case should be accepted for a CINA assessment.

RC-0098, Community Care Practice Guide

Purpose	The *Community Care Practice Guide*, RC-0098, is used as a guide for Community Care eligibility and referral procedures.
Source	Print supplies of the *Community Care Practice Guide* as needed from the sample in the manual.
Use	The *Community Care Practice Guide* is an internal reference only.

RC-0099, How-Do-I? Guide: Adoption

Purpose	RC-0099 is a desk aid for Departmental staff regarding general guidelines for adoption.
Source	Print or photocopy supplies of the *How-Do-I? Guide: Adoption*, RC-0099, as needed from the sample in the manual.
Data	The information is separated according to policy, procedure, and practice guidance. Topic areas include: ♦ Transitioning from foster care to adoption, ♦ Adoptive family application process, ♦ Adoptive services, ♦ Finalizing the adoption, ♦ Eligibility determinations ♦ Adoption subsidies, and ♦ Ongoing case responsibilities.

RC-0101, Case Closure

Purpose	The *Case Closure* document is a summary of considerations made when closing a case.
Source	Print or photocopy supplies of the *Case Closure* document as needed from the sample in the manual.
Use	The *Case Closure* document can be used as a desk aid for workers or a training tool.

RC-0102, How-Do-I? Guide: Case Closure

Purpose	RC-0102 is a desk aid for Departmental staff regarding general guidelines for closing a case.
Source	Print or photocopy supplies of the *How-Do-I? Guide: Case Closure*, RC-0102, as needed from the sample in the manual.
Use	This guide can be used as a guide for workers as they consider case planning or case closure and when supervisors review and discuss conditions for safe case closure for individual cases.
Data	The information is separated according to policy, procedure, and practice guidance.

RC-0104, Safety Assessment Guidance

Purpose	RC-0104 is to be used as guidance to assist the worker in assessment and identification of signs of present or impending danger. The guide is intended to assist staff in articulating safety concerns consistently throughout the life of the case to the family, to internal and external partners in child protection.
Source	Print or photocopy supplies of the *Safety Assessment Guidance* as needed from the sample in the manual.

RC-0122, Factoring Child Abuse Desk Aid

Purpose	RC-0122 is to be used as guidance to assist the worker and supervisor in evaluating if all the factors necessary for a determination of abuse are evidenced.
Source	Print or photocopy the desk aid from the sample in the manual.

RC-0123, Family Risk Assessment Guidance

Purpose	RC-0123 is to be used as guidance to assist the worker in assessment and identification of contributing factors that may affect the risk of harm to the child. The guide is intended to assist staff in articulating risk factors consistently throughout the life of the case to the family, to internal and external partners in child protection.
Source	Print or photocopy supplies of the *Risk Assessment Guidance* from the sample in the manual.

RC-0124, Family Risk Reassessment Guidance

Purpose	The *Family Risk Reassessment Guidance* provides a directive as to how to complete form 470-4134, *Family Risk Reassessment*.
Source	Print or photocopy supplies of the *Family Risk Reassessment Guidance* from the sample in the manual.
Distribution	The *Family Risk Reassessment Guidance* is an internal desk aid.

RC-0131, Multidisciplinary Team Practice Guidance

Purpose	The *Multidisciplinary Team Practice Guidance* provides a directive as to how to complete form 470-2328, *Multidisciplinary Team (MDT) Agreement*.
Source	Print or photocopy supplies of the *Multidisciplinary Team Practice Guidance* from the sample in the manual.
Distribution	The *Multidisciplinary Team Practice Guidance* is an internal desk aid.