



## Record Check Evaluation

### A. Agency/Provider/Person Requesting Evaluation

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

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

### B. Person Being Evaluated

Last Name, First Name, Middle Initial	Maiden/Previous Names	Role/Position Applying For
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The individual listed above requests an evaluation to determine whether they can be permitted to perform duties under the section "Role/Position Applying For."

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

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

### C. Evaluation Determination/Notice of Decision

**FOR DHS USE ONLY**

