

IOWA DEPARTMENT OF HUMAN SERVICES

REQUEST & ACKNOWLEDGEMENT TO CONDUCT REGISTRY AND RECORD CHECK

I understand and acknowledge that the Iowa Department of Human Services (hereinafter "Department") is required by statute to conduct Child Abuse Registry, Dependent Adult Abuse Registry, Sexual Offender Registry checks and DCI/FBI Criminal History Record checks for specific categories of persons who have direct contact with the department's clients or provide Department approved services for the Department's clients and hereby request the Department conduct such a Registry and Record check regarding me.

Nothing within this form shall be construed as a guarantee to have direct contact with the Department's clients or provide Department approved services for the Department's clients.

SEXUAL OFFENDER REGISTRY

I hereby request and give permission to the Department to conduct a Sexual Offender Registry check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the department's clients or provide Department approved services for the Department's clients.

Signature

Date

CHILD ABUSE REGISTRY

I hereby request and give permission to the Department to conduct a Child Abuse Registry check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the department's clients or provide Department approved services for the Department's clients.

Signature

Date

DEPENDENT ADULT ABUSE REGISTRY

I hereby request and give permission to the Department to conduct a Dependent Adult Abuse Registry. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the department's clients or provide Department approved services for the Department's clients.

Signature

Date

CRIMINAL HISTORY RECORD

I hereby request and give permission to the Department to conduct a DCI and FBI Criminal History Record check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the department's clients or provide Department approved services for the Department's clients.

Signature

Date

**INFORMATION REQUIRED FOR REGISTRY AND RECORD CHECK
PLEASE TYPE or PRINT LEGIBLY**

Last Name	First Name	Middle Name	Maiden Name (if applicable)
Alias (if applicable)	Alias (if applicable)	Alias (if applicable)	Alias (if applicable) HCBS Waiver Provider (CDAC)
Date of Birth	Gender	Social Security Number (###-##-####)	Reason for Check
Address		Address 2	
City	State	ZIP	
For DHS Employees, Volunteers, or Contractors only:		Position:	
Institution:	Serv. Area:	CSCMR:	Cent. Off.: