

December 8, 2023

GENERAL LETTER NO. 18-AP-54

ISSUED BY: Bureau of Child Welfare

Division of Family Well-Being and Protection

SUBJECT: Employees' Manual, Title 18 Appendix, Family Services Appendix, 100 and 101, revised,

forms revised.

Summary

This chapter is revised to update the following forms:

- 470-0657, Dependent Adult Protective Services Intake, revised to reflect changes to DARES Medicaid Screening
- 470-0755 and 470-0755(S), Consent to Adoption, revised to update Agency name
- 470-1952, Foster Care Clothing Allowance, revised to update signature blocks and to adjust language throughout
- 470-3725, Foster Care Escrow Account Transaction, revised to reflect address change
- Comm. 033 and Comm. 033(S), Foster Parent Handbook, revised to update policy and procedures throughout.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 18 Appendix, and destroy them:

Page Date

100 and 101 November 3, 2023

Additional Information

Refer questions about this general letter to your area service administrator.

Current Location of Adult Subject: If the adult subject is living outside the home, enter the name and address of the location where the adult subject is residing at the time of intake. If you gave the adult's placement address as the household address, you do not need to reenter it.

Address of Abuse Incident: Enter the address where the alleged abuse occurred.

Household Composition: Enter the name of each person residing in the household with the adult subject. Complete this section as fully as possible, using the codes provided. Race and social security number will not appear on a printed intake document downloaded from DARES.

NOTE: The column labelled "Med", representing 'Active Medicaid Member', will only show a value for the adult subject within the household composition.

Narrative Description/Adult Subject Safety Concern: 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 determine abuse or neglect did not occur. Enter whether or not the alleged person responsible has access to the adult subject (victim).

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 adult subject, social security number, FACS ID (if applicable), address, and phone number. DARES will generate person IDs or the intake worker can select the correct person if the person already exists in the system.

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 DARES.

Collateral Sources: Enter the name, phone number, relationship of the collateral sources to the adult subject, and the address of the collateral sources identified by the reporter or the intake worker. Use the comments section labeled "In-Depth Intake Information" to document information from mandatory reporters gathered during an in depth intake.

In-Depth Intake Information: Enter information into DARES in the "comments" box under each collateral source and indicate if an in-depth intake was conducted. Only mandatory reporters can be contacted. Send each mandatory reporter a notice.

Name of Guardian, Conservator or Other Person Responsible for Dependent Adult: If there is a legal guardian or conservator or other person responsible for the dependent adult, such as a power of attorney, enter the contact information here.

Allegations Abuse Type: This information is carried over by the "Alleged Abuse Type" screen in DARES.

System Checks Completed. DARES, STAR, ISIS, FACS, IMPA, Criminal, SOR, and WISE: Enter the information from these data sources. Mark the box for each database checked, regardless of whether it had information on the adult subject or the person alleged responsible. Enter criminal history check results. Possible rejection reasons which populate from DARES into form 470-3944, Dependent Adult Abuse Notice of Intake Decision, are as follows:

- Subject of the report is not a dependent adult.
- Alleged perpetrator is not a caretaker.
- The allegations do not constitute abuse under lowa law.
- Sufficient evidence exists that abuse or neglect did not occur.
- Additional or duplicate information to previous report.
- Referred report to DIA.

Additional Information: Include information learned from the results of checks of the databases in this section. Also include any other additional information that may be relevant to the evaluation or assessment.

Include any worker safety information about dangerous persons, animals, or conditions likely to be encountered during the assessment or evaluation process. Indicate if the safety concerns involve others in addition to the adult protective worker.

Intake Screening Tool – Determining Dependency Status: Use questions 1, 2, and 3 to gather information from the caller. Use questions 4 through 10 if they apply. All questions are to assist in determining a reasonable belief of the adult subject's dependency status.

Supervisory Decision: For a dependent adult abuse intake, indicate the reasons for the rejection and the date and time.

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

Case Assignment: Check the applicable box and indicate the date and time the report was:

- Accepted and assigned, or
- Rejected and the name of the supervisor making the rejection decision.

Supervisor Assignment of Response Time for Observation of the Adult Subject: Check either the I hour or 24 hour period for response time. Timeframes cannot be waived or delayed for seeing an adult subject (victim).