

September 27, 2024

**GENERAL LETTER NO. 18-AP-60**

ISSUED BY: Bureau of Preventative and Protective Services  
Bureau of Child Protective Services  
Division of Family Well-Being and Protection  
Division of Aging and Disability Services

SUBJECT: Employees' Manual, Title 18 Appendix, **Family Services Appendix**, Contents 10-16, pages 92-95, and 323-474, revised; 475-477, new, and forms revised.

**Summary**

This chapter is revised to update forms:

- 470-0099, *Request for New Intake on Open Assessment*, new form to support Adult Protective Services
- 470-0607, *Child Protective Services Intake*, revised to update branding and contact info
- 470-0657, *Dependent Adult Protective Services Intake*, updates made to coincide with recent DARES enhancements pursuant to SR 23-00121
- 470-0709 and 470-0709(S), *Notice of Action: Foster Family Home*, revised to update branding, appeals language, and contact info
- -470-3239 and 470-3239(S), *Child Abuse and Family Assessment Parental Notification*, revised to update branding and contact info
- 470-3240, *Child Protective Services Child Abuse Assessment Summary*, revised to update branding and contact info
- 470-3242 and 470-3242(S), *Notice of Child Abuse Assessment: Not Confirmed*, revised to update branding and contact info
- 470-3243 and 470-3243(S), *Notice of Child Abuse Assessment: Founded*, revised to update branding and contact info
- 470-3575 and, 470-3575(S), *Notice of Child Abuse Assessment: Confirmed Not Registered*, revised to update branding and contact info
- 470-3789, *Notice of Intake Decision*, revised to update branding and contact info
- 470-4132, *Safety Assessment*, revised to update branding and contact info
- 470-4133, *Family Risk Assessment*, revised to update branding and contact info
- 470-4135, *CINA Services Assessment Summary*, revised to update branding and contact info

- 470-4401 and 470-4401(S), *Foster Child Behavioral Assessment*, revised to reflect rate increase
- 470-4841, *Dependent Adult Assessment Tool*, updates made to coincide with recent DARES enhancements pursuant to SR 23-00116
- 470-4894, *Notice to Schools for Child in Foster Care*, revised to update branding and contact info
- 470-5373, *Notice of Family Assessment Recommendation*, revised to update branding and contact info
- 470-5443, *Determination Not Eligible for Five Year Removal: Notice of Addendum*, revised to update branding and contact info
- 470-5444, *Determination of Eligibility for Five-Year Removal*, revised to update branding and contact info
- 470-5510, *Resource Home Concern*, revised to update branding and contact info
- 470-5562, *CPW to SWCM Transfer Packet Face Sheet*, revised to update branding and hyperlinks
- 470-5648 and 470-5648(S), *Discovering Connections*, revised to update branding and content
- 470-5663, *Kinship Caregiver Payment Notice of Decision – Termination*, revised to update branding and contact info
- 470-5664, *Kinship Caregiver Payment Notice of Decision – Approval*, revised to update branding and contact info
- RC-0006, *Tribal Customary Adoption Definition and Process*, new reference card to supplement existing Comm. 117 regarding Tribal Customary Adoption process
- RC-0082, *How-Do-I? Guide: Case Planning*, revised to update procedure, branding, and accessibility
- RC-0083, *How-Do-I? Guide: Case Management*, revised to update procedure, branding, and accessibility
- RC-0084, *How-Do-I? Guide: In-Home Case Management*, revised to update procedure, branding, and accessibility
- RC-0086, *How-Do-I? Guide: CPS Assessment*, revised to update procedure, branding, and accessibility
- RC-0087, *How-Do-I? Guide: CINA Assessment*, revised to update procedure, branding, and accessibility
- RC-0088, *How-Do-I? Guide: CINA Intake*, revised to update procedure, branding, and accessibility
- RC-0089, *How-Do-I? Guide: CPS Intake*, revised to update procedure, branding, and accessibility

- RC-0096, *How-Do-I? Guide: Out-of-Home Case Management*, revised to update procedure, branding, and accessibility
- RC-0099, *How-Do-I? Guide: Adoption*, revised to update procedure, branding, and accessibility
- RC-0102, *How-Do-I? Guide: Case Closure*, revised to update procedure, branding, and accessibility
- RC-0126, *Factoring Dependent Adult Abuse Desk Aid*, updates have been made to coincide with recent DARES enhancements pursuant to SR 25-00014.
- RC-0135, *Dependent Adult Abuse Dissemination Desk Aid*, revised to reflect updated Iowa Code 235B.6.

**Effective Date**

Immediately.

**Material Superseded**

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

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- Use of law enforcement, or
- Seeking legal intervention.

DARES will narrow the results of the safety decision in compliance with the scoring instructions. Only the subsequent safety status score is pulled from

DARES and populates into form 470-0688, *Dependent Adult Protective Services Evaluation or Assessment Summary*.

#### Initial Safety Decision

Check the box to indicate your determination as to whether the dependent adult is “safe,” “conditionally safe,” “unsafe,” or “unable to remediate safety concerns.” When selecting “unable to remediate safety concerns,” the adult protective worker must select one of the following reasons why:

- Protective order requested but not granted.
- Dependent adult has the capacity to consent and is refusing services.
- Dependent adult has accepted some, but not all of the recommended services.
- Other. If selecting other, please provide a brief explanation.

#### Dependency Assessment

*Health conditions and diagnoses:* Enter medical information. Document the overall condition of the adult, any existing allergies, and behavioral indicators or observations of health.

*Medications:* Enter all the adult’s medications.

*Benefits:* Enter **Yes** or **No** for each question. Use “Other” for benefits not represented on the list. Explain all other benefits not on the list.

*Current services:* Enter **Yes** or **No** for each question. Use “Other” for services not represented on the list. Explain all other services not on the list.

*Cognitive impairments:* Enter **Yes** or **No** for each question. Completing IQ is optional. Explain any temporary conditions.

*Cognitive screening:* Enter the type of mental status screening tool conducted. If the mental status screening tool used by the adult protective worker or other qualified professional is not represented in the list, select “other.” List the score and what the score means pertaining to the adult subject’s cognition. Screening will allow the adult protective worker to determine if the adult subject needs a more comprehensive assessment on capacity to consent.

*Physical impairments:* Enter **Yes** or **No** for each question. Explain if necessary.

*Impairments impacting daily living:* Enter Yes or No for each question.

*Katz (Activities of Daily Living) (ADL):* The Katz Index ranks adequacy of performance in the six functions of *bathing, dressing, toileting, transferring, continence, and feeding*. Clients are scored for independence in each of the six functions.

Each category has a check box. DARES calculates the score. Completion of all questions is required. A score of six indicates full function; four indicates moderate impairment; and two or less indicates severe functional impairment.

*Lawton – Brody Instrumental Activities of Daily Living Scale (IADL):* The IADL is an appropriate instrument to assess independent living skills. These skills are considered more complex than the basic activities of daily living as measured by the Katz Index.

The instrument is most useful for identifying how a person is functioning now and identifying improvement or deterioration over time. There are eight domains of function measured with the Lawton IADL scale.

To obtain a score for each category, check the box for the item description that most closely resembles the client’s highest independence level. Each category requires one box to be checked. The total score ranges from zero which indicates low functioning to eight which indicates high functioning.

*Instruction courtesy of The Hartford Institute for Geriatric Nursing, Hartford Institute website: <https://hign.org/>  
ConsultGerIRN website: [https://zhangnandi.com/about/news-publications/news/2008/january/introducing\\_consultgerirnorg.html](https://zhangnandi.com/about/news-publications/news/2008/january/introducing_consultgerirnorg.html)*

*Summary of dependency status:* Determine if the information collected through the dependency portion of your assessment indicates the adult subject (alleged victim) is dependent.

Use the narrative to summarize the evidence gathered through the dependency assessment to support or refute that the adult subject is a dependent adult. A diagnosis or level of care alone is not sufficient to determine a person is a dependent adult. A worker needs to describe the impairments in functioning using the objective measures mentioned above. An adult subject may be impaired in some domains of functioning and not others.

Only the “Summary of dependency status” narrative is pulled from DARES and populates form 470-0688, *Dependent Adult Protective Services Evaluation or Assessment Summary*.

#### Adult Subject Risk of Abuse or Neglect Assessment

The risk assessment must be completed by the conclusion of the assessment or evaluation.

The scored risk levels are pulled from the risk assessment of the adult subject and the alleged person responsible that are completed through DARES for the incident. If the risk assessments have not been completed, levels will not appear in the printed version.

The final risk level score is pulled from DARES and populates form 470-0688, *Dependent Adult Protective Services Evaluation or Assessment Summary*, under “Final Risk Level.” The DARES system uses this score to determine what the client’s periodic visit eligibility is based on, age, dependency status, mitigating interventions, and risk level.

#### Summary and Analysis of Safety Constructs Narrative

- 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 adult subject’s vulnerability to maltreatment (i.e., the degree that the adult subject cannot on the adult’s own avoid, negate, or minimize the impact of present or impending danger).
- Describe the adult subject and caretaker or alleged person responsible protective capacities (i.e., family, household, or support system strengths or resources that reduce, control, or prevent threats of maltreatment from arising and the factors and deficiencies that have a negative impact on the adult subject’s safety).

### Policy Overrides

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

*Discretionary override reason:* 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.

Supervisor’s Review/Approval of Discretionary Override: Enter a signature.

*Date:* Enter the date.

**Request for New Intake On Open Assessment, Form 470-0099**

Purpose	Form 470-0099 is used when a Child Protective Worker (CPW) or Adult Protection Worker (APW) discovers new information requiring new allegations of abuse, a new assessment on a different alleged perpetrator, etc., during a current open assessment.
Source	Complete this form electronically using the template available in SharePoint under Forms.
Completion	The CPW or APW completes this form during an ongoing child abuse assessment, family assessment, or dependent adult assessment/evaluation when new allegations arise that must be accepted for assessment. The completed form is then emailed by the CPW or APW to the Centralized Intake Unit at <a href="mailto:CSIU@dhs.state.ia.us">CSIU@dhs.state.ia.us</a>
Distribution	The New Intake Form is not distributed as part of the Child Abuse or Dependent Adult Abuse case.
Data	<p>Complete the following:</p> <p>Determine which type of new intake is being requested and check the appropriate box.</p> <p><b>Date &amp; Time HHS became aware of new incident:</b> Provide the date and time at which HHS became aware of the new incident. This date and time will be the new accepted intake date and time.</p> <p><b>Date &amp; Time the Intake was Accepted:</b> Provide the date and time CPW or APW staffed with their supervisor and supervisor accepted for assessment.</p> <p><b>Name of Accepting Supervisor:</b> Provide the name of the supervisor who accepted the new intake.</p> <p><b>Assigned Time Frame for CPW or APW:</b> Provide the assigned time frame by the accepting supervisor.</p> <p><b>CPW or APW Requesting Intake:</b> Provide name of CPW or APW requesting intake.</p> <p><b>Phone Number (Where you can be reached today):</b> Provide the phone number where the requesting CPW or APW can be reached on the date the request is submitted.</p> <p><b>Current Open Assessment Incident Number:</b> Provide the incident number of the current open assessment.</p>



**Please link new assessment to the current open assessment if applicable:** Check this box if you are requesting the accepted allegations be linked to the current open assessment.

**New Allegations of Abuse:** Enter the reported information in this section. Summarize all allegations and other information needed to determine whether the referral provides information sufficient to determine whether abuse or neglect occurred. Enter whether or not the alleged person responsible has access to the adult subject (victim).

**Alleged Perpetrator:** Provide the name of the alleged perpetrator.

**Alleged Perpetrator Date of Birth:** Provide the date of birth of alleged perpetrator.

**Please note any changes that need to be made regarding the household, i.e., people added or taken out of the household, changes to demographic information, etc.:** Provide information as it relates to changes in the open assessment intake that needs to be made to the household or demographic information for the new intake. If no changes are necessary, check the NOT APPLICABLE box.

**Are you requesting additional lookups be completed?:** If additional look-ups are necessary in regards to the new intake allegations, select yes and explain what look-ups are being requested. If no additional look-ups are necessary select no.

**Request for Revocation of Foster Family License, Form 470-0705**

Purpose	Form 470-0698 summarizes the grounds for recommending revocation of a foster family home license and records the decision on the recommendation.
Data	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms.
Completion	<p>When making the decision to recommend revocation of a license, the Department licensing worker completes all sections except “Revocation Decision.”</p> <p>The division administrator completes the “Revocation Decision.”</p>
Distribution	<p>The licensing worker submits the form with the supporting data to the service area manager or designee for review (and correction or elaboration if necessary).</p> <p>The service area keeps a control copy and forwards the form and the supporting information to the foster family program manager in the Division of Adult, Children and Family Services. The program manager reviews the information and writes the revocation notice letter. The letter, form 470-0705, and supporting information is submitted to the division administrator for review and approval.</p> <p>If the division administrator does not approve the revocation, return the form immediately to the service area. If the revocation is approved, the division issues the revocation notice by certified mail. Return the completed form to the service area:</p> <ul style="list-style-type: none"><li>▪ 30 days after the licensee receives the revocation notice, or</li><li>▪ If the licensee appeals the revocation, when the appeal process is completed.</li></ul> <p>When the service area receives the completed form, return the form to the licensing worker. The HHS licensing worker enters revocation status including pertinent text into FACS.</p>
Data	Indicate all reasons for revocation of the license. (See <a href="#">18-E(1), Revoking the License</a> for a discussion of license revocation.) Attach supporting data describing the circumstances involved and your actions to improve the family situation to this form.

**[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 using the template available in SharePoint under Employee Manual/Forms. Print the Spanish version of this form from the manual or SharePoint.
Completion	<p>The foster care worker prepares two copies of 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.</p> <p>The immediate supervisor approves the form.</p>
Distribution	Give the original to the foster parent and file a copy in the child's case record.
Data	<p>The items on the form are completed as follows:</p> <ul style="list-style-type: none"><li>▪ <i>Child's Name</i>: Enter the child's name.</li><li>▪ <i>Age</i>: Enter the child's current age.</li><li>▪ <i>Foster Parent's Name and Address</i>: Enter the foster parent's name and address.</li><li>▪ <i>Reason for Request</i>: Enter a brief statement (1 or 2 sentences) detailing the reason for the request.</li><li>▪ <i>Describe Child's Special Need</i>: Briefly describe the special need and how the special need relates to the request.</li><li>▪ <i>Identify Service</i>: Check the appropriate service.</li><li>▪ <i>Total Amount Requested</i>: Enter the total amount of the request and indicate if the amount is a one-time-only payment or a recurring monthly payment.</li></ul> <p>For childcare requests, enter the projected number of hours per month care will be provided and the hourly rate. <b>NOTE:</b> Childcare services may be provided by a licensed foster parent or a licensed or registered childcare provider.</p>

- *Signatures:* Obtain the indicated signatures.

After obtaining the service area manager's authorization, generate payment to the foster parent or service provider through the ABC system according to instructions in [18-D\(1\), Family Foster Care Policies and Procedures](#).

**NOTE:** Secure original receipts, signed by the foster parent or service provider and keep them in the child's case record.

**Request for Taxpayer Identification Number and Certification, Form W-9**

Purpose	<p>The <i>Request for Taxpayer Identification Number and Certification</i>, form W-9, is used to obtain the client's social security number and legal name as registered with the Internal Revenue Service (IRS).</p> <p><b>NOTE:</b> The W-9 form is also used to obtain the provider's social security number when the client passes away before the last payment is made to the provider.</p>
Source	<p>Access the form electronically at <a href="https://www.irs.gov/pub/irs-pdf/fw9.pdf">https://www.irs.gov/pub/irs-pdf/fw9.pdf</a>.</p>
Completion	<p>The HHS service worker provides the form to the client before completion of the provider agreement.</p>
Distribution	<p>The HHS service worker sends the original form signed by the client to the address listed below. Keep a copy for the HHS service file.</p> <p>Department of Human Services Bureau of Purchasing, Payments, Receipts and Payroll 1305 E Walnut St Des Moines, IA 50319-0114</p> <p>Or scan this information and email it to: <a href="mailto:inhomehealthdemographic@dhs.state.ia.us">inhomehealthdemographic@dhs.state.ia.us</a>.</p>
Data	<p>The client follows the instructions provided with the form.</p>

**[Request for Waiver of Pre-Service Training or Non-Safety Licensing Standards for Relatives, Form 470-4873](#)**

Purpose	<p>Department licensing staff uses the <i>Request for Waiver of Pre-Service Training or Non-Safety Licensing Standards for Relatives</i> to:</p> <ul style="list-style-type: none"><li>▪ Request a waiver for relatives to complete the 30 hours of pre-service training, and</li><li>▪ Waive the non-safety licensing standard that does not have a negative impact on child safety.</li></ul>
Source	<p>Complete this form using the fillable PDF file in SharePoint under Employee Manual/Forms.</p>
Completion	<p>The Department licensing worker completes the form, except for the “response” section, which the service area manager or social work administrator completes.</p> <p>Choose the reason for waiving pre-service training that applies. To request a waiver of another licensing standard:</p> <ul style="list-style-type: none"><li>▪ Check the licensing standard that has the deficiency.</li><li>▪ Enter the effective date that the waiver is requested.</li><li>▪ Describe the circumstances that warrant the waiver.</li><li>▪ Describe the impact if a waiver is not approved.</li></ul>
Distribution	<p>Send the completed original form to the service area manager or social work administrator for a response for a waiver request. When the request for a waiver is approved or denied:</p> <ul style="list-style-type: none"><li>▪ Return the original to the Department licensing worker.</li><li>▪ Send a copy to the retention and recruitment worker.</li><li>▪ Send a copy to the policy program manager in Central Office.</li></ul>
Data	<p>Document the reasons why the 30 hours of pre-service training may be waived or why a licensing standard could be waived.</p>

**Request to End an Authorization, Form 470-3949**

Purpose	Clients may use form 470-3949 to request that form 470-3951 or 470-3951(S), <i>Authorization to Obtain or Release Health Care Information</i> , or form 470-4459, <i>Authorization to Disclose Information to the Iowa Department of Human Services</i> , be revoked.
Source	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms.
Completion	The client wanting to make the request or the client's personal representative completes the form and mails or gives it to the Department's Security and Privacy Office or to the facility privacy official.
Distribution	<p>Give a copy of the form to anyone requesting it.</p> <p>If this request revokes an authorization in the case file for information already requested, file the request with the authorization. Mark the authorization <b>void</b> to make it clear the authorization is no longer valid.</p> <p>If this request revokes an authorization sent to the Security and Privacy Office for information that is not available locally, forward the authorization to the Security and Privacy Office.</p>
Data	Staff may complete the identifying information and date on the form or the client or client's representative may complete it. The client completes the section identifying which authorization to revoke.

**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 <i>Consent to Adoption</i> that the Department previously granted.
Source	HHS workers can complete the English version of this form using the template available in SharePoint under Employee Manual/Forms. Print the Spanish version of this form from the manual or SharePoint.
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 on one or more of the following circumstances: <ul style="list-style-type: none"><li>▪ The request of the adoptive family.</li><li>▪ A founded child abuse report or an accusation of child abuse, pending the determination of the report.</li><li>▪ Conviction of a crime or an accusation of a crime, pending a court decision regarding the crime.</li><li>▪ The request of a child who is aged 14 or over and has reversed the decision regarding the adoption.</li><li>▪ Other verified indications that the adoption is not in the best interest of the child.</li></ul>
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.
Data	This form is self-explanatory.



**Resource Home Concern, Form 470-5510**

Purpose	HHS workers use form 470-5510, <i>Resource Home Concern</i> , to document concerns identified regarding a resource home that needs to be addressed and to coordinate successful resolution. The form provides a tracking mechanism for the resource home's history.
Source	Complete this form using the fillable PDF in SharePoint under Employee Manual/Forms.
Completion	<p><b>Part 1.</b> The HHS social worker, who has observed a concern, completes Part 1 of the form no later than one business day and sends it to the HHS licensing supervisor in the applicable service area to review and identify concerns requiring resolution.</p> <p>The supervisor assigns a timeframe for the RRTS provider to complete the initial home contact. If the concern requires an urgent resolution, the HHS supervisor calls the RRTS provider right away to ensure an immediate response. The HHS supervisor discusses the concerns and any immediate actions to be taken with the resource home. Any suspected child abuse will be reported to the Child Abuse Hotline: 1-800-362-2178.</p> <p><b>Part 2.</b> The RRTS contractor completes this part with the steps to resolve the concern and any recommendation for a Corrective Action Plan, if applicable, and sends it to the HHS licensing supervisor within 10 business days of receiving the concern form to review.</p> <p><b>Part 3.</b> The HHS licensing supervisor reviews the resolution plan in this part and signs it if the resolution is approved.</p>
Distribution	Send a copy of the approved form to the HHS placement worker, HHS licensing worker, and the RRTS provider to file in the resource family file.
Data	The HHS licensing worker and the RRTS worker monitors the resolution plan and any corrective action plan to rectify the concerns. Keep documentation in the resource family file.

**Resource Parent Initial Home Study, Form 470-5436**

Purpose	The <i>Resource Parent Initial Home Study</i> provides an outline for formatting the narrative evaluation of a prospective foster or adoptive home.
Source	Print this form from the manual or SharePoint under Employee Manual/Forms.
Completion	<p>The recruitment and retention home study worker shall:</p> <ul style="list-style-type: none"><li>▪ Complete this form before preparing the licensing or approval recommendation; and</li><li>▪ Complete an update of this form when significant changes occur.</li></ul> <p><b>NOTE:</b> If an approved home study is more than one year old, then an update is required.</p>
Distribution	<p>The recruitment and retention contractor:</p> <ul style="list-style-type: none"><li>▪ Sends the original to the Department for the licensing file.</li><li>▪ Keeps a copy for its file.</li><li>▪ Gives a copy to the family upon request.</li></ul>
Data	<p>The <i>Resource Parent Initial Home Study</i> format includes sections summarizing the following:</p> <ul style="list-style-type: none"><li>▪ The dates of training and family consultations</li><li>▪ The family's motivation for becoming a foster family</li><li>▪ The family's strengths and needs relative to the skills needed</li><li>▪ The family's commitment to safety</li><li>▪ A summary of references</li><li>▪ The family's willingness to work with the child's birth family</li><li>▪ The family's understanding and support of concurrent planning</li><li>▪ Plans for supporting the family after placement</li><li>▪ Placement recommendations for this family</li><li>▪ Signatures, titles, address, and phone number for the worker that prepared the home study</li></ul>

**Resource Parent Renewal Home Study, Form 470-5776**

Purpose	The <i>Resource Parent Renewal Home Study</i> provides an outline for formatting the narrative evaluation of a currently licensed foster or approved adoptive home.
Source	Print this form from the manual or SharePoint under Employee Manual/Forms.
Completion	<p>The recruitment and retention home study worker shall:</p> <ul style="list-style-type: none"><li>▪ Complete this form before preparing the licensing or approval recommendation; and</li><li>▪ Complete an update of this form when significant changes occur.</li></ul> <p><b>NOTE:</b> If an approved home study is more than one year old, then an update is required.</p>
Distribution	<p>The recruitment and retention contractor:</p> <ul style="list-style-type: none"><li>▪ Sends the original to the Department for the licensing file.</li><li>▪ Keeps a copy for its file.</li><li>▪ Gives a copy to the family upon request.</li></ul>
Data	<p>The <i>Resource Parent Renewal Home Study</i> format includes sections summarizing the following:</p> <ul style="list-style-type: none"><li>▪ The dates of training and family consultations</li><li>▪ The family's motivation for becoming a foster family</li><li>▪ The family's strengths and needs relative to the skills needed</li><li>▪ The family's commitment to safety</li><li>▪ A summary of references</li><li>▪ The family's willingness to work with the child's birth family</li><li>▪ The family's understanding and support of concurrent planning</li><li>▪ Plans for supporting the family after placement</li><li>▪ Placement recommendations for this family</li><li>▪ Signatures, titles, address, and phone number for the worker that prepared the home study</li></ul>

**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	Complete the English version of this form using the template available in SharePoint under Employee Manual/Forms.  Print the Spanish version of this form from the manual or SharePoint.
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: <ul style="list-style-type: none"><li>▪ The name and address of the person requesting review, in the format for a window envelope.</li><li>▪ The date of the request.</li><li>▪ The name of the office receiving the request.</li><li>▪ The incident number of the report reviewed.</li><li>▪ A check in the box for the response to the request for review.</li><li>▪ The date of the <i>Notice of Child Abuse Assessment</i> for that report.</li><li>▪ The name and signature of the person making the decision.</li></ul>

**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	Complete the English version of this form using the template available in SharePoint under Employee Manual/Forms.  Print the Spanish version of this form from the manual or SharePoint.
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: <ul style="list-style-type: none"><li>▪ The name and address of the person requesting a review, in the format suitable for a window envelope.</li><li>▪ The date of the request.</li><li>▪ The name of the office receiving the request.</li><li>▪ The incident number of the report reviewed.</li><li>▪ A check in the box for the response to the request.</li><li>▪ The date of the <i>Notice of Child Abuse Assessment</i> for that report.</li><li>▪ The name and signature of the person making the decision.</li></ul>

### [Rights of Youth in Out-of-Home Placement, Form 470-5337](#)

Purpose	<p>Form 470-5337 describes the rights of a youth in an out-of-home placement with respect to:</p> <ul style="list-style-type: none"><li>▪ Education,</li><li>▪ Health,</li><li>▪ Visitation,</li><li>▪ Court participation,</li><li>▪ The right to receive a credit report every year while in foster care,</li><li>▪ The right to be given certain documents if the youth leaves out-of-home placement at age 18 or older, and</li><li>▪ The right for the youth to stay safe and avoid exploitation.</li></ul>
Source	<p>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.</p> <p>Supplies of this form may also be printed from the manual or SharePoint under Employee Manual/Forms.</p>
Completion	<p>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.</p> <p>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.</p> <p>The worker will review the rights with the youth as needed. The youth must sign and date a new form each time.</p> <p>In Part C (Transition Plan section) of form 470-3453, <i>Family Case Plan</i>, the following statement appears in the transition plan:</p> <p>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 <b>(date)</b>. 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.</p> <p>The worker needs to put the most recent date the youth signed the form in this statement in the case plan.</p>

Distribution	<p>After the youth signs and dates the form give the original to the youth. Place the copy in the case file.</p> <p>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.</p> <p>Give a signed and dated copy of the form to all legal parties of the case.</p>
Data	This form is self-explanatory.

**Safe Plan of Care, Form 470-5616**

Purpose	<p>The purpose of the <i>Safe Plan of Care</i> is to protect the safety and well-being of infants born and identified as affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder following the infant's release from the care of a health provider.</p> <p>The <i>Safe Plan of Care</i> addresses the health and substance use disorder treatment needs of the infant and affected family or caregiver. Monitoring the <i>Safe Plan of Care</i> helps to ensure that referrals are made and critical services are provided to the infant and family.</p>
Source	<p>Print this form from the manual or SharePoint under Employee Manual/Forms.</p>
Completion	<p>A safe plan of care must be developed for all infants (under one year of age) born and identified by a health care provider as affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder. A safe plan of care is required for infants affected by all substance abuse, legal or illegal.</p> <p>After confirming with the health care provider that the infant is affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder and treatment services are appropriate, the child protective worker or social work case manager completes the <i>Safe Plan of Care</i> with the family and all relevant participants.</p> <p>Whenever possible, complete the <i>Safe Plan of Care</i> before the infant is released from the hospital or immediately following the infant's release from a health care provider.</p>
Distribution	<p>Give a copy of the <i>Safe Plan of Care</i> to all participants involved in the plan.</p> <p>If completing the <i>Safe Plan of Care</i> for a child abuse assessment or a family assessment, upload it into the File Manager on the STAR Assessment module in JARVIS.</p> <p>If completing the <i>Safe Plan of Care</i> for a CINA assessment or an open child welfare case, file the document in the ongoing case file.</p>
Data	<p><b>Incident Number.</b> Enter the number assigned to the relevant assessment.</p>



**Infant Affected.** Enter the name of the child victim, the child's date of birth, and the FACS identification number assigned to the child.

**Household Composition.** Enter the name of each person living in the home with the child victim. For each person identified enter the date of birth, FACS identification number, and the relationship to the child. If applicable, under *Substance Dependency*, check the box regarding the type of substance abuse for each person listed. If the type of substance abuse is not listed, enter the name in the "Note" section.

**Infant Health Needs.** Enter the health and substance use disorder treatment needs of the infant.

**Family/Caregiver Substance Use Disorder Treatment and Health Needs.** Enter the health and substance use disorder treatment needs of the family members or caregiver.

**Plan for Infant.** Under each of the applicable services, enter the name of the person or organization that is making the referral and the date the referral was made. Identify the need for the service and include the date of the next appointment. List the person or organization who will be responsible for monitoring the safe plan of care and the contact information. Enter the length of time the safe plan of care needs to be monitored. If a particular service is not listed, enter it in the section entitled "Other Referrals."

**Plan for Caregiver.** Under each of the applicable services, enter the name of the person or organization that is making the referral and the date the referral was made. Identify the need for the service and include the date of the next appointment. List the person or organization that will be responsible for monitoring the safe plan of care and the contact information. Enter the length of time that the safe plan of care needs to be monitored. If a particular service is not listed, enter it in the section entitled "Other Referrals."

**Family and Participant Agreement.** Obtain the parents or caregivers and all other participants' signatures on the *Safe Plan of Care*. If the family is not willing to participate in the safe plan of care, consultation with the county attorney is required.

**Safety Assessment, Form 470-4132 or 470-4132(S)**

Purpose	<p>The <i>Safety Assessment</i>, form 470-4132 or 470-4132(S), helps to assess (at a point in time) whether any child is likely to be in imminent danger of serious harm or maltreatment, which requires a safety intervention and to determine what interventions should be initiated or maintained to provide appropriate protection.</p>
Source	<p>The English version of this form is available on the Safety Assessment tab on the STAR Assessment module in JARVIS.</p> <p>Print the Spanish version of this form from the manual or SharePoint under Employee Manual/Forms.</p>
Completion	<p>The child protection worker must complete the <i>Safety Assessment</i>:</p> <ul style="list-style-type: none"><li>▪ Within 24 hours of the first contact with the child, and</li><li>▪ At the end of all child abuse assessments and on all family assessments when the child was not determined to be safe in the initial safety assessment.</li></ul> <p>The social work case manager must complete the <i>Safety Assessment</i> with supervisory consultation before:</p> <ul style="list-style-type: none"><li>▪ Deciding to initiate unsupervised visitation, and</li><li>▪ Deciding to reunify the child with the family, and</li><li>▪ Deciding to close the case or recommend case closure to the court.</li></ul> <p>Either worker also completes the <i>Safety Assessment</i> whenever circumstances suggest that the child is in unsafe situation.</p> <p>Use RC-0104, <i>SDM Safety Assessment Guidance</i>, to complete the safety assessment. Review information obtained from systems checks, Department records, and any previous or current court involvement.</p>
Distribution	<p>The <i>Safety Assessment</i> is not distributed as part of the <i>Child Protective Services Child Abuse Assessment Summary</i> nor the <i>Child Protective Services Family Assessment Summary</i>. It is maintained within JARVIS and is considered assessment data. If the case is transferred for ongoing Department services, include a copy of the <i>Safety Assessment</i> in the referral packet.</p> <p>Upon request, provide a copy of the <i>Safety Assessment</i> to the subjects of the report. Provide the <i>Safety Assessment</i> to a provider of safety plan services when there is a release of information signed by parent.</p>

Data

Complete the following:

- **Client name:** The child protection worker enters the names of all of the child victims. The social worker case manager enters the youngest child's name.
- **Incident number/FACS ID:** The child protection worker enters the incident number. The social work case manager enters the FACS ID number.
- **County:** Enter the name of the county of residence of the child.
- **Worker name:** Enter the name of the assigned worker.
- **Date Assessment Completed:** Enter the date the Safety Assessment is completed (not the date it is entered into the system).
- **Assessment Type:** Check the item that describes the circumstances of the assessment:
  - **Initial:** Initial child protective safety assessment
  - Subsequent:
    - Child protective safety assessment at the end of the assessment, or
    - Unsupervised visitation safety assessment, or
    - Reunification safety assessment, or
    - Unsafe situations safety assessment
- **Case closure:** safety assessment prior to the decision to close a service case
- **Names of Children Assessed:** List the names of all children assessed.
- **Household name:** List the address of the household being assessed.
- **Caregiver(s) assessed:** List the names of all parents and caregivers assessed.

**SECTION 1: Factors Influencing Child Vulnerability.** Identify all the conditions resulting in any child in the household being more vulnerable to danger.

**SECTION 2: Current Danger Indicators.** Assess the household for each behavior or condition that describes a child being in imminent danger of serious harm and select all of the danger indicators that apply. If none apply, select “no danger indicators present” and skip to section 4.

**SECTION 3: Safety Response – Protective Capacities And Safety Interventions.** For each danger indicator identified, consider the resources available to the family and in the community that might help to keep the child safe. Select each protective capacity and safety intervention taken and explain how each protected or protects the child from the identified dangers.

**SECTION 4: Safety Decision.** The safety decision is based on the assessment of all danger indicators, all safety interventions, and any other information known about the case. Identify whether the child is:

- “Safe” (Do not complete a *Safety Plan* when no danger indicators are identified, but the Next Steps form may be used if desired.)
- “Safe with a plan” (A *Safety Plan* is required when one or more danger indicators are present and safety interventions address the danger.)
- “Unsafe” (Removal is the only protecting intervention possible when one or more danger indicators are present and safety interventions do not address the danger.)

**Safety Assessment Summary.** Describe the current factors influencing child vulnerability, any current danger indicators, and the caretaker’s protective capacities and safety interventions that have been taken and how each protected or protects the child from the identified danger indicators.

**Safety Plan, Form 470-4461 or 470-4461(S)**

Purpose	<p>A <i>Safety Plan</i>, Form 470-4461 or 470-4461(S) is written when it has been determined that a child is in danger and safety interventions are sufficient to protect the child. The plan addresses specific danger to the child identified during the process of assessing safety and describes ways in which the child will be safe from harm.</p>
Source	<p>The English version of the form may be printed from the template linked in manual, SharePoint, JARVIS, or ordered from Iowa Prison Industries in a three-part NCR set. Print the Spanish version from the manual or SharePoint.</p>
Completion	<p>If in the process of assessing safety or completing a <i>Safety Assessment</i>, a worker determines a child is safe with a plan, a <i>Safety Plan</i> must be developed. The worker creates the <i>Safety Plan</i> with the family. If additional room for the “SPECIFIC DANGER TO THE CHILD’S WELL-BEING” and “Actions” step sections are needed, please complete the <i>Safety Plan Supplement</i>, Form 470-5622 or 470-5622(S).</p>
Distribution	<p>Provide a copy to the family, to all who have a role in implementing the <i>Safety Plan</i>, to the family-centered services worker upon referral, and to the social worker case manager upon case transfer. Keep a copy of the <i>Safety Plan</i> in File Manager or the child’s case file. It is acceptable to give the family a hard copy of the Safety Plan, send a copy electronically, and/or allow the family to take a picture of the Safety Plan.</p> <p>The Safety Plan is not distributed as part of the Child Protective Services Child Abuse Assessment Summary.</p>
Data	<p>Complete the following:</p> <ul style="list-style-type: none"><li>▪ <i>Child(ren)’s name(s)</i>: Enter the name of the child subject(s).</li><li>▪ <i>Worker</i>: Enter the HHS worker’s name.</li><li>▪ <i>Date/time Safety Plan completed</i>: Enter the date and time at which the plan was completed.</li><li>▪ <i>Parent(s)/guardian(s) involved in plan</i>: Enter the names of the parents and/or guardians with whom you are developing the <i>Safety Plan</i>.</li></ul>

- *Other support(s)*: Enter the names of the other individuals with whom you are developing the plan.
- *Date Safety Plan to be reviewed*: Based on discussion with the family and any involved supports, enter a date within twenty business days or fewer. Safety Plans involving a child in temporary care must be reviewed with the county attorney or Attorney General's office no later than 45 days.
- *Temporary caregiver*: If someone other than the child's parent or guardian has been caring for the child or will be as a result of the *Safety Plan*, enter the name(s).
- *Incident #*: If the Safety Plan is developed during the course of a protective assessment, enter the protective assessment incident number.
- *When Safety Plan is expected to end*: Safety Plans developed during the course of a protective assessment shall be ended no later than at the conclusion of the assessment. Following the assessment or at any other point during an open service case, if the child continues to be or is determined to be safe with a plan, the SWCM will complete a new Safety Plan in collaboration with the family. Safety Plans developed during an open service case shall be ended or a new Safety Plan shall be created, no later than 60 days from development of the previous Safety Plan. The end dates of any Safety Plan shall be developed with the family and any involved supports.
- *Specific danger to the child's well-being*: Describe the current danger indicator(s) identified. This should not be a re-statement of the abuse allegations, but rather the specific danger indicator identified.
- *Actions needed right now to keep the child(ren) safe*: Enter the agreed-upon actions.
- *Who will do this?* Enter the name of the participant who agreed to take this action.
- *By when?* Enter the agreed-upon date for completion of the action or time period for the activity.
- *How will this be checked?* Describe how the action will be monitored, who will do so, and how it will be reported.

- *Initials of all involved in this action:* HHS worker will review the action with those involved. The parent(s)/caregiver(s) and person responsible for the action will initial to verify their understanding, agreement, and commitment.
- *Acknowledgement of rights and responsibilities:* This section pertains to the parent or guardian consenting to the plan. HHS worker will review this section with the parent or guardian and ask them to initial each statement.
- *Temporary caregiver:* This section pertains to the person(s) who has agreed to provide temporary care to the child(ren) as part of the *Safety Plan*. HHS worker will review this section with the temporary caregiver and ask them to initial the statement.
- *Family and participant agreement:* All participants must sign and date the form at the point of its completion to document their agreement with the *Safety Plan*. The worker shall enter the name of the supervisor consulted regarding the *Safety Plan* and when that consultation occurred.
  - If a safety plan removes or keeps a child from his or her usual and customary home, the signature of both custodial parents must be obtained. If the signature of both custodial parents cannot be obtained, then the safety plan may not include the removal or keeping a child from his or her usual and customary home unless sanctioned by a court.
  - If a safety plan interferes with the custodial rights for a parent or otherwise prevents a parent from having physical contact with the child, the signature of that parent must be obtained. If the signature of that parent cannot be obtained, then the safety plan may not include language that interferes with the custodial rights for a parent or prevents the parent from having physical contact with the child unless sanctioned by a court.
  - If a safety plan involves a third-party individual that is not a parent to the child, assure that you obtain the signature of the parents (as described above) as well as the signature of the individuals directly involved with implementing or monitoring the safety plan. Having other individuals sign the safety plan along with the parents does not interfere with the custodial rights of either parent.
- *Contact information:* Enter the name, phone number, and email address for each contact.

**Safety Plan Supplement, Form 470-5622 or 470-5622(S)**

Purpose	<p>A <i>Safety Plan Supplement</i>, Form 470-5622 or 470-5622(S) is completed in conjunction with a <i>Safety Plan</i>, Form 470-4461 or 470-4461(S) when more space than what is provided on the <i>Safety Plan</i> is needed to document danger to the child’s well-being and the actions needed to keep the child safe. The <i>Safety Plan Supplement</i> is not to be used without a corresponding <i>Safety Plan</i>.</p>
Source	<p>The English version of the form may be printed from the template linked in manual, SharePoint, JARVIS, or ordered from Iowa Prison Industries in a three-part NCR set. Print the Spanish version of this form from the manual or SharePoint under Employee Manual/Forms.</p>
Completion	<p>If in the process of developing a <i>Safety Plan</i>, the child protection worker or social work case manager determines additional space is needed for the “SPECIFIC DANGER TO THE CHILD’S WELL-BEING” and “Actions needed right now to keep the child(ren) safe” sections, the <i>Safety Plan Supplement</i>, Form 470-5622 or 470-5622(S) may be used. While only one <i>Safety Plan</i> can be used at a time, multiple <i>Safety Plan Supplement</i> forms may be used in conjunction the <i>Safety Plan</i>.</p>
Distribution	<p>Provide a copy to the family, to all who have a role in implementing the <i>Safety Plan</i>, to the provider of family-centered services upon referral, and to the social worker case manager upon case transfer. Keep a copy of the <i>Safety Plan</i> in File Manager or the child’s case file. It is acceptable to give the family a hard copy of the <i>Safety Plan</i>, send it to the family electronically, and/or allow the family to take a picture of the <i>Safety Plan</i>.</p> <p>The <i>Safety Plan Supplement</i> is not distributed as part of the Child Protective Services Child Abuse Assessment Summary.</p>
Data	<p>Complete the following:</p> <ul style="list-style-type: none"><li>▪ <i>Child(ren)’s name(s)</i>: Enter the names of the child subject(s).</li><li>▪ <i>Worker</i>: Enter the HHS worker’s name.</li><li>▪ <i>Date/time Safety Plan completed</i>: Enter the date and time at which the <i>Safety Plan Supplement</i> was completed. This date/time must match the <i>Safety Plan</i> it was created in conjunction with.</li></ul>



- *Specific danger to the child's well-being:* Describe the current danger indicator(s) identified. This should not be a re-statement of the abuse allegations, but rather the specific danger indicator identified.
- Actions needed right now to keep the child(ren) safe: Enter the agreed-upon actions.
- *Who will do this?* Enter the name of the participant who agreed to take this action.
- *By when?* Enter the agreed-upon date for completion of the action or time period for the activity.
- *How will this be checked?* Describe how the action will be monitored, who will do so, and how it will be reported.
- *Initials of all involved in this action:* HHS worker will review the action with those involved. The parent(s)/caregiver(s) and person responsible for the action will initial to verify their understanding, agreement, and commitment.

### Safety Plan for At-Risk Adult, Form 470-4835

Purpose	<p>The <i>Safety Plan for At-Risk Adult</i>, form 470-4835, is used to:</p> <ul style="list-style-type: none"><li>▪ Identify concerns about an at-risk adult's health or safety,</li><li>▪ Involve the at-risk adult in elevating those concerns, and</li><li>▪ Documenting them for the at-risk adult.</li></ul>
Source	<p>Complete this form using the template available in SharePoint under Employee Manual/Forms. This form may also be printed from the manual or SharePoint and completed by hand.</p>
Completion	<p>The protective worker with responsibility for completing the dependent adult abuse report completes the form on the alleged victim during the evaluation or assessment.</p>
Distribution	<p>Keep the form in the case file.</p>
Data	<p>Complete the following:</p> <ul style="list-style-type: none"><li>▪ <i>At-risk adult name</i>: Enter the at-risk adult's name.</li><li>▪ <i>Worker</i>: Enter the worker's name.</li><li>▪ <i>County</i>: Enter the county name or number.</li><li>▪ <i>Registry #</i>: Enter the registry number assigned by the DARES database system.</li><li>▪ <i>Date and time safety plan completed</i>: Enter the date the safety plan was completed.</li></ul> <p><b>Safety concerns.</b> Enter the cause for concern currently or impending, using the results of the <i>Dependent Adult Assessment Tool</i>, form 470-4841. Include in the plan what the dependent adult is capable or willing to do in case of emergencies. Include in the plan ways to alleviate the issues causing the adult to be at risk of health or safety.</p> <p><b>How the plan is monitored.</b> Enter how the plan will be monitored.</p> <p><b>Back-up plan.</b> Enter a specific back-up plan for each action to alleviate issues causing the adult to be at risk for health or safety.</p> <ul style="list-style-type: none"><li>▪ <i>At-Risk Adult and Participant Agreement</i>: The at-risk adult must sign or mark and date the form, if physically capable.</li><li>▪ <i>HHS worker/supervisor agreement with the Safety Plan</i>: The protective service worker and supervisor must sign and date the agreement.</li></ul>

**SAL+ Life Skills Service Referral Form, 470-0014**

Purpose	This referral form is for use by the Social Work Case Manager (SWCM) to make a referral to the Iowa Aftercare Services Program for a life skills service in Linn County. SAL+ Life Skills is a pilot project in Linn County only and is a component of the Iowa Aftercare Services Program. The service is a service directed to youth in a court ordered scattered site Supervised Apartment Living placement in Linn County, Iowa. The SAL placement must be supervised by a SWCM or Juvenile Court Officer. For youth age 18 to 20, a court order is not needed. Instead, use an approved voluntary placement agreement form 470-0715.
Source	Maintain in SharePoint staff resources.
Distribution	The SWCM completes the form and makes the referral as indicated at the bottom of the form. Keep a copy in the case record.

**[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 SharePoint under Employee Manual/Forms. Supplies of this form may also be printed from the manual or SharePoint.
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	<p>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.</p> <p>Identifying Information</p> <ul style="list-style-type: none"><li>▪ <i>Name of child to be placed</i>: Enter the child's complete name, (last name, first name, and middle initial, if any).</li><li>▪ <i>Age</i>: Enter the child's age as of the date the form is completed.</li><li>▪ <i>Mother's name</i>: Enter the name of the mother of the child as found on the child's birth certificate.</li><li>▪ <i>Ethnic group</i>: 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.</li><li>▪ <i>DOB</i>: Enter the child's date of birth as listed on the child's birth certificate.</li></ul>

- **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. 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 9:00 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 and address:* Enter the name (last name, first name, middle initial) and address (street, apartment number, rural route and box number, 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 the 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.



**Service Worker Comprehensive Assessment, 470-5602**

	<p>Purpose Form 470-5602, <i>Service Worker Comprehensive Assessment</i>, makes an initial assessment of the client's medical and daily care needs.</p>
Source	<p>Complete this form using the template available in SharePoint under Employee Manual/Forms. Supplies of this form may also be printed from the manual or SharePoint.</p>
	<p>Completion Complete the assessment at the time of application and annually thereafter.</p>
Distribution	<p>Keep the original in the client's HHS service case file.</p>
Data	<p>The HHS service worker completes the worker's name and HHS address in the first section of the form.</p> <p>The HHS service worker also completes page 10 if applicable.</p> <p>The client completes the other sections on the form where applicable including:</p> <ul style="list-style-type: none"><li>▪ Demographic information and living arrangements,</li><li>▪ Emergency contact information,</li><li>▪ Household care,</li><li>▪ Personal medical care,</li><li>▪ Services,</li><li>▪ Assistive devices,</li><li>▪ Medical conditions and equipment,</li><li>▪ Mobility,</li><li>▪ Wound care,</li><li>▪ Activities of daily living,</li><li>▪ Other services,</li><li>▪ Medication, and</li><li>▪ The narrative sections.</li></ul> <p>The client may request assistance from the provider or designate another party to assist in completing the form. The HHS service worker may also assist the client in completing the form. The client or designee assisting the client in completing the form for the client should certify it by signing and dating the form.</p>

[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 using the templates available in SharePoint under Employee Manual/Forms. Save a copy to your My Documents.
Completion	<p>The child's foster care worker completes the <i>Social History</i> 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.</p> <p>When termination of parental rights is issued, give an updated copy of the <i>Social History</i>, form 470-3615, to the worker responsible for completing the <i>Social History</i> (if different than the child's current worker).</p>
Distribution	<p>Keep one copy in the child's case record. Attach a copy of the child's hospital birth records to the social history.</p> <p>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.</p> <p>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. <b>NOTE:</b> After termination of parental rights, include a copy in the child's adoption and guardianship file.</p>
Data	<p>Consult with the child's parents, relatives, and foster parents to obtain information needed to complete the social history.</p> <p>If the parent is unavailable or refuses to provide information, the worker completes as much as possible, using available information. AIDS/HIV information may be shared <b>only with written permission</b> of the child's parent or guardian or by order of the court.</p>

**Social History and Evaluation for Family-Life Home Placement, Form 470-0647**

Purpose	The <i>Social History and Evaluation for Family-Life Home Placement</i> is used to obtain information concerning applicants for family-life home placement.
Source	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms.
Completion	Complete this form with the client. If the client is not capable of providing the information, ask the client's guardian or a family member to assist with completing the form. Use the information in the form to assist with determining the appropriateness of the client living in a family-life home.
Distribution	Maintain the form in the client's family-life home case file.
Data	The form collects information identifying the client and the client's financial and social resources, health situation, and living arrangements.

**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 using the template available in SharePoint under Employee Manual/Forms.
Completion	<p>The child's service worker prepares an original and one copy of the form to request that HHS be named payee when:</p> <ul style="list-style-type: none"><li>▪ A child entering care is already receiving SSI or Social Security benefits and is expected to be out of the home for <b>more</b> than 90 days.</li><li>▪ A child entering care who has significant physical or mental health problems.</li></ul>
Distribution	<p>Send the original to the contractor for the SSI Advocacy Project at the address listed on the form.</p> <p>File a copy in the child's case record.</p>
Data	The form collects identifying information about the child and the child's disabilities.

**State Supplementary Assistance Certification or Termination, Form 470-0640**

Purpose	The <i>State Supplementary Assistance Certification or Termination</i> , form 470-0640, is used by income maintenance to tell the worker an application for State Supplementary Assistance has been approved or that eligibility has terminated.
Source	Income maintenance (IM) workers complete 470-0640 using the form in the Worker Information System Exchange (WISE).
Completion	The IM worker completes the form and sends it to the service worker. The service worker sends it to the service area manager for approval along with: <ul style="list-style-type: none"><li>▪ 470-0634, <i>Family-Life Home Placement Agreement</i></li><li>▪ 470-0583, <i>Individual Service Plan</i></li><li>▪ 470-0616, <i>Certificate of Approval</i></li></ul>
Distribution	After receiving the form from the service area manager, send it to the IM worker for submission to the Social Security Administration.  When Social Security returns the form, the IM worker sends a copy to the service worker for the case file.
Data	IM completes Part 1, Identification. Service completes Part 2, Certification, and comments and signature in Part 4 (Page 1).  The Social Security Administration completes Page 2, indicating the client's income, the SSI eligibility decision, and the State Supplementary payment decision.

**Statement of Services Rendered, 470-0648**

Purpose	Form 470-0648, <i>Statement of Services Rendered</i> , is used by an individual provider of service to keep a record of services provided to a client and to submit an invoice to the Department for payment.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms. Supplies of this form may also be printed from the manual or SharePoint.
Completion	<p>The HHS service worker supplies the forms to the client and provider when the Provider Agreement is approved. Providers should complete Section A at the beginning of each month. The provider should complete the list of specific services, Section B, and each day that services are provided to the client. The provider signs the provide verification.</p> <p>At the end of each month, the client completes Section C and signs the form to provide verification. Section D is completed by the service worker to document the amount of client participation and the HHS payment.</p> <p>If there is more than one provider, complete a statement of services rendered for each provider.</p>
Distribution	The client sends the original to the HHS service worker for the client's service file. Clients should keep one copy for themselves and give one copy to the provider.
Data	<p><b>Section A.</b> Enter the provider's name, provider number, client's name and the dates (month and year) that service has been provided.</p> <p><b>Section B.</b> A log of time spent during which service was provided.</p> <ul style="list-style-type: none"><li>▪ Specific Services lists the actual work done.</li><li>▪ Rate lists the rate of payment for the specific service.</li><li>▪ Unit lists the units of work for the specific service. (Example: 8:30 - 10:00 am should be broken down into six 15-minute units)</li><li>▪ Monthly Total lists the total dollar amount due to the provider for the specific service.</li><li>▪ Total row is the total number of units worked and the total payment due to the provider.</li><li>▪ Provider's Signature. The provider signs and dates the first line.</li></ul>

**Section C.** Enter the client's name, provider name and the dates (month and year) that service has been provided. The client signs to verify services received as documented on the statement of services rendered form.

**Section D.** Enter the client participate amount and HHS payment to show total payment rendered to provider for services.

**Strengths/Needs Worksheet – After Meetings 1 and 2, Form 470-4021 or 470-4021(S)**

Purpose	Form 470-4021 or 470-4021(S) is used to help families assess their willingness and ability to be foster families.
Source	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms as needed.
Completion	The PS-MAPP leader asks foster parent applicants to complete this worksheet after meeting 2 during the foster home licensing process.
Distribution	Return the completed form to the recruitment and retention contractor. The form is included with the home study report and is kept in the licensing file. The contractor keeps a copy for the family's file.
Data	The form includes sections for the applicants to report their strengths and needs relating to: <ul style="list-style-type: none"><li>▪ Communicating effectively</li><li>▪ Knowing the children</li><li>▪ Building their strengths and meeting their needs</li></ul>



**Strengths/Needs Worksheet – After Meetings 3 and 4, Form 470-4089 or 470-4089(S)**

Purpose	Form 470-4089 or 470-4089(S) is used to help families assess their willingness and ability to be foster families.
Source	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms as needed.
Completion	The PS-MAPP leader asks foster parent applicants to complete this worksheet after meeting 4 during the foster home licensing process.
Distribution	Return the completed form to the recruitment and retention contractor. The form is included with the home study report and is kept in the licensing file. The contractor keeps a copy for the family's file.
Data	<p>The form includes sections for the applicant to report strengths and needs relating to:</p> <ul style="list-style-type: none"><li>▪ Know your family</li><li>▪ Communicate effectively</li><li>▪ Know the children</li><li>▪ Build strengths; meet needs</li><li>▪ Work in partnership</li><li>▪ Be loss and attachment experts</li></ul>

**Strengths/Needs Worksheet – After Meeting 5, Form 470-4090 or 470-4090(S)**

Purpose	Form 470-4090 or 470-4090(S) is used to help families assess their willingness and ability to be foster families.
Source	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms as needed.
Completion	The PS-MAPP leader asks foster parent applicants to complete this worksheet after meeting 5 during the foster home licensing process.
Distribution	Return the completed form to the recruitment and retention contractor. The form is included with the home study report and is kept in the licensing file. The contractor keeps a copy for the family's file.
Data	<p>The form includes sections for the applicant to report strengths and needs relating to:</p> <ul style="list-style-type: none"><li>▪ Know your family</li><li>▪ Communicate effectively</li><li>▪ Know the children</li><li>▪ Build strengths; meet needs</li><li>▪ Work in partnership</li><li>▪ Be loss and attachment experts</li><li>▪ Manage behaviors</li><li>▪ Build self-esteem</li><li>▪ Assure health and safety</li></ul>

**Strengths/Needs Worksheet – After Meetings 6 and 7, Form 470-4091 or 470-4091(S)**

Purpose	Form 470-4091 or 470-4091(S) is used to help families assess their willingness and ability to be foster parents.
Source	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms as needed.
Completion	The PS-MAPP leader asks foster parent applicants to complete this worksheet after meeting 7 during the foster licensing home study process.
Distribution	Return the completed form to the recruitment and retention contractor. The form is included with the home study report and is kept in the licensing file. The contractor keeps a copy for the family's file.
Data	<p>The form includes sections for the applicant to report strengths and needs relating to:</p> <ul style="list-style-type: none"><li>▪ Know your family</li><li>▪ Communicate effectively</li><li>▪ Know the children</li><li>▪ Build strengths; meet needs</li><li>▪ Work in partnership</li><li>▪ Be loss and attachment experts</li><li>▪ Manage behaviors</li><li>▪ Build connections</li><li>▪ Build self-esteem</li><li>▪ Assure health and safety</li><li>▪ Assess impact</li><li>▪ Make an informed decision</li></ul>

**Strengths/Needs Worksheet for Fertility Issues, Form 470-4024 or 470-4024(S)**

Purpose	Form 470-4024 or 470-4024(S) is used to help families who have experienced a loss of fertility to assess their willingness and ability to be foster families.
Source	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms as needed.
Completion	The PS-MAPP leader asks foster parent applicants to complete the worksheet after the third meeting when the family has not been able to conceive or has experienced the loss of a child.
Distribution	Return the completed form to the recruitment and retention contractor. The form is included with the home study report and is kept in the licensing file. The contractor keeps a copy for the family's file.
Data	The form includes sections for the applicants to evaluate and report strengths and needs relating to 14 tasks involved in fostering a child.

**Subsidized Guardianship IV-E Checklist, Form 470-5599**

Purpose	<p>Form 470-5599 is used to:</p> <ul style="list-style-type: none"><li>▪ Document the information that is needed to determine a child's eligibility for IV-E subsidized guardianship assistance (subsidy), and</li><li>▪ Determine if the child remains eligible for subsidized guardianship assistance through age 21.</li></ul>
Source	<p>HHS workers complete this form using the template available in SharePoint under Employee Manual/Forms.</p>
Completion	<p>The subsidized guardianship worker completes this form for every child who has an agreement for subsidized guardianship. Complete and sign the form:</p> <ul style="list-style-type: none"><li>▪ Within three days of receiving the subsidized guardianship court order, and</li><li>▪ When a child has been determined eligible for continued subsidy after age 18.</li></ul>
Distribution	<p>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 guardianship subsidy case record.</p>
Data	<p>The subsidized guardianship worker:</p> <ul style="list-style-type: none"><li>▪ Completes the form,</li><li>▪ Signs the form, and</li><li>▪ Indicates the date the form and required documents were sent to the IV-E Eligibility Unit.</li></ul>

**Subsidized Guardianship Notice of Action, Form 470-5613 or 470-5613(S)**

Purpose	Form 470-5613 or 470-5613(S) is used to: <ul style="list-style-type: none"><li>▪ Close a case.</li><li>▪ Notify guardians regarding subsidy payments.</li></ul>
Source	HHS workers may complete the English or Spanish version of this form using the templates available in SharePoint under Employee Manual/Forms. Private agencies can print the form from the online manual.
Completion	The identified guardian's worker prepares an original and one copy of the form when a decision is made regarding the various actions listed on the form.
Distribution	Give the original to the family. Keep one copy in the file.
Data	The "issue date" is the date the notice is completed.

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**Suspected Dependent Adult Abuse Report, Form 470-2441**

Purpose	The purpose of form 470-2441 is to provide a method for gathering the information required for the evaluation.
Source	<p>Form 470-2441 is published as part of Comm. 118, <i>Dependent Adult Abuse: A Guide for Mandatory Reporters</i>, and is available on the HHS website. Mandatory reporters can also print this form from the online manual.</p> <p>HHS staff may complete this form using the template available in SharePoint under Employee Manual/Forms. Supplies of this form may also be printed from SharePoint.</p>
Completion	To meet the requirements of the reporting law, the mandatory reporter completes this form or a form developed by the reporter within 48 hours after the oral report of the dependent adult abuse to the Department.
Distribution	<p>The reporter forwards one copy to the protective services unit. Additional copies may be prepared for the reporter's records and for the evaluator's files.</p> <p>The protective services unit forwards the form to the Central Abuse Registry. If that office keeps a copy of the form, it must be expunged if required. (See <a href="#">18-B(3), Sealing and Expungement of Reports.</a>)</p>
Data	The reporter attaches any collateral information on the report to the form.

**Therapeutic Foster Care (TFC) Daily Log, Form 470-5766**

Purpose	Form 470-5766 is used as a tracking system to note successes, differences in behavior, and interventions.
Source	Print supplies from the manual or SharePoint as needed.
Completion	The worker will take notes on the Daily Log as prompted.



**Therapeutic Foster Care (TFC) Resource Parent Agreement, Form 470-0013**

Purpose	Form 470-0013 ensures that TFC Resource Parents agree and understand the roles and responsibilities of receiving placement of an identified TFC youth into their home
Source	Print supplies from the manual or SharePoint as needed.
Completion	The RRTS worker will assist the TFC Resource Family in the completion of this form. The TFC Resource Parent(s) will initial each appropriate assurance and both the RRTS worker and TFC Resource Parent will sign the form.
Distribution	This form will be uploaded into Care Match by RRTS, and the original form will be sent to HHS to be kept in the TFC Resource Family's licensing file. A copy of the form will be given to the TFC Resource Family.
Data	RRTS caseworkers and HHS licensing workers/caseworkers will share this form.

**Travel Permit, Form 470-5079**

Purpose	<p>Form 470-5079 documents the guardian's:</p> <ul style="list-style-type: none"><li>▪ Time-limited approval for foster children to travel with the foster parents, and</li><li>▪ Consent for emergency medical treatment if attempts to secure permission of the parent or guardian, and Department are unsuccessful.</li></ul>
Source	<p>Complete this form using the template available in SharePoint under Employee Manual/Forms.</p>
Completion	<p>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:</p> <ul style="list-style-type: none"><li>▪ Child's parent or guardian,</li><li>▪ Area service administrator or designee.</li></ul> <p>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.</p>
Distribution	<p>Give the original form to the foster parent and place a copy in the child's case file.</p>
Data	<p>This form is self-explanatory.</p>

**Tribal Membership Inquiry, Form 470-5632**

Purpose	The purpose of form 470-5632, <i>Tribal Membership Inquiry</i> is to request information from a Tribe as to whether the child(ren) in the case are members of the Tribe or eligible for membership. Form 470-5623, <i>Ancestry Chart</i> is an attachment to this form.
Source	HHS workers complete this letter using the template available in SharePoint under Employee Manual/Forms.
Completion	The worker completes this form if the worker has information or a reason to believe that the child(ren) are members of the Tribe or eligible for membership.
Distribution	<p>The worker sends this form and form 470-5623, <i>Ancestry Chart</i> to the Tribe as soon as possible for the Tribe to provide membership or eligibility for membership information. The worker keeps a copy of this form in the case file.</p> <p>Once the worker receives the completed form from the Tribe, the worker provides the completed form and its attachment to the county attorney for the county attorney to send an official Notice to the Tribe. The worker keeps a copy of the completed form and its attachment in the case file.</p> <p>If the Tribe does not accept the form or will not provide requested information, the worker contacts their county attorney for assistance in sending the legal Notice to the Tribe.</p>
Data	<p>Document completion of the form in the case narrative:</p> <ul style="list-style-type: none"><li>▪ The date the form was sent to the Tribe,</li><li>▪ The date the worker received a completed form from the Tribe or received notification the Tribe will not provide the information unless it is in the legal Notice, and</li><li>▪ The date the worker provided the completed form to the county attorney or consulted with the county attorney if the Tribe did not provide the requested information.</li></ul>

**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 the English or Spanish version of this form from the manual or SharePoint under Employee Manual/Forms.
Completion	The foster care worker completes this form before placement.
Distribution	Make three copies of the completed 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.
Data	This form is self-explanatory.

**Voluntary Foster Care Placement Agreement, Form 470-0715 or 470-0715(S)**

Purpose	Form 470-0715 or 470-0715(S) is used for securing a written agreement for all voluntary placements in foster care.
Source	Complete the English version of this form using the template available in SharePoint under Employee Manual/Forms. Print the Spanish version of this form from the manual or SharePoint.
Completion	The social work case manager 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 terminate after 90 days. See <a href="#">18-C(2)</a> , <i>Voluntary Placement for Children Under Age 18</i> and <i>Voluntary Placement for Children Aged 18 or Older</i> for more specific policies. Make three copies for children under the age of 18; make two copies for children aged 18 or over. An youth age 18, 19, or 20 completes this form when extended foster care is approved.
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 under age 18. Youth age 18, 19, or 20 may sign, unless a guardian is appointed to sign.

**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 website, compose the child's biography, and register the child with AdoptUsKids, if desired. (See <a href="#">AdoptUsKids Website Waiver, Form 470-4155</a> , if you do not want your child listed on AdoptUsKids.)
Source	Complete this form using the template located in SharePoint under Employee Manual/Forms. <b>It is preferred that this form be completed electronically.</b>
Completion	<p>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, complete a separate enrollment form for each child in the sibling group.</p> <p>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.</p>
Distribution	<p>Fax, mail, or email the completed form to:</p> <p>Iowa KidsNet Attn: Della Degner 3125 Cottage Grove Ave Des Moines, IA 50311 <a href="mailto:ddegner@iowakidsnet.com">ddegner@iowakidsnet.com</a> Fax: 515-271-7450 Phone: 515-271-7399</p> <p>Place a completed copy of the <i>Waiting Child Enrollment</i> form in the child's case record.</p>
Data	This form is self-explanatory.

**Youth Transition Decision-Making (YTDM) Meeting Notes, Form 470-5161**

Purpose	The <i>Youth Transition Decision-Making (YTDM) Meeting Notes</i> , form 470-5161, is the official youth plan developed during the YTDM meeting.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.  Supplies of this form may also be printed from the manual or SharePoint.
Completion	The YTDM meeting facilitator engages the youth team and develops the youth's plan, with the youth, after a 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	<p><b>Case Information.</b> Enter the following information:</p> <ul style="list-style-type: none"><li>▪ Youth's name</li><li>▪ Parent/caregiver name (if applicable)</li><li>▪ Parent/caregiver/noncustodial names</li><li>▪ Date of the youth transition decision-making meeting</li><li>▪ Facilitator's name</li><li>▪ Facilitator's approval number</li><li>▪ Next court hearing date and time</li><li>▪ Type of hearing</li></ul> <p><b>Desired Outcomes of this Meeting.</b> Enter the desired outcome of the meeting.</p> <p><b>Fostering Connections.</b> 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.</p> <p>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.</p>

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, supervised apartment living, preparation for adult living, current housing.
- *Supportive Relationships:* Aftercare, healthy family connections, peers, Iowa foster care youth council, 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.

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 <i>Youth Transition Decision-Making (YTDM) Youth's Dream Path</i> , form 470-5176, is the official model to use during the YTDM meeting.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.  Supplies of this form may also be printed from the manual or SharePoint as needed.
Completion	The YTDM meeting 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	<p><b>Case Information.</b> Enter the following information:</p> <ul style="list-style-type: none"><li>▪ Youth name</li><li>▪ Parent/caregiver name</li><li>▪ Parent/caregiver/noncustodial names</li><li>▪ Date of the YTDM meeting</li><li>▪ Date of the next YTDM meeting</li><li>▪ Facilitator name and approval number</li><li>▪ Next court hearing date and time</li><li>▪ Type of hearing</li></ul> <p><b>Desired Outcome of this Meeting.</b> Use the Dream Path as a tool for the stabilization and action planning parts of the YTDM meeting.</p> <p>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.</p> <p>The five Fostering Connections areas are:</p> <ul style="list-style-type: none"><li>▪ Education</li><li>▪ Employment</li><li>▪ Health</li><li>▪ Housing</li><li>▪ Supportive Relationships</li></ul>

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. Review the 'Dream' written in the 'cloud' on the far right of the document and determine the steps to head in that direction. Develop action plans 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. Establish a new Crisis Plan (Plan B) at each meeting as well. Completion of the YTDM meeting process is determined by the youth and the team. It can continue informally after the youth ages out of the system, if desired.

**Comm. 013, Therapeutic Foster Care Flow Chart**

Purpose	For the Therapeutic Foster Care (TFC) Pilot Program, the TFC Flow Chart is a visual representation of the step by step process for the TFC pilot project, for use by the Social Work Case Manager (SWCM) and team members involved with a TFC service.
Source	Maintain in SharePoint Therapeutic Foster Care staff resources.
Distribution	The Department caseworker may utilize to understand appropriate use of forms and procedures. It may be shared at caseworker discretion.

**Comm. 014, Therapeutic Foster Care Resource Guide and Toolkit**

Purpose	For the Therapeutic Foster Care (TFC) Pilot Program, the TFC Resource Guide and Toolkit is a comprehensive manual for the TFC pilot project for use by the Social Work Case Manager (SWCM) and team members involved with a TFC service.
Source	Maintain in SharePoint Therapeutic Foster Care staff resources.
Distribution	The Department caseworker may utilize to understand appropriate use of forms and procedures. It may be shared at caseworker discretion.

**Comm. 015, Complex Youth Care Assessment Protocol**

Purpose	<i>Complex Youth Care Assessment Protocol</i> is used to help Social Work Case Manager's understand the process to follow when referring a youth for a Complex Youth Care Assessment at the University of Iowa Complex Youth Care Clinic.
Source	Print supplies of Comm. 015 from <a href="#">SharePoint Metadata List</a> or the manual as needed.

**Comm. 033 or Comm. 033(S), Foster Parent Handbook**

Purpose	The <i>Foster Parent Handbook</i> provides information to foster parents about Department policies and procedures for foster care.
Source	Foster parents and staff are encouraged to access the <i>Handbook</i> through the Internet. (Access either the English or Spanish version of the <i>Handbook</i> by clicking on its “Comm.” number above.)
Distribution	When printed copies are available, they are issued through the TIPS-MAPP training process.
Data	<p>The <i>Handbook</i> addresses:</p> <ul style="list-style-type: none"><li>▪ Descriptions of the members of a child’s team.</li><li>▪ Rights and responsibilities of foster parents.</li><li>▪ Confidentiality policies.</li><li>▪ Partnering with a child’s parents and other family members.</li><li>▪ Reasonable and prudent parenting standards.</li><li>▪ Record keeping.</li><li>▪ Discipline policies.</li><li>▪ Out of state travel.</li><li>▪ Medicaid and medical consents.</li><li>▪ Maintenance payments and reimbursable expenses.</li><li>▪ Juvenile court.</li><li>▪ Ten-day notice to remove a child from the foster home.</li><li>▪ Corrective action plans.</li><li>▪ Additional resources and services.</li></ul>

**[Comm. 118, Dependent Adult Abuse: A Guide for Mandatory Reporters](#)**

Purpose	<i>Dependent Adult Abuse: A Guide for Mandatory Reporters</i> is used to provide information regarding definition and statutory obligations for mandatory reporters in identification and reporting of suspected dependent adult abuse.
Source	Access the booklet by clicking on the “Comm.” number above. Print the booklet if desired.
Distribution	The booklet has been designed for internal and external use. Direct people requesting this booklet to the Policy Manual section of the HHS website.



**Comm. 146 or Comm. 146(S), The State Has My Child! What Can I Do?**

Purpose	Comm. 146, <i>The State Has My Child! What Can I Do?</i> , 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 reasons 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	<i>Child Abuse: A Guide for Mandatory Reporters</i> provides information regarding definitions and statutory obligations for mandatory reporters to identify and report suspected child abuse.
Source	Print supplies of the English or Spanish version of this booklet from the manual or SharePoint under Employee Manual/Forms.
Distribution	The booklet has been designed for internal and external use. Direct people requesting this booklet to the Policy Manual section of the HHS website.

**Comm. 177 or Comm. 190, How Can I Help This Child?**

Purpose	Comm. 177, <i>How Can I Help This Child?</i> , 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	Print supplies of the English or Spanish booklet from the manual or SharePoint as needed.
Distribution	Give or mail this booklet to relatives or guardians before or when a child is placed with them.
Data	The booklet addresses reasons for removal of a child, legal procedures involved in placement, and case permanency planning.

**Comm. 265 or Comm. 265(S), Solution Focused Meetings (SFMs)**

Purpose	Comm. 265 or Comm. 265(S), <i>Family Team Decision-Making Meetings</i> , informs families on: <ul style="list-style-type: none"><li>▪ Family team decision-making meetings,</li><li>▪ Who is invited to these meetings,</li><li>▪ What happens before these meetings,</li><li>▪ What happens at these meetings, and</li><li>▪ Who to contact should they have any questions.</li></ul>
Source	Print supplies of Comm. 265 or Comm. 265(S) from the manual or SharePoint as needed.  Comm. 265 and Comm. 265(S) are also available on the Department's website.
Distribution	Give or mail Comm. 265 or Comm. 265(S) to families.

**Comm. 283, Youth Transition Decision-Making Standards**

Purpose	The <i>Youth Transition Decision-Making Standards</i> provides a set of standards and practice guidance to achieve positive results associated with the Family Team Decision-Making (FTDM) and Youth Transition Decision-Making (YTDM) 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 supplies of Comm. 283 from the manual or SharePoint as needed. Comm. 283 is also available on the Department's website.
Completion	HHS workers and others 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. 315 or Comm. 315(S), Medication Management**

Purpose	The <i>Medication Management</i> booklet has been developed to provide foster and adoptive parents with basic information on how to manage the medication needs of children in their care.
Source	Families may print the booklet from the manual. (Access the booklet by clicking on the “Comm.” number above.)  The recruitment and retention contractor can give a copy of the booklet to families who do not have Internet access.
Completion	The booklet has a test at the end. Completion of this test is mandatory and must be completed in the initial training cycle.
Distribution	The test answer sheet must be completed and returned to the recruitment and retention contractor.
Data	The booklet addresses: <ul style="list-style-type: none"><li>▪ Responsibilities when a child enters care</li><li>▪ Types and names of medication</li><li>▪ Preparation forms</li><li>▪ Routes of administration</li><li>▪ Who should administer medication</li><li>▪ Guidelines for administration</li><li>▪ Recording administration</li><li>▪ Dispensing oral medications</li><li>▪ Medication errors</li><li>▪ Refusal to take medication</li><li>▪ Administering medication away from home</li><li>▪ Storage and disposal of medication</li><li>▪ Psychiatric medications</li></ul>

**Comm. 385, Overview of Iowa's Adoption Subsidy Program**

Purpose	Comm. 385 explains eligibility for the adoption subsidy program and the supports available.
Source	Print supplies of this pamphlet from the manual or SharePoint under Employee Manual/Forms.
Distribution	Provide this pamphlet to families who are considering adopting a child through the Department.
Data	The pamphlet addresses: <ul style="list-style-type: none"><li>▪ How to decide if special needs adoption is right for a family,</li><li>▪ The purpose of the subsidy program,</li><li>▪ Eligibility for subsidy, and</li><li>▪ The agreement to future adoption subsidy.</li></ul>

**Comm. 386, Financial Assistance for Relative Caretakers**

Purpose	Comm. 386 outlines the financial resources available to relatives when a child is placed in their care.
Source	Print supplies of this brochure from the manual or SharePoint under Employee Manual/Forms.
Distribution	Provide this brochure to families when a child is placed in their care through the Department.
Data	<p>The brochure provides a brief description of:</p> <ul style="list-style-type: none"><li>▪ The Family Investment Program,</li><li>▪ Licensed foster care,</li><li>▪ Medicaid,</li><li>▪ Child Care Assistance, and</li><li>▪ Food Assistance.</li></ul> <p>The descriptions include basic eligibility factors and how to apply for the program.</p>



**Comm. 435, Family Interaction Standards**

Purpose	The <i>Family Interaction Standards</i> , 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 supplies of Comm. 435 from the manual or SharePoint as needed. Comm. 435 is also available on the Department's website.
Completion	Department 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, <i>Iowa Foster Child and Youth Bill of Rights</i> 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 supplies of this flier from the manual or SharePoint under Employee Manual/Forms.
Distribution	Discuss the flier and give it to the child, the parent, and caretaker at the time a child enters foster care, as appropriate.
Data	The flier provides a tool to start a discussion with a child, the parent, or caretaker that will promote respectful and engaging care of the child.

**Comm. 450 or Comm. 450(S), Differential Response System: Family Assessment**

Purpose	Comm. 450, <i>Differential Response System: Family Assessment</i> , and its Spanish version, 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 supplies of the <i>Differential Response System: Family Assessment</i> : <ul style="list-style-type: none"><li>▪ From the manual as needed <b>or</b></li><li>▪ Order supplies from the Department of Administrative Services (DAS) through your service area.</li></ul>
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	<i>Parents Rights &amp; Responsibilities</i> , Comm. 462, summarizes some of the most important rights and responsibilities for parents when their children have been removed from their care.
Source	Print supplies of Comm. 462 from the manual or SharePoint as needed.
Distribution	Give or mail Comm. 462 to parents or guardians before or when a child is placed in foster care or relative care.

**Comm. 482, Dependent Adult Protection**

Purpose	Comm. 482, <i>Dependent Adult Protection</i> , informs the adult, caretakers, and household of their eligibility for a dependent adult assessment and provides general information about the assessment or evaluation process.
Source	Print supplies of Comm. 482, <i>Dependent Adult Protection</i> , from the manual or SharePoint under Employee Manual/Forms.
Distribution	Give Comm. 482 to the adult subject and caretaker or any other household members when engaging in a dependent adult assessment or evaluation.

**Comm. 581 or Comm. 581(S), Family Guide to Adoption Selection Interview Process**

Purpose	Comm. 581 explains to families participating in adoption selection interviews what to expect from the process.
Source	Print supplies of this pamphlet from the manual or SharePoint under Employee Manual/Forms.
Distribution	Provide this pamphlet to families who are considering adopting a child through the Department and are participating in the adoption selection process.
Data	The pamphlet addresses: <ul style="list-style-type: none"><li>▪ The purpose of the adoption selection process and interview</li><li>▪ Possible questions which may be asked during the interview process</li><li>▪ Expectations for the family Post Adoption Selection Interview</li></ul>

**Comm. 593, Iowa Adoption Selection Staffing Process**

Purpose	Comm. 593 explains to HHS staff, stakeholders, and the general public the process used in the State of Iowa to select adoptive families for children available for adoption in the State of Iowa.
Source	Print supplies of this pamphlet from the manual or SharePoint under Employee Manual/Forms.
Distribution	Reference this pamphlet to ensure compliance the Iowa's adoption selection process.
Data	The pamphlet addresses steps for HHS adoption staff to complete the adoption selection process.

**Comm. 603 or Comm. 603(S), Licensed Family Foster Care Provider Benefits**

Purpose	Comm. 603, <i>Licensed Family Foster Care Provider Benefits</i> informs kinship caregivers about the benefits of becoming a licensed foster parent when a child has been placed in their care.
Source	Print supplies from the manual or SharePoint as needed.
Distribution	Give or mail this document to kinship caregivers before or when a child is placed with them.
Data	This document addresses the benefits for relative caregivers to become a licensed foster parent. RRTS caseworkers, Kinship Specialists, and HHS caseworkers may share this form.



**Comm. 604 or Comm 604(S), Kinship Caregiver Program Overview**

Purpose	Comm. 604, Kinship Caregiver Program Overview informs kinship caregivers about the Kinship Caregiver Payment Program that financially supports kinship caregivers.
Source	Print supplies from the manual or SharePoint as needed.
Distribution	Give or mail this document to kinship caregivers before or when a child is placed in their court-ordered care.
Data	This document explains the Kinship Caregiver Payment Program. RRTS caseworkers, Kinship Specialists, HHS caseworkers, and shelter, QRTP, and SAL staff may share this form.

**Comm. 610 or Comm. 610(S), Tribal Customary Adoption (TCA)**

Purpose	<i>Tribal Customary Adoption (TCA)</i> provides information regarding TCA for families interested in completing a TCA with an eligible child placed in their home.
Source	Print supplies of the English or Spanish version of this booklet from the manual or SharePoint.
Distribution	The booklet has been designed for internal and external use. Direct people requesting this document to the Policy Manual section of the HHS website.

**Comm. 645, Worker Safety Brochure**

Purpose	Comm. 645, <i>Worker Safety Brochure</i> , informs workers on tips to keep themselves safe while working in the field: <ul style="list-style-type: none"><li>▪ Before you go</li><li>▪ Outside the Home</li><li>▪ Inside the Home</li><li>▪ De-escalation Tips</li></ul>
Source	Print supplies of Comm. 645 from the manual or SharePoint as needed.

**Comm. 649, Family Interaction Planning Tool**

Purpose	The <i>Family Interaction Planning Tool</i> is used to help determine the Department's recommendation for the Family Interaction Plan which includes supervision level, interaction location, and interaction frequency and length.
Source	Print supplies of Comm. 649 from <a href="#">SharePoint Metadata List</a> or the manual as needed.

### [Comm. 650, Reunification Staffing Guide](#)

Purpose	<p>Comm. 650, <i>Reunification Staffing Guide</i>, provides a template for the Reunification Staffing which is to be held prior to children being returned home.</p> <ul style="list-style-type: none"><li>▪ Discuss/document the readiness of the parents and children to be reunified.</li><li>▪ Identify supports</li><li>▪ Discuss/document the transition plan</li><li>▪ Discuss school/daycare/services/appointments</li><li>▪ Discuss parent’s and children’s needs</li><li>▪ Identify any barriers and HHS/FCS expectations</li></ul>
Source	<p>Print supplies of Comm. 650 from the manual or SharePoint as needed.</p>

### [Comm. 651, Reunification Follow-Up Staffing Guide](#)

Purpose	<p>Comm. 651, <i>Reunification Follow-Up Staffing Guide</i> provides a template for the post reunification staffing which is to be held within 30-45 days after reunification.</p> <ul style="list-style-type: none"><li>▪ Identify all parts of the original plan that are working well</li><li>▪ Identify any obstacles and problem solve to come up with solutions to these issues and barriers</li><li>▪ Give time for the parent's and child's voice</li><li>▪ Discuss next steps including timelines, reduction of services and safe case closure.</li></ul>
Source	<p>Print supplies of Comm. 651 from the manual or SharePoint as needed.</p>

**Process to Successfully Effectuate a**

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Subsidized Guardianship

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**[Comm. 653, Process to Successfully Effectuate a Subsidized Guardianship](#)**

Purpose	Comm. 653, <i>Process to Successfully Effectuate a Subsidized Guardianship</i> provides clarification on the subsidized guardianship process.
Source	Print supplies of Comm. 653 from the manual or SharePoint as needed.

**Comm 654, ESSA Best Interest Determination**

Purpose	Comm. 654, <i>ESSA Best Interest Determination</i> is used as guidance when determining whether a child should remain in the current school setting (school of origin) or move to a new school.
Source	Print supplies of Comm. 654 from the manual or SharePoint as needed.



**Comm 655, ESSA Checklist: Things DHS Workers Should Do**

Purpose	Comm. 655, <i>ESSA Checklist: Things DHS Workers Should Do</i> is a checklist which provides HHS workers with information on what their responsibility is regarding the “Every Student Succeeds Act” (ESSA).
Source	Print supplies of Comm. 655 from the manual or SharePoint as needed.

**Comm 656, ESSA Flowchart**

Purpose	Comm. 656, <i>ESSA Flowchart</i> is a chart which provides HHS workers with information on the “Every Student Succeeds Act (ESSA) process.
Source	Print supplies of Comm. 656 from the manual or SharePoint as needed.

**Comm 657, ESSA School Transportation Decision Matrix**

Purpose	Comm. 657, <i>ESSA School Transportation Decision Matrix</i> provides information on who is responsible for transportation costs under the “Every Student Succeeds Act” (ESSA).
Source	Print supplies of Comm. 657 from the manual or SharePoint as needed.

**Comm 658, What DHS Workers Need to Know About ESSA**

Purpose	Comm. 658, <i>What DHS Workers Need to Know About ESSA</i> provides HHS Workers with information regarding the “Every Student Succeeds Act (ESSA) including what they are responsible for in the process.
Source	Print supplies of Comm. 658 from the manual or SharePoint as needed.

**Comm. 660, Practice Standards for Family Centered Services Contractors**

Purpose	<i>Practice Standards for Family Centered Services Contractors</i> is a manual designed to provide guidance for consistent, high quality, statewide best practices within the Family Centered Services contract.
Source	Print or download supplies of this manual from Chapter 18-Appendix.
Distribution	This manual has been designed for internal and external use. Direct people requesting this manual to the Policy Manual section of the HHS website.

**Comm 664, Contractor Expectations for Provision of Family Centered Services**

Purpose	Comm. 664, <i>Contractor Expectations for Provision of Family Centered Services</i> provides HHS staff with a list of the essential contract components of the Family Centered Services program.
Source	Print supplies of Comm. 664 from the Employees' Manual or SharePoint.

**Comm. 675, Preventing Sex Trafficking in Foster Care**

Purpose	This is a guidance document for HHS to understand signs and risks of trafficking for children in foster care, as well as what to do if a child is believed to have been trafficked.
Source	SharePoint guidance
Completion	Staff should read and understand the information contained in the Comm.
Distribution	Keep in SharePoint and the Employee Manual and with other resources for HHS staff.

**Comm. 676, Human Trafficking: Safety of Children in Foster Care**

Purpose	<i>Human Trafficking: Safety of Children in Foster care</i> is used to educate social work case managers, providers, and others to the obligation to understand what human trafficking is, what the risks are to children in foster care, and what to do if human trafficking is believed to have occurred.
Source	Print supplies of Comm. 676 from SharePoint Metadata List or the manual as needed.
Distribution	The social work case manager may share the form with parents in the courts, provider community, the child's family or others as appropriate.
Data	This communication document is available at SharePoint under Employee Manual/Forms. Additional guidance can be found in Employee Manual Chapter <a href="#">18-C(2)</a> .



**Comm. 680, Family Centered Services Provider Roles & Responsibilities**

Purpose	For the Therapeutic Foster Care (TFC) Pilot Program, describes the roles and responsibilities of the Family Centered Services Provider (FCS).
Source	Maintain in SharePoint Therapeutic Foster Care staff resources.
Distribution	The Department caseworker shares this form with the team around a child in Therapeutic Foster Care.

**[Comm. 681, Parent Roles & Responsibilities](#)**

Purpose	For the Therapeutic Foster Care (TFC) Pilot Program, describes the roles and responsibilities of the parent.
Source	Maintain in SharePoint Therapeutic Foster Care staff resources.
Distribution	The Department caseworker shares this form with the team around a child in Therapeutic Foster Care.

**Comm. 682, Peer Support Resource Parents**

Purpose	For the Therapeutic Foster Care (TFC) Pilot Program, describes the role of Therapeutic Foster Care Peer Support.
Source	Maintain in SharePoint Therapeutic Foster Care staff resources.
Distribution	The Department caseworker shares this form with the team around a child in Therapeutic Foster Care.

**Pre-Placement Coordination Plan**

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**[Comm. 683, Pre-Placement Coordination Plan](#)**

Purpose	For the Therapeutic Foster Care (TFC) Pilot Program, the Pre-Placement Coordination Plan gives a description of the steps taken prior to placement of the child.
Source	Maintain in SharePoint Therapeutic Foster Care staff resources.
Distribution	The Department caseworker shares this form with the team around a child in Therapeutic Foster Care.

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**Comm. 684, Recruitment, Retention, Training and Support Worker Roles & Responsibilities**

Purpose	For the Therapeutic Foster Care (TFC) Pilot Program, describes the roles and responsibilities of the Recruitment, Retention, Training and Support Worker (RRTS).
Source	Maintain in SharePoint Therapeutic Foster Care staff resources.
Distribution	The Department caseworker shares this form with the team around a child in Therapeutic Foster Care.

**Comm. 685, Social Work Case Managers Roles & Responsibilities**

Purpose	For the Therapeutic Foster Care (TFC) Pilot Program, describes the roles and responsibilities of the Social Work Case Manager (SWCM).
Source	Maintain in SharePoint Therapeutic Foster Care staff resources.
Distribution	The Department caseworker shares this form with the team around a child in Therapeutic Foster Care.

**Comm. 686, Therapeutic Case Manager Roles & Responsibilities**

Purpose	For the Therapeutic Foster Care (TFC) Pilot Program, describes the roles and responsibilities of the Therapeutic Case Manager (TCM).
Source	Maintain in SharePoint Therapeutic Foster Care staff resources.
Distribution	The Department caseworker shares this form with the team around a child in Therapeutic Foster Care.

**Comm. 687, Therapeutic Foster Care Resource Parent Roles & Responsibilities**

Purpose	For the Therapeutic Foster Care (TFC) Pilot Program, describes the roles and responsibilities of the Therapeutic Foster Care Resource Parent.
Source	Maintain in SharePoint Therapeutic Foster Care staff resources.
Distribution	The Department caseworker shares this form with the team around a child in Therapeutic Foster Care.



**Comm. 688, MCO Care Coordinator Roles & Responsibilities**

Purpose	For the Therapeutic Foster Care Pilot Program, describes the roles and responsibilities of the MCO Care Coordinator.
Source	Maintain in SharePoint Therapeutic Foster Care staff resources.
Distribution	The Department caseworker shares this form with the team around a child in Therapeutic Foster Care.

**Comm. 706, Concurrent Planning Brochure**

Purpose	<i>Concurrent Planning Brochure</i> is used as a resource to provide to families, kin/fictive kin, foster families, and youth to educate them on what Concurrent Planning means and what the process is.
Source	Print supplies of Comm. 706 from SharePoint.
Distribution	The social work case manager may share the brochure with families, kin/fictive kin, foster families, youth, or others as appropriate.

**Comm. 713, Concurrent Planning Infographic**

Purpose	The <i>Concurrent Planning Infographic</i> gives a high-level overview of the Concurrent Planning Process. It includes when each staffing must occur, who is required to attend, and who the optional attendees are.
Source	Print supplies of Comm. 713 from SharePoint.

**Comm. 714, Concurrent Planning Talking Points**

Purpose	<i>Concurrent Planning Talking Points</i> is a resource that provides case managers with questions to ask families, youth, and caretakers to facilitate conversations around Concurrent Planning.
Source	Print supplies of Comm. 714 from SharePoint.

**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 supplies of the <i>Child Abuse Registry Report Code Card</i> from the manual or SharePoint as needed.

**RC-0006, Tribal Customary Adoption Definition and Process**

Purpose	<i>Tribal Customary Adoption Definition and Process</i> provides information regarding TCA for HHS workers completing a TCA with an identified eligible child on their case load as an appropriate permanency option.
Source	Print supplies of the English or Spanish version of this booklet from the manual or SharePoint under Employee Manual/Forms.
Distribution	The booklet has been designed for internal use. Direct people requesting this booklet to the Policy Manual section of the HHS website.

**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.
Source	Print supplies of RC-0045 from the manual or SharePoint as needed.
Use	Follow this checklist when preparing a referral packet to place an Iowa child out of state through the Interstate Compact on the Placement of Children (ICPC).

**[RC-0046, Interstate Compact Requirements for Receiving Children Into Iowa](#)**

Purpose	Checklist RC-0046 is a guide to follow in evaluating, supervising, and terminating the placement of a child from one state to another.
Source	Print supplies of RC-0046 from the manual or SharePoint as needed.
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	<p>RC-0049 is used to identify:</p> <ul style="list-style-type: none"><li>▪ The type of information that can be released to specific persons upon request.</li><li>▪ The form on which the request is to be submitted.</li></ul>
Source	<p>Print supplies of the <i>Dissemination Desk Aid</i> from the manual or SharePoint as needed.</p>
Data	<p>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.</p> <p><b>Founded</b></p> <ul style="list-style-type: none"><li>▪ Form 470-3243, <i>Notice of Child Abuse Assessment: Founded</i>, is the notice sent upon completion of a founded child abuse assessment.</li></ul> <p>The written summary is provided with the notification to the subjects. Other persons receiving the notification may request the written summary using this form.</p> <ul style="list-style-type: none"><li>▪ Form 470-0643, <i>Request for Child and Dependent Adult Abuse Information</i>, is used to request and respond to inquiries on child abuse records. Release founded child abuse information using this form.</li></ul> <p>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.</p> <p><b>Confirmed Not Registered</b></p> <p>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.</p> <ul style="list-style-type: none"><li>▪ Form 470-3575, <i>Notice of Child Abuse Assessment: Confirmed Not Registered</i>, is the notice sent upon completion of a child abuse assessment where abuse is confirmed but not registered.</li></ul>

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 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 Department staff for official duties, subjects or their legal representative, the juvenile court, and the county attorney.

**All Findings:** Family Risk Assessment, Safety Assessment and Plan, and CPS Family Assessment Summary

Only the field offices can release information or written summaries to authorized individuals or entities 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 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 supplies of RC-0053 from the manual or SharePoint as needed.
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 HHS 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	<p>The guide includes a list of recommended areas to explore with the foster parent during the interviews, including:</p> <ul style="list-style-type: none"><li>▪ Legal responsibilities</li><li>▪ Decision making</li><li>▪ Emotional and psychological impact</li><li>▪ Financial obligation</li><li>▪ Anticipated adjustments</li><li>▪ Support system</li></ul>

**RC-0076, CPS and CINA Intake Decision Tree**

Purpose	The <i>CPS and CINA Intake Decision Tree</i> , RC-0076, is a desk aid used at intake.
Source	Print the <i>CPS and CINA Intake Decision Tree</i> from the manual or SharePoint as needed.
Use	<p>Intake workers may use the <i>CPS and CINA Intake Decision Tree</i> to determine if a child protective services assessment should be accepted and the response time that must be met based on the report.</p> <p>The <i>CPS and CINA Intake Decision Tree</i> also indicates CINA criteria for a referral to be accepted for a CINA assessment or if only an information or referral is appropriate.</p>

**RC-0077, CINA Guidance Tool**

Purpose	The <i>CINA Guidance Tool</i> lists the child in need of assistance definitions as they appear in Iowa Code 232.96A.
Source	Print supplies of the <i>CINA Guidance Tool</i> from the manual or SharePoint as needed.
Use	The <i>CINA Guidance Tool</i> is an internal desk aid only.
Data	The <i>CINA Guidance Tool</i> 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 supplies of RC-0078 from the manual or SharePoint as needed.
Completion	Before the recommendation to approve or deny placement of a child in a relative home, Department staff complete a home study or request the recruitment and retention contractor to do the study.  The home study worker uses the <i>Relative Home Study Outline</i> 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 <i>Relative Home Study Face Sheet</i> . If the recruitment and retention contractor does the home study, the contractor also keeps a copy in its file.
Data	When completing the home study, refer to the attached interview questions for suggestions on completing each item. Address all the elements in the <i>Relative Home Study Face Sheet</i> in the narrative.

**RC-0082, How-Do-I? Guide: Case Planning**

Purpose	RC-0082 is a desk aid for departmental staff regarding general procedural steps in case planning.
Source	Print supplies of the <i>How-Do-I? Guide: Case Planning</i> , RC-0082, from the manual or SharePoint as needed.
Data	<p>The information is divided into the areas of policy, procedure, and practice guidance, and covers:</p> <ul style="list-style-type: none"><li>▪ Preparation for case planning,</li><li>▪ Engaging the family,</li><li>▪ Developing the initial <i>Family Case Plan</i>,</li><li>▪ Establishing the permanency goal,</li><li>▪ Concurrent planning,</li><li>▪ Review of the case plan,</li><li>▪ Transition planning, and</li><li>▪ Safe case closure.</li></ul>

**RC-0083, How-Do-I? Guide: Case Management**

Purpose	RC-0083 is a desk aid for departmental staff regarding general guidelines for case management.
Source	Print supplies of the <i>How-Do-I? Guide: Case Management</i> , RC-0083, from the manual or SharePoint as needed.
Data	<p>The information is separated according to policy, procedure, and practice guidance. Topic areas include:</p> <ul style="list-style-type: none"><li>▪ Reviewing the family plan and family profile,</li><li>▪ Determining and accessing RTSS and non-RTSS services,</li><li>▪ Coordinating and monitoring provision of services,</li><li>▪ Reassuring safety and risk,</li><li>▪ Providing case management, and</li><li>▪ Closing the case.</li></ul>



**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 supplies of the <i>How-Do-I? Guide: In-Home Case Management</i> , RC-0084, from the manual or SharePoint as needed.
Data	<p>The information is separated according to policy, procedure, and practice guidance. Topic areas include:</p> <ul style="list-style-type: none"><li>▪ Requirements for reasonable efforts,</li><li>▪ Assessing service needs,</li><li>▪ Types of available services,</li><li>▪ Service application and approval process, and</li><li>▪ Monitoring and follow-up of services.</li></ul>

**RC-0086, How-Do-I? Guide: CPS Assessment**

Purpose	RC-0086 is a desk aid for departmental staff regarding general procedural steps during a CPS assessment.
Source	Print supplies of the <i>How-Do-I? Guide: CPS Assessment</i> , RC-0086, from the manual or SharePoint as needed..
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	RC-0087 is a desk aid for departmental staff regarding general procedural steps during a CINA assessment.
Source	Print supplies of the <i>How-Do-I? Guide: CINA Assessment</i> , RC-0087, from the manual or SharePoint as needed.
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	RC-0088 is a desk aid for departmental staff regarding general procedural steps in acceptance or rejection of a CINA referral.
Source	Print supplies of the <i>How-Do-I? Guide: CINA Intake</i> , RC-0088, from the manual or SharePoint as needed.
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	RC-0089 is a desk aid for departmental staff regarding general procedural steps in acceptance or rejection of child abuse reports for assessment.
Source	Print supplies of the <i>How-Do-I? Guide: CPS Intake</i> , RC-0089, from the manual or SharePoint as needed.
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 <i>Drug Testing Guidelines</i> is a desk aid to be used as a decision making tool for determining the particular method to use for drug testing.
Source	Print supplies of the <i>Drug Testing Guidelines</i> from the manual or SharePoint as needed.
Data	The <i>Drug Testing Guidelines</i> 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 time of detection window for each.

**RC-0093, CPS Assessment – Case Disposition Decision Tree**

Purpose	The <i>CPS Assessment – Case Disposition Decision Tree</i> is for use by departmental staff as a desk aid regarding general procedural steps in determining case disposition.
Source	Print supplies of the <i>CPS Assessment – Case Disposition Decision Tree</i> from the manual or SharePoint as needed..
Use	CPS staff may use the desk aid 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 supplies of the <i>Criminal Record Case Codes</i> , RC-0095, from the manual or SharePoint as needed.
Use	The codes are used when criminal record checks are completed online regarding allegations that include 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 supplies of the <i>How-Do-I? Guide: Out-of-Home Case Management</i> , RC-0096, from the manual or SharePoint as needed.
Data	<p>The information is separated according to policy, procedure, and practice guidance. Topic areas include:</p> <ul style="list-style-type: none"><li>▪ Determining placement type,</li><li>▪ Services to the child in foster care,</li><li>▪ Parental rights and responsibilities,</li><li>▪ Unauthorized absence of a child from placement,</li><li>▪ Foster care payment,</li><li>▪ Foster care recovery,</li><li>▪ Medical coverage for children,</li><li>▪ Review of the foster care placement,</li><li>▪ Providing out-of-home case management,</li><li>▪ Closing the case, and</li><li>▪ Transition services.</li></ul>

**RC-0099, How-Do-I? Guide: Adoption**

Purpose	RC-0099 is a desk aid for departmental staff regarding general guidelines for adoption.
Source	Print RC-0099, <i>How-Do-I? Guide: Adoption</i> , from the manual or SharePoint.
Data	<p>The information is separated according to policy, procedure, and practice guidance. Topic areas include:</p> <ul style="list-style-type: none"><li>▪ Transitioning from foster care to adoption,</li><li>▪ Adoptive family application process,</li><li>▪ Adoptive services,</li><li>▪ Finalizing the adoption,</li><li>▪ Eligibility determinations</li><li>▪ Adoption subsidies, and</li><li>▪ Ongoing case responsibilities.</li></ul>

**RC-0101, Case Closure**

Purpose	The <i>Case Closure</i> document is a summary of considerations made when closing a case.
Source	Print RC-0101, <i>Case Closure</i> , from the manual or SharePoint.
Use	Use the <i>Case Closure</i> document 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 RC-0102, <i>How-Do-I? Guide: Case Closure</i> , from the manual or SharePoint.
Use	Workers use this desk aid as a guide 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 used as guidance to assist the worker in assessment and identification of current danger indicators. The guide is intended to assist staff in articulating safety concerns consistently throughout the life of the case to the family and to internal and external partners in child protection.
Source	Print the <i>Safety Assessment Guidance</i> from the manual or SharePoint.

**[RC-0122, Factoring Child Abuse Desk Aid](#)**

Purpose	RC-0122 is 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 the <i>Factoring Child Abuse Desk Aid</i> from the manual or SharePoint.

**RC-0123, Family Risk Assessment Guidance**

Purpose	RC-0123 is 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 and to internal and external partners in child protection.
Source	Print the <i>Family Risk Assessment Guidance</i> from the manual or SharePoint.

**RC-0124, Family Risk Reassessment Guidance**

Purpose	The <i>Family Risk Reassessment Guidance</i> provides a directive as to how to complete form 470-4134, <i>Family Risk Reassessment</i> .
Source	Print supplies of the <i>Family Risk Reassessment Guidance</i> from the manual or SharePoint.
Distribution	The <i>Family Risk Reassessment Guidance</i> is an internal desk aid.



**[RC-0126, Factoring Dependent Adult Abuse Desk Aid](#)**

Purpose	RC-0126 is a shortened version of factors necessary to determine if dependent adult abuse occurred. Additional information on determining factors can be found in <a href="#">18-B(3)</a> . The purpose is to provide a document that is condensed and more accessible than the Handbook.
Source	Print supplies of the desk aid from the manual or SharePoint.

**RC-0131, Multidisciplinary Team Practice Guidance**

Purpose	The <i>Multidisciplinary Team Practice Guidance</i> provides a directive as to how to complete form 470-2328, <i>Multidisciplinary Team (MDT) Agreement</i> .
Source	Print supplies of the <i>Multidisciplinary Team Practice Guidance</i> from the manual or SharePoint.
Distribution	The <i>Multidisciplinary Team Practice Guidance</i> is an internal desk aid.

**RC-0135, Dependent Adult Abuse Dissemination Desk Aid**

Purpose	The <i>Dependent Adult Abuse Dissemination Desk Aid</i> , RC-0135, is used to identify: <ul style="list-style-type: none"><li>▪ The type of information that can be released to specific persons upon request.</li><li>▪ The form on which the request is to be submitted.</li></ul>
Source	Print supplies of the <i>Dependent Adult Abuse Dissemination Desk Aid</i> from the manual or SharePoint.
Distribution	The <i>Dependent Adult Abuse Dissemination Desk Aid</i> is an internal desk aid.

**RC-0139, Safety, Dependency, and Risk Assessment Practice Guidance**

Purpose	The dependent adult assessment tool, <i>Safety, Dependency, and Risk Assessment Practice Guidance</i> , RC-0139, is a guidance tool to assist workers in completing form 470-4841, <i>Dependent Adult Assessment Tool</i> .
Source	Print supplies of the guide from the manual or SharePoint.
Distribution	The <i>Safety, Dependency, and Risk Assessment Practice Guidance</i> is an internal desk aid.

**RC-0140, CPW to SWCM Transfer Packet Face Sheet Guidance**

Purpose	The <i>CPW to SWCM Transfer Packet Face Sheet Guidance</i> provides a directive on how to complete form 470-5562, <i>CPW to SWCM Transfer Packet Face Sheet</i> .
Source	Print supplies of the <i>CPW to SWCM Transfer Packet Face Sheet Guidance</i> from the manual or SharePoint.
Distribution	The <i>CPW to SWCM Transfer Packet Face Sheet Guidance</i> is an internal desk aid.

**RC-0141, Child Trafficking Indicators**

Purpose	The <i>Child Trafficking Indicators</i> , RC-0141, is a guidance tool used at intake and during an assessment.
Source	Reference or print the <i>Child Trafficking Indicators</i> from the manual or SharePoint as needed.
Use	<p>Intake workers may use the <i>Child Trafficking Indicators</i> to guide questioning of reporters of suspected child abuse who may have information of potential human trafficking of a child.</p> <p>Assessment workers may also use the <i>Child Trafficking Indicators</i> during the course of an assessment to evaluate whether a child is a potential victim of human trafficking.</p>

**RC-0142, Intake Screening Tool – Determining the Assessment Type**

Purpose	The <i>Intake Screening Tool – Determining the Assessment Type</i> , RC-0142, is a screening tool used at intake and during an assessment.
Source	<p>The <i>Intake Screening Tool – Determining the Assessment Type</i> is available on the STAR Intake module in JARVIS after an intake has been accepted for assessment.</p> <p>Department staff may also reference or print the <i>Intake Screening Tool – Determining the Assessment Type</i> from the manual or SharePoint as needed.</p>
Use	<p>Intake workers must use the <i>Intake Screening Tool – Determining the Assessment Type</i> to determine whether the accepted intake is required to be assigned as a family assessment or child abuse assessment.</p> <p>Assessment workers must also use the <i>Intake Screening Tool – Determining the Assessment Type</i> during the course of a family assessment to determine if any criteria is met that requires the family assessment to be reassigned as a child abuse assessment.</p>

**RC-0143, JARVIS Reference**

Purpose	The <i>JARVIS Reference</i> , RC-0143, is a resource document used at intake and during an assessment.
Source	Department staff may reference or print the <i>JARVIS Reference</i> from the manual or SharePoint as needed.
Use	Intake workers may use the <i>JARVIS Reference</i> to assist in completing the documentation of an intake on the STAR intake module of JARVIS.  Assessment workers may use the <i>JARVIS Reference</i> to assist in completing the documentation of an assessment on the STAR assessment module of JARVIS.



**[RC-0144, Reports of Child Abuse Involving Other States - Jurisdiction Desk Aid](#)**

Purpose	The <i>Reports of Child Abuse Involving Other States – Jurisdiction Desk Aid</i> , RC-0144, is a resource document used at intake.
Source	Department staff may reference or print the <i>JARVIS Reference</i> from the manual or SharePoint as needed.
Use	Intake workers may use the <i>Reports of Child Abuse Involving Other States – Jurisdiction Desk Aid</i> to assist in determining Iowa’s role in assessing allegations of child abuse that involve other states.

**RC-0145, Structured Interview**

Purpose	The <i>Structured Interview</i> , RC-0145, is a resource document used at intake.
Source	Department staff may reference or print the <i>Structured Interview</i> from the manual or SharePoint as needed.
Use	Intake workers are encouraged to use the <i>Structured Interview</i> as a standardized means to provide information to and obtain information from a reporter of suspected child abuse.

**RC-0146, System Checks for Child Abuse and Dependent Adult Abuse Intakes**

Purpose	The <i>System Checks for Child Abuse and Dependent Adult Abuse Intakes</i> , RC-0146, is a resource document used at intake.
Source	Department staff may reference or print the <i>System Checks for Child Abuse and Dependent Adult Abuse Intakes</i> from the manual or SharePoint as needed.
Use	Intake workers may use the <i>System Checks for Child Abuse and Dependent Adult Abuse Intakes</i> to assist in completing the required system checks for intakes of suspected child or dependent adult abuse.

**RC-0147, System Checks Guidance for Intake**

Purpose	The <i>System Checks Guidance for Intake</i> , RC-0147, is a resource document used at intake.
Source	Department staff may reference or print the <i>System Checks Guidance for Intake</i> from the manual or SharePoint as needed.
Use	Intake workers may use the <i>System Checks Guidance for Intake</i> as a detailed guide to each of the systems used to complete the required checks for intake of suspected child or dependent adult abuse.

**RC-0148, Unlicensed Kin and Fictive Kin Caregiver Evaluation**

Purpose	The <i>Unlicensed Kin and Fictive Kin Caregiver Evaluation</i> is a guidance tool for field workers to determine the financial support options available to different types of caregivers.
Source	Print supplies of the guide from the manual or SharePoint.

**[RC-0149, Field Guide for Assessing and Planning for the Safety of Children](#)**

Purpose	<p>The <i>Field Guide for Assessing and Planning for the Safety of Children</i> is a resource for field workers to use as a quick reference to the following policy information:</p> <ul style="list-style-type: none"><li>▪ Key Decision Points To Assess Safety</li><li>▪ Safety Assessment Outcomes</li><li>▪ Which Household To Assess</li><li>▪ Child Protective Assessments – Initial Assessment of Safety</li><li>▪ Child Protective Assessments – Subsequent Assessments of Safety</li><li>▪ Child Welfare Services – Assessments of Safety</li><li>▪ When A Safety Assessment is Not Required</li></ul>
Source	<p>Print the <i>Field Guide for Assessing and Planning for the Safety of Children</i> from the manual or SharePoint as needed.</p>

**[RC-0150, Field Guide for the Observation of Children and the Delay of Observation Timeframes](#)**

Purpose

The *Field Guide for the Observation of Children and the Delay of Observation Timeframes* is a resource for field workers to use as a quick reference to the following policy information:

- Reasonable Efforts Defined
- Reasonable Efforts to Observe the Child Timely
- Delaying the Observation Timeframe
- Waiving the Observation Timeframe
- Documenting Work in the CPA Summary of Contacts Section
- Documenting Additional Entries in the JARVIS – STAR Assessment Module

Source

Print the *Field Guide for the Observation of Children and the Delay of Observation Timeframes* from the manual or SharePoint as needed.

**RC-0159, Court Appearance Quick Reference Card**

Purpose	RC-0159, <i>Court Appearance Quick Reference Card</i> , provides protocol for addressing situations in which there is a disagreement between the Department and County Attorneys regarding appropriate action during court hearings. <ul style="list-style-type: none"><li>▪ Consulting with a supervisor</li><li>▪ Requesting a recess to consult legal counsel</li><li>▪ Responding to requests regarding your personal opinion</li><li>▪ Responding to requests for confidential information</li></ul>
Source	Print supplies of RC-0159 from the manual or SharePoint as needed.



### [RC-0168, New Adoption Legal Requirements](#)

Purpose	<p>RC-0168, <i>New Adoption Legal Requirements</i> provides information about the HHS legal interpretation of changes to Iowa Code Chapter 600 related to HF2252 and the basis for that interpretation. Guidance includes:</p> <ul style="list-style-type: none"><li>▪ Changes to the Adoption Petition Content</li><li>▪ Changes to the Adoption Petition Attachments</li><li>▪ Changes to the Preplacement Investigation</li><li>▪ Changes to the Notice Requirement</li><li>▪ Changes to Allow Access to the Adoption File</li></ul>
Source	<p>Print supplies of RC-0168 from the manual or SharePoint under Employee Manual/Forms.</p>

September 27, 2024

**[RC-0172, Dependent Adult Abuse Multidisciplinary Team Practice Guidance](#)**

Purpose	The Dependent Adult Multidisciplinary Team Practice Guidance provides specific requirements outlined in Iowa Code and Administrative Rules when constructing a MDT, foundational elements and functions of a MDT, departmental expectations once an MDT is constructed and how to appropriately complete form 470-5737, Dependent Adult Multidisciplinary Team (MDT) Agreement.
Source	Print supplies of the Dependent Adult Multidisciplinary Team Practice Guidance from the manual or SharePoint.
Distribution	The Dependent Adult Multidisciplinary Team Practice Guidance is an internal desk aid.