

**GENERAL LETTER NO. 18-AP-47**

ISSUED BY: Bureau of Child Protection and Services  
Bureau of Child Welfare and Community Services  
Division of Family Well-Being and Protection  
Division of Adult, Children, and Family Services

SUBJECT: Employees' Manual, Title 18 Appendix, **Family Services Appendix**, Contents 7-11, 206 and 207, 250, 265-418, revised; and forms updated.

**Summary**

This chapter is revised to update the following forms:

- 470-0583, *Individual Service Plan*, revised to reflect changes to Iowa Administrative Code 441-177 and to update style and formatting
- 470-0607, *Child Protective Services Intake*, revised to reflect Iowa Code changes and update style and formatting
- 470-0636, *Provider Agreement*, revised to reflect changes to Iowa Administrative Code 441-177 and to update style and formatting
- 470-0648, *Statement of Services Rendered*, revised to reflect changes to Iowa Administrative Code 441-177 and to update style and formatting
- 470-0657, *Dependent Adult Protective Services Intake*, revised to reflect DARES verbiage changes and to update style and formatting
- 470-0665, *Report of Suspected Child Abuse*, obsolete
- 470-0672, *Provider Health Assessment*, revised to reflect changes to Iowa Administrative Code 441-177 and to update style and formatting
- 470-0673, *Physician's Report*, revised to reflect changes to Iowa Administrative Code 441-177 and to update style and formatting
- 470-2328, *Multidisciplinary Team (MDT) Agreement*, revised to reflect Iowa Code changes and update style and formatting and to change the form's name to *Child Welfare Multidisciplinary Team (MDT) Agreement*
- 470-2444, *Adult Protective Notification*, revised to update content and style and formatting and to change the form's name to *Dependent Adult Abuse Outcome Notification*
- 470-3326, *Dependent Adult Abuse Information Request*, revised to reflect changes to Iowa Code 235B.3 and to update style and formatting
- 470-3923, *Request for Medicaid Services Data Changes and Verifications*, revised to add the form to 18 Appendix and to update style and formatting
- 470-5602, *Service Worker Comprehensive Assessment*, revised to reflect changes to Iowa Administrative Code 441-177 and to update style and formatting
- 470-5696, *Dependent Adult Financial Information Request* revised to reflect changes to Iowa Code 235B.3 and include information regarding Iowa Code 235B.3(9) and 235B.6, and to update style and formatting
- 470-5697, *Dependent Adult Investment Information Request*, revised to reflect changes to Iowa Code 235B.3 and include information regarding Iowa Code 235B.3(9) and 235B.6, and to update style and formatting

- 470-5698, *Dependent Adult Medical Information Request*, revised to reflect changes to Iowa Code 235B.3 and to update and style and formatting
- 470-5699, *Dependent Adult Notice of Power of Attorney (POA) Termination*, revised to reflect changes to Iowa Code and to update style and formatting
- Comm. 164, *Child Abuse: A Guide for Mandatory Reporters*, revised to reflect Iowa Code changes and update style and formatting
- Comm. 385, *Overview of Iowa's Adoption Subsidy Program*, revised to update content and style and formatting
- Comm. 603, *Benefits of Becoming a Licensed Foster Parent*, revised to improve person-centered language and remove overly technical jargon and to update style and formatting
- Comm. 653, *Process to Successfully Effectuate a Subsidized Guardianship*, revised to improve ease of use and to update style and formatting
- RC-0076, *CPS and CINA Intake Decision Tree*, revised to reflect Iowa Code changes and update style and formatting
- RC-0077, *CINA Guidance Tool*, revised to reflect Iowa Code changes and update style and formatting
- RC-0093, *CPS Assessment - Case Disposition Decision Tree*, revised to reflect Iowa Code changes and update style and formatting
- RC-0131, *Multidisciplinary Team Practice Guidance*, revised to reflect Iowa Code changes and update style and formatting

### **Effective Date**

Immediately.

### **Material Superseded**

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

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**Additional Information**

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

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**Individual Service Plan, Form 470-0583**

Purpose	Form 470-0583, <i>Individual Service Plan</i> , records the Department's service case plan for state supplement services (IHHRC and Family Life Homes).
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 service worker completes this form when an eligible client's services commence, at the time of review, and when the service is terminated.
Distribution	Send the form to the service supervisor for signature. When the service supervisor returns the form, give one copy to the client or the client's representative and send a copy to the provider of IHHRC services or the individual providing a Family Life Home. Make a copy to keep in the client's case file.
Data	<p>The service worker enters the following information:</p> <ul style="list-style-type: none"><li>▪ State Supplemental Program (either IHHRC or Family Life Home)</li><li>▪ Member's Name: Enter the client's name</li><li>▪ SID #: Enter the client's state identification number.</li><li>▪ Date of Plan: Enter the date the service began.</li><li>▪ Date of Home Visit: Enter the date of the yearly home visit.</li><li>▪ Introduction Section: Enter the demographic information about the client, including power of attorney and emergency contact.</li><li>▪ Medical Information Section: Enter the diagnosis, and physicians or other providers, and how often they are seen. Enter current medications, hospitalizations, etc.</li><li>▪ Level of Care: Enter if level of care certification date (if applicable)</li><li>▪ Health Status/ADLs: Enter information regarding which areas require assistance and what assistance is needed.</li><li>▪ Additional Comments: Enter other pertinent information about the client in a narrative format.</li><li>▪ Team Communication: Enter a goal for each service provided by the program.</li><li>▪ Safety and Crisis Plan: Address all safety concerns that are present in the home environment. NOTE: If there is a safety issue that was addressed with the client, but the client chooses to do nothing about that safety issue, document that in the case plan (under additional comments).</li></ul>

- **Service:** List all services both formal and informal that the client receives, including natural supports.
- **Responsibilities.** List the responsibilities of all members of the team.  
Example: A client's goal may be to communicate with HHS if there is a change in circumstances, i.e., the client moves, income changes, etc.
- **Signatures.** Enter the HHS service worker's and the HHS supervisor's names. The HHS service worker and HHS supervisor must sign and date the form.
- **Member's Signature:** The client must sign and check the appropriate box to indicate that the client agrees. NOTE: Document in the client narrative if the client refuses to sign the case plan.
- **Service Plan Review:** The HHS service worker for IHRC state supplemental services will enter the date of the review and any observation/information noted during the service plan review. The service worker will sign that they completed the review.

**Physician's Report, Form 470-0673**

Purpose	Form 470-0673, <i>Physician's Report/Health Care Plan</i> , is used to obtain medical information from a physician about a client for a state supplemental care program. (Family Life Homes or In-Home Health-Related Cares.) The physician's recommendations and orders regarding the client's level of care and health needs are used for determining eligibility and for developing a plan of care and services.
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>Supply this form to the client as early as feasible after an application is completed. The service worker should complete the demographic information contained within the box above Section I.</p> <p>The physician completes sections I-V of the form. (Section V is only applicable for IHHRC cases).</p> <p>If the client requires "skilled services" for IHHRC, a supervising practitioner will complete sections VI and VII.</p> <p>Distribution The physician completes the form and returns it to the service worker for the client's case record.</p>
Data	This form is self-explanatory.

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**Provider Agreement, 470-0636**

Purpose	Form 470-0636, <i>Provider Agreement</i> , describes the responsibilities of a person providing in-home health-related care services to an IHHRC client. The agreement specifies the payment made to each provider by the client. The Department assures the eligibility of the client.
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 client and worker complete a Provider Agreement with each of the client's providers. If a provider has more than one client, the provider must have a different agreement for each client. A client may have more than one valid Provider Agreement if they have multiple providers. Before the service is initiated and annually thereafter, the form shall be signed by:</p> <ul style="list-style-type: none"><li>▪ The client,</li><li>▪ The provider,</li><li>▪ The HHS service worker, and</li><li>▪ The service area manager or designee.</li></ul> <p>Complete a new agreement when any of the following changes occur:</p> <ul style="list-style-type: none"><li>▪ Rate of payment</li><li>▪ Service to be provided</li><li>▪ Maximum cost</li><li>▪ Provider</li><li>▪ Who receives the client participation</li></ul>
Distribution	Enter the information in IoWANS when the form is completed and signed by all parties. The original goes to the HHS service worker for the service case file. Mail a copy to the provider and to the client.
Data	<p>Provider Number: IoWANS generates the provider number after the HHS service worker enters all information into IoWANS. (Information is entered in IoWANS under the provider tab.)</p> <p>NOTE: The provider may already be a traditional Medicaid provider. Search the provider name before entering new information.</p> <ul style="list-style-type: none"><li>▪ State ID: Enter the client's state identification number.</li><li>▪ Amendment: Indicates this amends an agreement already in effect.</li><li>▪ Payee Demographic Information (if applicable): Enter the name of the payee, if different from the client. Examples of payees are legal conservators, power of attorneys for financial affairs, and protective payees. If there is a payee, enter the telephone number, street address, city, state and zip code.</li></ul>

- Client Demographic Information: Enter the client's name, social security number, telephone number, street address, city, state, and zip code for all agreements.
- Instruction for Emergency Situations: Enter an instruction or information on the delivery of care services as noted on the physician's report/health care plan (if applicable). Enter the physician's name and telephone number for every agreement. If applicable, enter the supervising practitioner's name and telephone number. Enter the IHHRC service worker's name and phone number. Enter any individual the client indicates they want contacted in case of emergency under the family/significant other name and phone number section. Enter the client's preference on hospital and ambulance service to use in case of emergency.
- Description of specific duties: Enter the specific service codes that will be provided:
  - R0001 Personal care number of 15-minute units, rate per unit, and total
  - R0002 Homemaker number of 15-minute units, rate per unit, and total
  - R0003 Medication supervision number of 15-minute units, rate per unit, and total
  - R0004 Food preparation number of 15-minute units, rate per unit, and total
  - R0005 Transportation number of 15-minute units, rate per unit, and total
  - R0006 Other number of 15-minute units, rate per unit, and total
- Is the client and provider related: Answer the question on if the client and provider are related. (If the IHHRC client is under the age of 18, the provider cannot be a member of the family as noted on the form)
- POA relationship: Answer the question on if the care provider is an agent for the client under a healthcare power of attorney. (If the proposed care provider is listed as the client's agent under a health care power of attorney, the individual cannot be a IHHRC care provider for that client).
- Supervising practitioner conflict of interest: Answer the question on if the proposed care provider is also the individual providing supervising practitioner duties for skilled services under IHHRC. (If the proposed care provider cannot be the supervising practitioner).
- Legally designated person to handle finances: Check Yes or No.
- Provider Signature and Date: Indicates approval of contract.
- Client Signature and Date: Indicates approval of contract.
- Start Date: The date on which the agreement begins.
- End Date: The maximum term of the agreement, no longer than one year.
- Unit Cost: The dollar amount for the rate agreed upon. Example: \$2.00 per 15-minute increment. Per: The basis for the rate. Use 15 minutes.

- **Billable Per Month HHS:** The maximum amount the Department has agreed to provide to the client to purchase the service identified in this agreement.
- **Client Participation (CP):** The amount of client participation, if any.
- **Worker Signature and Date:** Approves payment for the service and certifies that the client is eligible.
- **Area Administrator or Designee Signature and Date:** The service area manager or designee certifies the client for the program and gives final approval for the payment.

**Provider Health Assessment, Form 470-0672**

Purpose	Form 470-0672, <i>Provider Health Assessment</i> , is used to certify providers for state supplementary service programs (family life homes and in-home health-related cares).
Source	<p>Complete this form using the template available in SharePoint under Employee Manual/Forms.</p> <p>Supplies of this form may also be printed from the manual or SharePoint.</p> <p>Completion The provider's physician, advanced registered nurse practitioner, or by a physician assistant working under the direction of a physician, completes and assessment for each IHHRC care provider OR one assessment on each member of the family for a Family Life Home. This form needs completed before certification and annually thereafter. The provider is responsible for delivering the completed form to the worker. The provider assumes full responsibility for any costs that may be incurred in the completion of this form.</p>
Distribution	Keep the completed form in the client's HHS service case record. Make a copy for the provider upon request.
Data	This form is self-explanatory.

**Provisions for Alternate Water Supply, Form 470-0699**

Purpose	Applicants whose private water supply is unsafe use form 470-0699 to make a commitment to supply safe water to foster children.
Source	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms.
Completion	The applicant and the recruitment and retention contractor home study worker complete this form whenever an applicant has a private water supply that is unsafe.
Distribution	Submit the original in the initial or renewal home study packet to the service area manager or designee. Keep a copy until the original is returned with the manager or designee's decision.
Data	<p>The form:</p> <ul style="list-style-type: none"><li>▪ Identifies the place where the family will obtain water.</li><li>▪ Describes the source.</li><li>▪ Describes the procedures that will ensure the safety of this water supply.</li><li>▪ Describes the procedures to prevent foster children from drinking unsafe water.</li><li>▪ Is signed by:<ul style="list-style-type: none"><li>• The foster parents.</li><li>• The home study worker.</li><li>• The service area manager or designee.</li></ul></li></ul>



**PS-MAPP Family Profile, Form 470-4019 or 470-4019(S)**

Purpose	The <i>PS-MAPP Family Profile</i> is used to collect information about prospective foster and adoptive families during the PS-MAPP training, as part of the family home study.
Source	Obtain supplies of the English and Spanish versions of the form from the recruitment and retention contractor.
Completion	<p>PS-MAPP trainers give this packet to the family when the family begins the licensing or approval process. Issue only the sections that apply to the particular family. The applicant family shall complete the profile by the last training session.</p> <p>If PS-MAPP is waived, the home study worker provides this form to the family to complete before the last applicant home visit. Completing the profile reinforces that families can best explain their own strengths and needs. Families know themselves better than anyone else does.</p> <p>It is the responsibility of prospective foster and adoptive parents to help home study workers get to know them better and to examine fully if adopting or fostering is right for them</p>
Distribution	The family returns the original of the completed profile to the home study worker. It is retained in the family's HHS licensing file. The recruitment and retention contractor keeps a copy in its home study file.
Data	<p><b>Part I</b> of the profile includes sections for the applicants to report:</p> <ul style="list-style-type: none"><li>▪ General information on household members, including:<ul style="list-style-type: none"><li>• Demographic information</li><li>• Medical and personal information</li><li>• Legal information</li><li>• Financial information</li></ul></li><li>▪ References</li><li>▪ Special projects (pictures, letters, scrapbook)</li><li>▪ Personal profile for the mother</li><li>▪ Personal profile for the father</li></ul> <p><b>Part II</b> of the profile collects information about how the family operates and what the family's expectations for a foster child are. There are several optional sections depending on family configuration:</p> <ul style="list-style-type: none"><li>▪ A couple with children</li><li>▪ A couple with no children</li><li>▪ A single person with children</li><li>▪ A single person with no children</li></ul>

- A parent's profile of children now in the home
- A personal profile for children 12 years of age or older
- A personal profile for children under age 12

**Receipt of HIV-Related Information, Form 470-3227**

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

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

Purpose	This form is used to provide a way to complete a relative home study whenever a court has created a priority placement order.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.
Completion	Email form 470-3926 (ICPC 102) to the Iowa ICPC service area liaison.
Distribution	The Iowa ICPC office transmits the form to the receiving state.
Data	Complete each section of the form by either entering the required information or by entering "Not Applicable."

**Identifying Information**

- *Name of child to be placed:* Enter the child's name (last name, first name, and middle initial, if any). If more than one child is proposed to be placed with the caretaker, list all additional children on a separate sheet and attach it to the back of the home study.
- *Age:* Enter the age of the child who is proposed to be placed, as of the date this form is completed. If more than one child is proposed to be placed with the caretaker, list each additional child's age on the separate sheet.
- *Sending state:* Enter the name of the state that issued form ICPC 101.
- *Ethnic group:* Enter the ethnic group to which the child belongs (as shown on form ICPC 101). If more than one child is proposed to be placed with the caretaker, list each additional child's ethnic classification on the separate sheet.
- *DOB:* Enter the child's date of birth as listed on form ICPC 101. If more than one child is proposed to be placed with the caretaker, list each additional child's date of birth on the separate sheet.
- *Dates of telephone contact:* Enter the dates (mm/dd/yy) that you made telephone contact with the proposed caretaker.
- *Dates of home visits:* Enter the dates (mm/dd/yy) of each home visit with the proposed caretaker. You must make at least one home visit with the proposed caretaker.

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

- **Name:** Enter the name (last name, first name, middle initial) of the proposed caretaker. This information must agree with the names on form ICPC 101. (If the name does not agree with information on form ICPC 101, contact the deputy compact administrator for instruction before completing the rest of the form.)
- **Social security number:** Enter the social security number of the proposed caretaker. If the caretaker does not have a social security number, enter “none” on this line.
- **Address:** Enter the address (street, apartment number, city, state, and zip code) of the proposed caretaker. If the address is a rural route, include the route number and box number.
- **Telephone number (home) and (work):** Self-explanatory. Include area code. If the proposed caretaker does not have a telephone, enter a message telephone number, if possible. If the proposed caretaker does not have a telephone number or a message telephone number, enter “none.”
- **Marital status:** Check the box of the marital status of the proposed caretaker.
- **Living with (name):** Enter the name (last name, first name, and middle initial) of the adult person (other than legal spouse) with whom the proposed caretaker is living, if any.
- **Caretaker/spouse:** Enter the name (last name, first name, and middle initial) of the caretaker's spouse, if the caretaker is legally married.
- **Employer's name and address:** Enter the company name and address of the employer, if the proposed caretaker is employed.
- **Employer's telephone number:** Enter the work telephone number, including area code, of the employer of the caretaker's spouse. If the employer does not allow the employee to receive telephone calls while on duty, specify that information beside the telephone number.
- **Income:** Enter a dollar amount for the gross income of the household. Check the box that reflects the pay period involved. You **must** submit income verification.
- **Head of household:** Enter the name of the adult (aged 18 or older) who is considered the head of the household, as evidenced by the name on rent receipts, utility bills, etc.

- *Number of members in household:* Enter the number of adults aged 18 or over and the number of children under the age of 18 in the household. Use the designation "A" for adults and "C" for children. Example: A = 2 and C = 1 indicates there are two persons aged 18 or over and one child under the age of 18 in the home.
- *Relationship to proposed caretaker:* Enter the relationship of the proposed caretaker to the head of household, if applicable. If they are the same people, enter "same."
- *Length of relationship (if not marital):* Enter the length of time the proposed caretaker and head of household have had a relationship. If the head of household is the proposed caretaker, enter "same."
- *Relationship of proposed caretaker to child:* Enter the relationship between the proposed caretaker and the child who is being considered for placement in this home. Specify "paternal" or "maternal" to identify which side of the family is involved.

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

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

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

- *Reason for wanting to care for children:* Enter the reason given by the proposed caretaker for wanting to care for these children and include your assessment of the response.
- *How did you hear about child's situation?* Enter the response of the proposed caretaker to this question and your assessment of the response.
- *Do you understand the situation that caused this request?* Enter the response of the proposed caretaker to this question and your assessment of the response.
- *Ability to protect child from offender:* Enter your assessment of the ability of the proposed caretaker to protect the child from the person who perpetrated abuse or neglect.
- *Willingness to provide care (time-limited or open-ended):* Enter the response of the proposed caretaker to this question and your assessment of the response.

- *Appropriateness of child care plans:* Enter the response of the proposed caretaker to this question and your assessment of the response. Include any necessary explanation if the proposed caretaker does not plan to use childcare or if the child to be placed with the caretaker does not require childcare.
- *Forms of discipline:* Enter the forms of discipline, which the proposed caretaker plans to use. Indicate whether corporal punishment will be used.
- *Is present income adequate?* Enter your assessment of the adequacy of the income in the home to meet both current expenses and the additional expenses if the child is placed in the home.
- *Willingness (ability) to care for child without financial help:* Enter the response of the proposed caretaker and your assessment of the response.
- *Willingness to accept/apply for FIP?* Check “yes” or “no” to indicate the caretaker’s response.
- *Requests foster care benefits?* Check “yes” or “no” to indicate the caretaker’s response.
- *Willingness to undergo licensure?* Check “yes” or “no” to indicate the caretaker’s response.

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

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

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

**Other Children in Household.** List each child in the household separately.  
**NOTE:**

- Name.
- Age.
- Relationship to proposed caretaker.
- Relationship to child to be placed.
- *Attitude towards placement:* If children in household are too young to respond to “attitude towards placement,” enter “child too young.”

- *School progress /problems:* For each child in the household who is school age, enter the progress and problems being encountered in school.
- *Previous contacts with public/social service agencies:* Enter the response of the caretaker to this question. Include all previous contacts of each member of the household with each public or social service agency describe:
  - The dates of contact
  - Types of contact
  - Services offered and provided
  - Outcomes

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

- *Police:* Conduct a criminal record check as directed in [18-B\(4\), Protective Services Assessment](#).
- *Child abuse and neglect:* Check the Central Abuse Registry using the procedures in [18-B\(4\), Protective Services Assessment](#).
- *Family known to public/social services agencies:* Check the FACS system for current or previous cases on the family.

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

### **Home and Community**

- *Adequacy of space:* Enter your assessment of the proposed caretaker’s home in relation to its adequacy to accommodate the child who is being considered for placement.
- *Will the child have his/her own bed?* Check “yes” or “no.” If no, explain.
- *Will the child have his/her own closet space?* Check “yes” or “no.” If no, explain.
- *Will the child share a bedroom?* Check “yes” or “no.”
- *With whom?* If the previous question was answered “yes,” enter the name of each child with whom the child will be sharing a bedroom.
- *Housekeeping standards:* Enter your assessment of the proposed caretaker’s housekeeping standards, taking into account the needs of the child who is being considered for placement.
- *Viewed potential hazards, safety problems (please specify):* Enter your assessment of any potential hazards or safety problems, which could affect the child, who is being considered for placement. If no potential hazards or safety problems are observed, enter “none.”



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

**Area of Concern.** Explain any potential problem areas that you anticipate.

### **Case Plan From Sending State**

- *Is the submitted case plan suitable/adequate for this proposed placement?* Check "yes" or "no." If no, explain in the space provided.
- *Do you have any recommended changes in the case plan or goal?* If none, enter "none" in this section.
- *Are there any restrictions, limitations you would place on the proposed family, the court, the placing agency?* Enter as much detail as necessary to explain your responses. If none, enter "none" in this section.
- *Financial/medical plan from sending state. Is it adequate for this child?* Check "yes" or "no." If no, explain why.

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

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

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

- *Comments (if appropriate):* Self-explanatory.
- *Name of worker:* Print your name.
- *Name of supervisor:* Print the name of your immediate supervisor.
- *Title:* Enter your job title on the left side of the page and your supervisor's title on the right side of the page.
- *Signature:* Sign your name on the left side. If appropriate, your immediate supervisor signs on the right side.
- *Date:* On the left side of the page, enter the date you signed the form. On the right side of the page, enter the date your supervisor signed the form, if applicable.
- *Telephone number:* Enter the respective work telephone numbers of yourself and your supervisor. Include the area code and, if applicable, the extension.

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

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

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

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

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

### **Recommendation for Denial of a Foster Family License, Form 470-0704**

Purpose	Form 470-0704 summarizes the grounds for recommending denial of an application or reapplication for a foster family home license and records the decision. (See 18-E(1), <a href="#">Denial of License</a> for further discussion.)
Source	Department staff can complete this form using the template in SharePoint under Employee Manual/Forms.
Completion	The Department licensing worker completes all but the “Denial Decision” section when recommending the denial of a license. The service area manager completes that section.
Distribution	<p>The licensing worker submits the form to the service area manager or designee and keeps a copy as a control.</p> <p>After a decision is made, the licensing worker:</p> <ul style="list-style-type: none"><li>▪ Files a copy in the licensing file,</li><li>▪ Sends a copy to the foster family program manager in the Division of Adult, Children and Family Services along with the documentation supporting the denial, and</li><li>▪ Sends a copy to the recruitment and retention contractor.</li></ul>
Data	Indicate all substantiated reasons for the denial of an application or reapplication. Attach supporting data for each reason checked when submitting this form.

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### **Recommendation for Provisional License, Form 470-0698**

Purpose	Form 470-0698 summarizes the grounds for recommending issuance of a provisional foster family home license and records the decision.
Source	Print this form from the manual or SharePoint under Employee Manual/Forms.
Completion	<p>The Department licensing worker completes the form when form 470-0695, <i>Foster Family Survey Report</i>, indicates that the applicant fails to meet one or more licensing standards, but the licensing worker believes that the situation meets the requirements for issuing a provisional license.</p> <p>Refer to 18-E(1), <a href="#">Licensing Decision: Approval of License: Provisional License</a> for a discussion of the conditions for issuance of a provisional license.</p> <p>The licensing worker completes sections A, B, D, E, and F. The applicants sign in section C to indicate their commitment to the plan of correction.</p>
Distribution	<p>The licensing worker:</p> <ul style="list-style-type: none"><li>▪ Submits the form to the service area manager for a decision.</li><li>▪ Keeps a control copy until the form is returned with the licensing decision.</li><li>▪ Sends the applicant a photocopy of the completed form as the approved plan for correction.</li><li>▪ Keeps the completed form in the licensing file.</li></ul>
Data	<p>The form describes:</p> <ul style="list-style-type: none"><li>▪ The applicant home's deficiencies,</li><li>▪ The applicant's plan, and</li><li>▪ The time frames for correction of the deficiencies.</li></ul> <p>Be as specific as possible in describing the deficiencies in section A and the corrective action in section B. You may need to attach additional information to explain sections C, D, and E. Indicate in Section F whether the provisional license is recommended and sign in the space provided.</p>

### **Recommendation for Suspension of a License, Form 470-0710**

Purpose	Form 470-0710 documents the conditions requiring an emergency or time-limited suspension of a foster family home license and records the Department's decision.
Source	Complete this form using the template in SharePoint under Employee Manual/Forms.
Completion	<p>The Department licensing worker completes sections A through E when recommending the suspension of a license.</p> <p>Each licensee signs section F, along with the licensing worker, to indicate commitment to the plan of correction.</p> <p>The service area manager or designee signs section G.</p> <p>The administrator of the Division of Adult, Children and Family Services completes section H.</p>
Distribution	<p>The licensing worker submits the copy to the service area manager.</p> <p>The service area manager or designee submits the approved copy to the administrator in the Division of Adult, Children and Family Services and keeps a copy until the approved copy is returned with a suspension decision. Place the completed form in the licensee's record.</p>
Data	<p>Ensure that:</p> <ul style="list-style-type: none"><li>▪ The deficiencies are clearly and completely identified in section A.</li><li>▪ Section D clearly describes the plan for correcting the deficiencies including the completion date.</li></ul>

**Record Check Evaluation, Form 470-2310 or 470-2310(S)**

Purpose	Form 470-2310 is used to collect additional information about a criminal conviction or a child abuse report. The worker and the evaluation team then use this information to evaluate the report's effect on the licensing or registration recommendation.
Source	Complete the English version of this form using the template available in SharePoint under Employee Manual/Forms. Print the Spanish version of this form from the manual or SharePoint.
Completion	The person subject to the evaluation and/or the requesting entity completes sections A, B, and D for each founded report of child abuse or criminal conviction. Section C is the evaluation determination and is completed by the Department.
Distribution	<p>The person subject to the evaluation completes the form and sends the form to the Department within ten calendar days of the date on the form. The Department reviews this information.</p> <p>On approved evaluations, a copy of the completed <i>Record Check Evaluation</i> is sent to the requesting entity.</p> <p>On denied evaluations, a copy of the completed <i>Record Check Evaluation</i> is sent to the requesting entity and the person subject to the evaluation.</p>
Data	<p><i>Part A. Agency/Provider/Person Requesting Evaluation:</i> The agency, provider, or person requesting the evaluation completes this section. Include the requesting entity, requestor's name, and contact information.</p> <p><i>Part B. Person Being Evaluated:</i> The person completing the form verifies who is being evaluated, previous or maiden names, and the position they are applying for.</p> <p><i>Part C. Evaluation Determination/Notice of Decision:</i> The Department will evaluate and approve or deny a person's involvement in the role they have requested.</p> <p><i>Part D:</i> The applicant must complete information regarding each crime or incident of abuse, changes made to assure safety in working with others, and whether the Department has evaluated the applicant in the past.</p>

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

Purpose	<p>Form 470-3055 or 470-3055(S) is used by the Department worker as a referral to inform the contractor about:</p> <ul style="list-style-type: none"><li>▪ Services the contractor is authorized to provide.</li><li>▪ When services are terminated or changed during the authorization period.</li></ul>
Source	<p>Department staff may complete the English version of this form using the template in the FACS system or the template available in SharePoint under Employee Manual/Forms.</p> <p>Print the Spanish version of this form from the manual or SharePoint.</p>
Completion	<p>The HHS worker, as the “referral worker,” completes the form before:</p> <ul style="list-style-type: none"><li>▪ Initiation of services, when referring to a contractor for service delivery,</li><li>▪ The date of change, when terms of the services change, or</li><li>▪ The termination date, if services are terminated during the authorization period.</li></ul>
Distribution	<p>Send the original to the contractor. Keep a copy in the case record.</p>
Data	<p>Complete the contractor’s name and address, the name of the billing child, the service code, effective date, and final eligibility date.</p>

**Relative Home Study Face Sheet, Form 470-5035**

Purpose	Form 470-5035 provides demographic information about family and household members who are being studied for the placement of a child.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms. Supplies of this form may be printed from the manual or SharePoint.
Completion	The Department worker or the recruitment and retention contract worker completes the <i>Relative Home Study Face Sheet</i> as part of completing the relative home study. The home study worker should complete the information at the first meeting with the family.
Distribution	Attach a copy to the completed relative home study and keep it in the child's file. If the recruitment and retention contractor does the home study, the contractor also keeps a copy in its file.
Data	The form: <ul style="list-style-type: none"><li>▪ Identifies the referred children and the home study worker.</li><li>▪ Contains demographic information about the relative family.</li><li>▪ Notes environmental factors and family preferences.</li><li>▪ Records the results of background checks on family members.</li></ul>



**Release of Confidential HIV Information, Form 470-3234**

Purpose	Form 470-3234 documents the release of HIV information and reasons for release. A record is maintained to ensure compliance with confidentiality policies for HIV information.
Source	Print this form from the manual or SharePoint under Employee Manual/Forms.
Completion	The worker prepares one copy of the form.
Distribution	File the form in the client's record.
Data	Record: <ul style="list-style-type: none"><li>▪ The type or method of release,</li><li>▪ The date HIV information was released,</li><li>▪ The type of information released,</li><li>▪ The recipient of the information, and</li><li>▪ The reason why HIV information was released.</li></ul>

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

Purpose	Form 470-0665 provides a method for gathering information.
Source	<p>The English version of this form is available as a template in SharePoint under Employee Manual/Forms. Make supplies available to mandatory reporters upon request. To meet the requirement of the law, reporters may also develop their own form <b>if it includes all of the information</b> requested on this form.</p> <p>Print the Spanish version of this form from the manual or SharePoint.</p>
Completion	The mandatory reporter making the report is to complete a written report within 48 hours after the oral report of child abuse to the Department to meet the requirements of the reporting law.
Distribution	<p>The mandatory reporter forwards the required copy to the Centralized Services Intake Unit via email, fax, or mail.</p> <p>Upon receipt, the Department uploads the completed form into the File Manager within JARVIS. This process assures the form is destroyed at the same time as other child abuse information connected with the report.</p>
Data	The reporter is to attach any collateral information on the report to the form.

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

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

### [Request for a One Year Foster Family License, Form 470-5124](#)

Purpose	Form 470-5124 is used to document the request for approval or denial of one-year licensure for foster families.
Source	Complete this form using the template in SharePoint under Employee Manual/Forms.
Completion	<p>The Department licensing worker completes this form upon receipt of the licensing renewal packet for foster families who have completed their first two years of licensure. Use this form only for foster families whose performance in the previous licensing year indicates the need for a one-year license.</p> <p>Mark the reasons for the request as indicated on the form. <i>Other reasons</i> can be for:</p> <ul style="list-style-type: none"><li>▪ Continuing lack of compliance with adherence to foster care licensing rules, foster care placement contract, or foster family handbook;</li><li>▪ Behavior that could have negative impact on foster children, such as alcohol or substance abuse;</li><li>▪ Health or mental health concern.</li></ul> <p>The occurrence of one or more of the reasons does not require a recommendation of a one-year license. Take into consideration the circumstances, foster family's history, willingness to take responsibility and made adjustments, and other relevant factors when deciding whether to make the request.</p> <p>Also document voluntary requests by the foster family in this section. If you need more space to write the information under <i>Other reasons</i>, use another sheet of paper and attach it to this form.</p>
Distribution	<p>Attach the home study, corrective action plan, letter to the foster parents, and other supporting documents or reports to this form. Send the completed form with attachments to the Foster Family Program Manager in Central Office.</p> <p>The Adult, Children and Family Services Division Administrator reviews the request and indicates on the form approval or denial and an effective date.</p> <p>The division administrator signs the form. The foster family program manager returns a copy to the Department licensing worker. The Department licensing worker then sends the foster family the <i>Notice of Action</i> and enters the foster home renewal date in FACS. If the division administrator approves the request for a one-year license, the Department licensing worker notifies the foster family program manager who completes the override in FACS.</p>

If the decision is for another one-year license, document the reasons on the *Notice of Action*. Do not send a copy of the request form to the foster family.

Keep the original in the licensing case file until the signed form is returned to you. Then file the signed form in the licensing case file. Give a copy of the signed form to the recruitment and retention provider.

Data

Use all available information about the family for a thorough recommendation to the division administrator including:

- The final home study,
- Discussions with the recruitment and retention provider and other providers, HHS staff, the foster family;
- Corrective action plans, and
- Child abuse assessments.

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

Purpose	<p>Form 470-3186 is used to:</p> <ul style="list-style-type: none"><li>▪ Obtain the service area manager's approval for:<ul style="list-style-type: none"><li>• A child aged 16½ or older to be placed into a SAL cluster-site placement, or</li><li>• A child aged 17 or older to be placed into a SAL scattered-site placement.</li></ul></li><li>▪ Obtain authorization for payment of start-up costs needed by the child.</li></ul>
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>
Completion	<p>The child's social work case manager prepares the form after a foster care staffing has determined that a supervised apartment living placement is the appropriate level of care for the child.</p> <p>Complete all information above the approval section and obtain the supervisor's signature. Then obtain the signature of the service area manager or designee.</p> <p>The service area manager or designee:</p> <ul style="list-style-type: none"><li>▪ Approves or denies the placement,</li><li>▪ Approves or denies a waiver request for continuous placement (if applicable), and</li><li>▪ Indicates the amount of the initial allowance.</li></ul>
Distribution	<p>File the signed original in the case record.</p>
Data	<p>The form lists the eligibility requirements for supervised apartment living placement and the amount of funds, if needed, for start-up costs.</p>

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**[Request for Child and Dependent Adult Abuse Information, Form 470-0643](#)**

Purpose	Form 470-0643 is provided for authorized persons to request information from the Central Abuse Registry.
Source	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 the manual or SharePoint.
Completion	The person requesting information concerning a dependent adult that has been reported as abused completes this form.
Distribution	<p>Send the form to the Registry for approval before releasing dependent adult abuse information, except when information is needed immediately as provided in 18-B(3), <a href="#">Requests for Dependent Adult Abuse Information</a>.</p> <p>The Registry completes the form indicating approval or denial of the request. The Registry returns the form to the requestor when:</p> <ul style="list-style-type: none"><li>▪ The request is an employment check, or</li><li>▪ The local office no longer has a copy of the report, or</li><li>▪ The request is delivered personally to the Registry, or</li><li>▪ The request is denied.</li></ul> <p>For other requests, the Registry returns the form to the local office. The local office provides the information that has been authorized for release to the person making the request.</p> <p><b>NOTE:</b> Do not release the social security numbers of either the dependent adult or the person responsible for the abuse. Delete them when you release a copy of form 470-0688, <i>Dependent Adult Protective Services Evaluation or Assessment Summary</i>.</p>
Data	<p>The requester completes:</p> <ul style="list-style-type: none"><li>▪ Name, phone number, and address of the requestor.</li><li>▪ Position and basis for authorization to receive the information.</li><li>▪ First, middle, and last name of the person the request is about.</li><li>▪ That person's maiden name or alias.</li><li>▪ That person's social security number, birth date, and address.</li><li>▪ The reason for the request.</li><li>▪ The date and the requestor's signature.</li></ul> <p><i>Section 1:</i> This section identifies the requester and attests that the requester understands the legal provisions for handling child and dependent adult abuse information.</p>

*Section 2:* This section is completed by a person who is responsible for the placement or licensure, registration, or approval for payment of facilities and is seeking child or dependent adult abuse record checks for applicants or employees.

*Section 3:* This section is completed by a subject, mandatory reporter, or agency staff person requesting a copy of the written summary.

*Section 4:* This section gives the outcome of the request.



**Request for Medicaid Information, Form 470-2737 or 470-2737(S)**

Purpose	Form 470-2737 or 470-2737(S) is a letter that requests the parents, guardian, or other responsible persons to provide the information necessary to determine the medical coverage group for the child in foster care.
Source	Complete the English version of this form using the template available in SharePoint under Employee Manual/Forms.  Print the Spanish version of this form from the manual or SharePoint.
Completion	The service worker prepares and mails this form within three working days of a child's entry into foster care.
Distribution	Send one copy to the parents, guardian or other responsible person with the <i>Application for Foster Care and Subsidized Adoption Medicaid</i> , form 470-5535 or 470-5535(S). Maintain one copy in the child's foster care file.
Data	Complete as follows: <ul style="list-style-type: none"><li>▪ Fill in the date the letter is sent to the family.</li><li>▪ Enter the family's name and address.</li><li>▪ Enter the date that the letter is to be returned to the worker in the designated area.</li><li>▪ Enter the service worker's phone number.</li><li>▪ Enter the worker's signature.</li></ul>

**[Request for Medicaid Service Data Changes and Verifications, Form 470-3923](#)**

Purpose	Form 470-3923, <i>Request for Medicaid Service Data Changes and Verification</i> collects information changes which needs to be made to service plan for IHHRC in the loWANS database.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.
Completion	The service worker completes this form when there is a need for changes for IHHRC services in loWANS.
Distribution	Email a completed copy to the loWANS HelpDesk.
Data	The service worker enters the following information: <ul style="list-style-type: none"><li>▪ Consumer (client) and Staff Information</li><li>▪ Program Type - IHHRC</li><li>▪ Level of Care</li><li>▪ Current Program Start Date</li><li>▪ Current Program End Date (if applicable)</li><li>▪ Current Service Plan Dates/Corrected Service Plan Dates</li><li>▪ Information currently shown on the loWANS system</li><li>▪ Correct information to display in the loWANS system</li></ul>

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**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 18-E(1), <a href="#">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.  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.</li><li>▪ <i>Signatures</i>: 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), <a href="#">Family Foster Care Policies and Procedures</a>.</li></ul> <p><b>NOTE</b>: Secure original receipts, signed by the foster parent or service provider and keep them in the child's case record.</p>

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

**Purpose** The *Request for Taxpayer Identification Number and Certification*, form W-9, is used to obtain the client's social security number and legal name as registered with the Internal Revenue Service (IRS).

**NOTE:** 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.

**Source** Access the form electronically at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.

**Completion** The HHS service worker provides the form to the client before completion of the provider agreement.

**Distribution** 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.

Department of Human Services  
Bureau of Purchasing, Payments, Receipts and Payroll  
1305 E Walnut St  
Des Moines, IA 50319-0114

Or scan this information and email it to:  
[inhomehealthdemographic@dhs.state.ia.us](mailto:inhomehealthdemographic@dhs.state.ia.us).

**Data** The client follows the instructions provided with the form.

**[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.

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

Purpose	The <i>Resource Parent 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 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 style="padding-left: 40px;">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

After the youth signs and dates the form give the original to the youth. Place the copy in the case file.

If the form was printed from the manual, make two copies. The youth must sign and date both copies. Give one copy to the youth. Place the other copy in the case file.

Give a signed and dated copy of the form to all legal parties of the case.

Data

This form is self-explanatory.

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**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> <p><b>Infant Affected.</b> Enter the name of the child victim, the child’s date of birth, and the FACS identification number assigned to the child.</p> <p><b>Household Composition.</b> 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 <i>Substance Dependency</i>, 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.</p>

**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 <i>Safety Plan</i>, send a copy electronically, and/or allow the family to take a picture of the <i>Safety Plan</i>.</p> <p>The <i>Safety Plan</i> is not distributed as part of the <i>Child Protective Services Child Abuse Assessment Summary</i>.</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><li>▪ <i>Other support(s)</i>: Enter the names of the other individuals with whom you are developing the plan.</li><li>▪ <i>Date Safety Plan to be reviewed</i>: Based on discussion with the family and any involved supports, enter a date within twenty business days or fewer. <i>Safety Plans</i> involving a child in temporary care must be reviewed with the county attorney or Attorney General’s office no later than 45 days.</li></ul>

- *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><li>▪ <i>Specific danger to the child’s well-being</i>: 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.</li><li>▪ <i>Actions needed right now to keep the child(ren) safe</i>: Enter the agreed-upon actions.</li><li>▪ <i>Who will do this?</i> Enter the name of the participant who agreed to take this action.</li></ul>

- *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.



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**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>

### [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	If more than one child is proposed to be placed with the caretaker, list all additional children on a separate sheet of paper and attach the sheet to the back of the home study.

#### **Identifying Information**

- *Name of child to be placed:* Enter the child's complete name, (last name, first name, and middle initial, if any).
- *Age:* Enter the child's age as of the date the form is completed.
- *Mother's name:* Enter the name of the mother of the child as found on the child's birth certificate.
- *Ethnic group:* Enter the ethnic group to which the child belongs, such as Caucasian, African-American, Native American Indian, Hispanic, etc. If the child belongs to more than one ethnic group, enter "Biracial" for the child's ethnic group membership.
- *DOB:* Enter the child's date of birth as listed on the child's birth certificate.
- *Father's name:* Enter the name of the father of the child as found on the child's birth certificate. If there is no father listed on the birth certificate, list the name of the alleged father if known, and specify "alleged." If the child's birth father is unknown, enter "unknown" on this line.

**Proposed Caretaker.** This section relates to the person who will be providing care for the child when placement occurs. Contact the proposed caretaker to determine the person's interest in caring for the child if the court order does not indicate such information.

Due to the time constraints for completing the home study, it is essential to include all identifying information about the proposed caretaker in the request.

- *Name:* Enter the name (last name, first name, middle initial) of the proposed caretaker.
- *Marital Status:* Enter the marital status of the proposed caretaker, as follows:

S	Single
M	Married
Sep	Separated
D	Divorced
W	Widowed
- *Living with:* Enter the name (last name, first name, middle initial) of the adult person with whom the proposed caretaker is living, if any. If the proposed caretaker is living alone (without any other adult in the home), leave this section blank.
- *Address:* Enter the complete address (street, apartment number, city, state, zip code) of the proposed caretaker. If the address is a rural route, include the route number of the proposed caretaker.
- *Home telephone number:* Enter the home telephone number of the proposed caretaker, including the area code. If the proposed caretaker does not have a home telephone number or a home message telephone number, enter “None” on this line.
- *Work telephone number:* Enter the work telephone number of the proposed caretaker, including the area code. 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**

Purpose	Form 470-5602, <i>Service Worker Comprehensive Assessment</i> , makes an initial assessment of the client's medical and daily care needs.
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	Complete the assessment at the time of application and annually thereafter.
Distribution	Keep the original in the client's HHS service case file.
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 470-336 I**

Purpose	Form 470-336 I 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> <p><b>Section C.</b> 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.</p> <p><b>Section D.</b> Enter the client participate amount and HHS payment to show total payment rendered to provider for services.</p>

**Strengths/Needs Worksheet – After Meetings I 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.

**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 18-B(3), <a href="#">Sealing and Expungement of Reports.</a>)</p>
Data	The reporter attaches any collateral information on the report to the form.

### [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 foster care worker completes the <i>Voluntary Foster Care Placement Agreement</i> 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-D(4)</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.
Distribution	After obtaining all required signatures, file the original in the child's record, and give one copy to the child or the parent or guardian who signed the agreement. For children under 18, make sure the FACS referral to ICAR is complete for eligible foster care placements.
Data	Both parents' signatures are necessary when both have custody of the child.

### [Waiting Child Enrollment, Form 470-3351](#)

Purpose	Form 470-3351 is used to enroll a child available for adoption with Iowa KidsNet. The information contained in the form allows Iowa KidsNet to register a child on our 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> <p>The five fostering connections areas consist of the following broad areas of functioning (each area has related subcategories):</p> <ul style="list-style-type: none"><li>▪ <i>Education:</i> Academic performance, graduation date, GED or high school diploma, extracurricular activities, job training options, IEP, financial aid, ACT/SAT/COMPASS tests.</li></ul>



- *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	<p>Complete this form using the template available in SharePoint under Employee Manual/Forms.</p> <p>Supplies of this form may also be printed from the manual or SharePoint as needed.</p>
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> <p>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.</p>

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. 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. <a href="http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/SocialServ.htm">http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/SocialServ.htm</a> - Protective Services
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 (SFM)**

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, 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), Benefits of Becoming a Licensed Foster Parent**

Purpose	Comm. 603, Benefits of Becoming a Licensed Foster Parent 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. 645, Worker Safety Brochure**<http://hhs.iowa.gov/sites/default/files/470-3767.pdf>

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.
Distribution	N/A



**Comm. 650, Reunification Staffing Guide**

Purpose	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. <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	Print supplies of Comm. 650 from the manual or SharePoint as needed.
Distribution	N/A

**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	Print supplies of Comm. 651 from the manual or SharePoint as needed.
Distribution	N/A

**Process to Successfully Effectuate a  
Subsidized Guardianship**

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Revised February 17, 2023

**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. 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. <a href="http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/SocialServ.htm">http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/SocialServ.htm</a> - Protective Services
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 658, What DHS Workers Need to Know About ESSA**

Purpose	Comm. 658, <i>What DHS Workers Need to Know About ESSA</i> provides DHS 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 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.

**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-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> <p>The written summary is provided to the subjects with the notification.</p> <ul style="list-style-type: none"><li>▪ Form 470-0429, <i>Consent to Obtain and Release Information</i>, 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.</li></ul>

### **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 [I-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	<p>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.</p> <p>The home study worker uses the <i>Relative Home Study Outline</i> as a guide to arrange the information gathered for the study.</p>
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	<p>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.</p> <p>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.</p>

**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.

Revised February 17, 2023

**[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](http://hhs.iowa.gov/sites/default/files/470-3767.pdf)**<http://hhs.iowa.gov/sites/default/files/470-3767.pdf>

**Purpose** RC-0159, *Court Appearance Quick Reference Card*, provides protocol for addressing situations in which there is a disagreement between the Department and County Attorneys regarding appropriate action during court hearings.

- Consulting with a supervisor
- Requesting a recess to consult legal counsel
- Responding to requests regarding your personal opinion
- Responding to requests for confidential information

**Source** Print supplies of RC-0159 from the manual or SharePoint as needed.

**RC-0168, New Adoption Legal Requirements**

Purpose	RC-0168, <i>New Adoption Legal Requirements</i> provides information about the DHHS legal interpretation of changes to Iowa Code Chapter 600 related to HF2252 and the basis for that interpretation. Guidance includes: <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	Print supplies of RC-0168 from the manual or SharePoint under Employee Manual/Forms.