

June 30, 2023

**GENERAL LETTER NO. 18-AP-50**

ISSUED BY: Division of Family Well-Being and Protection

SUBJECT: Employees' Manual, Title 18 Appendix, **Family Services Appendix**, Contents I-11, 47, 158, 180, 282, 303-420, revised; 421 and 422, new, and forms, revised and new.**Summary**

This chapter is revised to update the following forms:

- 470-0657, *Dependent Adult Protective Services Intake*, revised to coincide with Iowa Administrative Rule changes.
- 470-0695, *Resource Family Survey Report*, revised to reflect new Recruitment, Retention, Training, and Support (RRTS) contract beginning July 1st, 2023 (hereafter referred to as "RRTS changes") and to reflect a name change from *Foster Family Survey Report*
- 470-0720, *Health Report for Resource Families*, revised to reflect RRTS changes and a name change from *Health Report for Foster and Adoptive Parents*
- 470-0743 and 470-0743(S), *Application for Adoption*, revised to reflect RRTS changes
- 470-2441, *Suspected Dependent Adult Abuse Report*, revised to coincide with Iowa Administrative Rule changes.
- 470-3341, *Foster Parent Training Plan*, revised to reflect RRTS changes
- 470-4819, *Lead Paint Assessment*, revised to reflect RRTS changes
- 470-4873, *Request for Waiver of Pre-Service Training or Non-Safety Licensing Standards for Relatives*, revised to reflect RRTS changes
- 470-5097, *Floor Plan*, revised to reflect RRTS changes
- 470-5436, *Resource Parent Initial Home Study*, revised to reflect RRTS changes and to reflect a name change from *Resource Parent Home Study*
- 470-5438, *Progress Notes*, revised to reflect RRTS changes
- 470-5508, *Family Foster Care Referral*, revised to reflect RRTS changes
- 470-5553, *Preplacement Screening for Problematic Sexualized Behavior (PSB) Foster Group Care*, revised to reflect an update to Crisis Intervention, Stabilization, and Reunification (CISR) contract requirements, hereafter referred to as "CISR changes"
- 470-5596, *Preplacement Screening for Neurodevelopmental and Comorbid Conditions (NACC) Foster Group Care*, revised to reflect CISR changes
- 470-5612, *Child Care Expense Statement for Foster Children*, revised to update rate amounts and to reflect a name change from *Child Care Expense Statement*
- 470-5776, *Resource Parent Renewal Home Study*, new form to reflect RRTS changes and to supplement form 470-5436
- Comm. 118, *Dependent Adult Abuse: Guide for Mandatory Reporters*, revised to coincide with Iowa Administrative Rule changes and to separate out copies of previously included forms.
- Comm. 676, *Human Trafficking: Safety of Children in Foster Care*, new communication to supplement information in Employees' Manual Chapter 18-C(2), [Case Management](#)

Forms were also revised to update style and formatting throughout.

**Effective Date**

Upon receipt.

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
Contents I-II	May 19, 2023
47, 158, 180, 282, 303-420	May 19, 2023
470-0743	12/22
470-0743S	12/22
470-2441	08/21
470-3341	09/09
470-4819	07/09
470-4873	01/18
470-5097	05/12
470-5436	10/22
470-5438	01/18
470-5508	01/18
470-5553	1/19
470-5596	03/20
470-5612	10/21
Comm. 118	08/21

**Additional Information**

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

---

	<u>Page</u>
Access to Confidential Abuse Information and Non-Redissemination Agreement, Form 470-3767 .....	1
Adoption Family Interview Questions, Form 470-5615.....	2
Adoption Information Checklist, Form 470-3614 or 470-3614(S).....	3
Adoption IV-E Checklist, Form 470-4075 .....	4
Adoption Notice of Decision, Form 470-0745 or 470-0745(S).....	5
Adoption Report to the Court, Form 470-3355 .....	6
Adoption Selection Meeting Agreement on Confidentiality, Form 470-5641 .....	7
Adoption Staffing Summary, Form 470-0774.....	8
Adoption Subsidy Agreement, Form 470-0749 or 470-0749(S) .....	9
Adoption Subsidy Special Needs Documentation, Form 470-4312.....	10
Adoption Transfer Checklist/Discussion Guide, Form 470-5721.....	11
AdoptUsKids Website Waiver, Form 470-4155.....	12
Adult Protective Notification, Form 470-2444 .....	13
Agreement of Placement for Adoption, Form 470-0761 or 470-0761(S).....	14
Ancestry Chart, Form 470-5623.....	15
Application for Adoption, Form 470-0743 or 470-0743(S) .....	16
Application for All Social Services, Form 470-0615 or 470-0615(S) .....	17
Application for an Iowa Vital Record.....	19
Application for Certification, Form 470-0606 .....	22
Application for Certification of Adoption Investigator, Form 470-0746.....	23
Application for Extended Foster Care, Form 470-5761 .....	24
Application for Foster Care and Subsidized Adoption Medicaid, Form 470-5535 or 470-5535(S) .....	25
Application for Health Coverage and Help Paying Costs, 470-5170 or 470-5170(S).....	26
Application for License or Certificate of Approval, Form 470-0723.....	27
Application for Subsidy, Form 470-0744 or 470-0744(S).....	28
Authorization for Release of Child and Dependent Adult Abuse Information, Form 470-3301 or 470-3301(S) .....	29
Authorization to Obtain or Release Health Care Information, Form 470-3951 or 470-3951(S) .....	30
Authorization to Release HIV-Related Information, Form 470-3225 or 470-3225(S) .....	33
Birth Certificate Request, Form 470-4567 .....	34

---

	<u>Page</u>
Birth Parent Affidavit to Court, Form 470-3031 or 470-3031(S).....	35
Bureau of Refugee Services Family Self-Sufficiency Plan (FSSP), Form 470-5734.....	36
Casey Life Skills Assessment, Form 470-5701 .....	37
Certificate of Adoption Investigator, Form 470-0619 .....	38
Certificate of Adoption Investigator Letter, Form 470-5550 .....	39
Certificate of Approval, Form 470-0616.....	40
Certificate of Approval, Form 470-0620.....	41
Certificate of Completion, Form 470-3378 .....	42
Certificate of Inspection Fire Safety Rules, Regulations and Standards, Form 470-4848 .....	43
Certificate of License, Form 470-0727.....	44
Certificate of License, Form 470-3623.....	45
Child Abuse and Family Assessment Parental Notification, Form 470-3239 or 470-3239(S).....	46
Child Care Expense Statement for Foster Children, Form 470-5612.....	47
Child Protective Services Child Abuse Assessment Summary, Form 470-3240.....	48
Child Protective Services Family Assessment Summary, Form 470-5371 .....	55
Child Protective Services Intake, Form 470-0607 .....	60
Child Study, Form 470-3698 .....	63
Child Welfare Multidisciplinary Team (MDT) Agreement, Form 470-2328.....	64
Child Welfare Services Referral Face Sheet, Form 470-5150 .....	65
CINA Services Assessment Summary, Form 470-4135 .....	71
Communicable Diseases General Agreement, Form 470-3226 or 470-3226(S) .....	73
Consent to Adoption, Form 470-0755 or 470-0755(S).....	74
Consent to Obtain and Release Information, Form 470-0429 or 470-0429(S) .....	75
CPW to SWCM Transfer Packet Face Sheet, Form 470-5562.....	76
Criminal History Record Check Request Form, DCI-77 .....	77
Dependent Adult Abuse Checklist for Facility, Agency or Program, Form 470-3860.....	78
Dependent Adult Abuse Information Request, Form 470-3326.....	79
Dependent Adult Abuse Notice of Intake Decision, 470-3944 .....	80
Dependent Adult Assessment Tool, Form 470-4841 .....	81
Dependent Adult Financial Information Request, Form 470-5696.....	85

---

	<u>Page</u>
Dependent Adult Investment Information Request, Form 470-5697 .....	86
Dependent Adult Medical Information Request, Form 470-5698 .....	87
Dependent Adult Multidisciplinary Team (MDT) Agreement, Form 470-5737 .....	88
Dependent Adult Notice of POA Termination, Form 470-5699 .....	89
Dependent Adult POA Record Request, Form 470-5700 .....	90
Dependent Adult Protective Services Evaluation or Assessment Summary, Form 470-0688.....	91
Dependent Adult Protective Services Intake, Form 470-0657.....	97
Determination Not Eligible for Five-Year Removal: Notice of Addendum, Form 470-5443 .....	100
Determination of Eligibility for Five-Year Removal, Form 470-5444.....	101
Discovering Connections, Form 470-5648.....	102
Eco-Map, Form 470-4086 or 470-4086(S).....	103
Evaluation and Recommendation for Approval to Operate a Control Room, Form 470-0700.....	104
Evaluation and Recommendation for Approval to Operate a Locked Cottage, Form 470-0701 .....	105
Evaluation and Recommendation for Approval to Use Mechanical Restraints, Form 470-0703 .....	106
Exchange Referral of Family, Form 470-0752.....	107
Facility Assessment Checklist for Child Care Centers, Form 470-3853 .....	108
Facility Assessment Checklist for Child Care Homes, Form 470-3854.....	109
Facility Assessment Checklist for Foster Family Homes, Form 470-3855 .....	110
Facility Assessment Checklist for Group Care, Form 470-3856 .....	111
Family Case Plan, Form 470-3453 or 470-3453(S).....	112
Family Foster Care Referral, Form 470-5508.....	123
Family Functioning Domain Criteria, Form 470-4138 .....	125
Family Interaction Plan General Roles and Responsibilities, Form 470-5148 or 470-5148(S) .....	126
Family-Life Home Placement Agreement, Form 470-0634 .....	131
Family Map, Form 470-4087 or 470-4087(S) .....	132
Family Risk Assessment, Form 470-4133.....	133
Family Risk Reassessment, Form 470-4134.....	136
Family Team Decision-Making (FTDM) Meeting Notes, Form 470-4126 or 470-4126(S) .....	137
Final Strengths/Needs Worksheet, Form 470-4022 or 470-4022(S).....	141
Firearms Safety Plan, Form 470-4657 .....	142

---

	<u>Page</u>
Floor Plan, Form 470-5097.....	143
Foster Care and/or Subsidized Adoption Information Exchange, Report S472NI 11-01 .....	144
Foster Care Clothing Allowance, Form 470-1952 .....	145
Foster Care Escrow Account Transaction, Form 470-3725.....	146
Foster Care Private Water Supply Survey, Form 470-0693 .....	147
Foster Care Provider Medical Letter, Form 470-2747 or 470-2747(S).....	148
Foster Care Review Notice, Form 470-0714 or 470-0714(S).....	149
Foster Child Behavioral Assessment, Form 470-4401 or 470-4401(S).....	150
Foster Family Assurances Agreement, Form 470-5610 .....	152
Foster Family Home License Application, Form 470-0689 or 470-0689(S).....	153
Foster Family Placement Contract, Form 470-0716 or 470-0716(S) .....	155
Foster Family Record Check Letter, Form 470-2369.....	156
Foster Family Removal Letter, Form 470-0718 or 470-0718(S).....	157
Resource Family Survey Report, Form 470-0695.....	158
Foster Home Licensing Corrective Action Plan, Form 470-5404 .....	159
Foster Home Property Fund Notice of Loss, Form 470-5659.....	160
Foster Parent Post-Adjudication Hearing Report, Form 470-4614 .....	161
Foster Parent Training Application, Form 470-2541 or 470-2541(S).....	162
Foster Parent Training Compliance Letter, Form 470-5656 or 470-5656(S).....	164
Foster Parent Training History, Form 470-2080 .....	165
Foster Parent Training Plan, Form 470-3341 .....	166
Foster Parent Training Report, Form 470-2540 or 470-2540(S).....	167
Foster/Adoptive Parent Preparation Training Certificate of Completion, Form 470-2066.....	168
Founded Abuse in Nonregistered Child Care Parent Letter, Form 470-4384 or 470-4384(S).....	169
Future Needs Adoption Subsidy Professional Documentation, Form 470-4311 .....	170
General Accounting Expenditure, GAX.....	171
Guardian's Initial/Annual/Final Report for Protected Person .....	175
Guardianship Authorization, Form 470-0738.....	176
Guardianship Information, Form 470-2989 .....	177
Guardianship Subsidy Agreement, Form 470-3631 .....	178

---

	<u>Page</u>
Guardianship Subsidy Application, Form 470-3632.....	179
Health Report for Resource Families, Form 470-0720 .....	180
ICJ Application for Services and Waiver, Form IA/VI.....	181
ICJ Consent for Voluntary Return of Out of State Juvenile, Form III.....	182
ICJ Home Evaluation Report Form, Form VIII .....	183
ICJ Out of State Travel Permit and Agreement to Return, Form VII.....	185
ICJ Parole or Probation Investigation Request, Form IV .....	186
ICJ Petition for Requisition to Return a Runaway Juvenile, Form A.....	188
ICJ Quarterly Progress, Violation, or Absconder Report, Form IX.....	189
ICJ Report of Sending State Upon Parolee or Probationer Being Sent to the Receiving State, Form V .....	191
ICJ Requisition for Escapee or Absconder and Requisition for Accused Delinquent, Form II.....	192
ICJ Requisition for Runaway Juvenile, Form I .....	193
ICPC Financial and Medical Plan, Form 470-3827 .....	194
ICPC Report on Child's Placement Status (ICPC 100B), Form 470-0788.....	195
ICPC Request (ICPC 100A), Form 470-0781 .....	199
ICPC Supervision Report, 30 Day, Form 470-4992.....	206
ICPC Supervision Report, 90 Day, Form 470-4993.....	207
Individual Service Plan, Form 470-0583.....	208
Iowa Adoption Program Discussion Guide, 470-5722.....	210
IV-E Changes, Form 470-3918.....	211
IV-E Initial Placement Information, Form 470-3839 .....	212
JCS Referral for Payment, Form 470-3334.....	214
Kinship Caregiver Payment Notice of Decision Approval, Form 470-5664.....	215
Kinship Caregiver Payment Notice of Decision Termination, Form 470-5663 .....	216
Lead Paint Assessment, Form 470-4819 .....	217
Letter of Removal, Form 470-3018 or 470-3018(S) .....	218
License Capacity Variance Request, Form 470-3342.....	219
Long-Term Permanency Placement Agreement, Form 470-4540 .....	220
Medicaid Referral, Form 470-3061 or 470-3061(S) .....	221
Medicaid/State Supp Review, Form 470-5482, 470-5482(S), 470-5482(M), or 470-5482(MS).....	222

---

	<u>Page</u>
Medical Referral Request, Form 470-0741 or 470-0741(S) .....	224
Mexican Consulate Notification, Form 470-4385.....	225
Next Steps, Form 470-5592.....	227
Non-Law Enforcement Record Check Request Form A, Form 595-1489 or 595-1489(S) .....	229
Notice of Action, Form 470-0728.....	230
Notice of Action: Foster Family Home, Form 470-0709 or 470-0709(S) .....	231
Notice of Child Abuse Assessment: Confirmed Not Registered, Form 470-3575 or 470-3575(S) .....	233
Notice of Child Abuse Assessment: Founded, Form 470-3243 or 470-3243(S) .....	235
Notice of Child Abuse Assessment: Not Confirmed, Form 470-3242 or 470-3242(S) .....	237
Notice of Decision: Services, Form 470-0602 or 470-0602(S) .....	239
Notice of Family Assessment Recommendation, Form 470-5373 .....	240
Notice of Intake Decision, Form 470-3789.....	241
Notice to Relatives and Parents, Form 470-4769 or 470-4769(S).....	242
Notice to Relatives Worksheet, Form 470-4840.....	243
Notice to Schools for Child in Foster Care, Form 470-4894 .....	244
Out-of-State Travel Permit and Agreement to Return, Form 470-5079.....	246
Parent's/Guardian's/Custodian's Consent, Form 430018.....	247
Payee/Placement Changes, Form 470-3359 .....	248
Photography Record, Form 470-3350.....	249
Physical Record, Form 470-0580 or 470-0580(S).....	250
Physician's Report, Form 470-0673.....	251
Placement Agreement and Service Authorization for Supervised Apartment Living (SAL), Form 470-5081 .....	252
Placement Agreement: Child-Placing Provider, Form 470-0719.....	253
Placement Notification, Form 470-3617 or 470-3617(S) .....	254
Placement Notification (Relatives Involved), Form 470-5645 .....	255
Pre-Aftercare Referral Form, Form 470-5717 .....	256
Preplacement Screening for Neurodevelopmental and Comorbid Conditions (NACC) Foster Group Care, Form 470-5596.....	257
Preplacement Screening for Problematic Sexualized Behavior (PSB) Foster Group Care, Form 470-5553 .....	258



---

	<u>Page</u>
Preplacement Screening for Supervised Apartment Living Foster Care, Form 470-4063.....	259
Pre-Service Training and License Variance Request, Form 470-5511 .....	260
Professional Development Plan, Form 470-4023.....	261
Progress Notes, Form 470-5438.....	262
Proof of Foster Care, Form 470-5536 .....	263
Protective/Foster Care Child Care Documentation, Form 470-4895 .....	264
Provider Agreement, 470-0636.....	266
Provider Health Assessment, Form 470-0672.....	269
Provisions for Alternate Water Supply, Form 470-0699.....	270
PS-MAPP Family Profile, Form 470-4019 or 470-4019(S) .....	271
Receipt of HIV-Related Information, Form 470-3227 .....	273
Receiving State’s Priority Home Study, Form 470-3926 (ICPC 102) .....	274
Recommendation for Denial of a Foster Family License, Form 470-0704.....	281
Recommendation for Provisional License, Form 470-0698 .....	282
Recommendation for Suspension of a License, Form 470-0710.....	283
Record Check Evaluation, Form 470-2310 or 470-2310(S).....	284
Referral and Authorization for Child Welfare Services, Form 470-3055 or 470-3055(S) .....	285
Relative Home Study Face Sheet, Form 470-5035 .....	286
Release of Confidential HIV Information, Form 470-3234.....	287
Report on Efforts to Place Child for Adoption, Form 470-2889.....	288
Request for a One Year Foster Family License, Form 470-5124.....	289
Request for Approval of Supervised Apartment Living Foster Care Placement, Form 470-3186 .....	291
Request for Child and Dependent Adult Abuse Information, Form 470-0643.....	292
Request for Medicaid Information, Form 470-2737 or 470-2737(S) .....	294
Request for Medicaid Service Data Changes and Verifications, Form 470-3923.....	295
Request for Revocation of Foster Family License, Form 470-0705 .....	296
Request for Tangible Goods, Child Care, and Ancillary Services, Form 470-3056 or 470-3056(S).....	297
Request for Taxpayer Identification Number and Certification, Form W-9 .....	298
Request for Waiver of Pre-Service Training or Non-Safety Licensing Standards for Relatives, Form 470-4873 .....	299
Request to End an Authorization, Form 470-3949 .....	300

---

	<u>Page</u>
Rescinding the Consent to Adoption, Form 470-2990 or 470-2990(S).....	301
Resource Home Concern, Form 470-5510 .....	302
Resource Parent Initial Home Study, Form 470-5436.....	303
Resource Parent Renewal Home Study, Form 470-5776.....	304
Review Decision on Nonregistered Report, Form 470-3396 or 470-3396(S).....	305
Review Decision on Registered Report, Form 470-3395 or 470-3395(S).....	306
Rights of Youth in Out-of-Home Placement, Form 470-5337 .....	307
Safe Plan of Care, Form 470-5616.....	309
Safety Assessment, Form 470-4132 or 470-4132(S).....	311
Safety Plan, Form 470-4461 or 470-4461(S) .....	314
Safety Plan Supplement, Form 470-5622 or 470-5622(S) .....	317
Safety Plan for At-Risk Adult, Form 470-4835 .....	319
Sending State Priority Home Study Request, Form 470-3925 (ICPC 101) .....	320
Service Worker Comprehensive Assessment, 470-5602.....	324
Social History, Form 470-3615 or 470-3615(S) .....	325
Social History and Evaluation for Family-Life Home Placement, Form 470-0647 .....	326
SSI Advocacy Project Referral, Form 470-3361 .....	327
State Supplementary Assistance Certification or Termination, Form 470-0640 .....	328
Statement of Services Rendered, 470-0648 .....	329
Strengths/Needs Worksheet – After Meetings 1 and 2, Form 470-4021 or 470-4021(S).....	330
Strengths/Needs Worksheet – After Meetings 3 and 4, Form 470-4089 or 470-4089(S).....	331
Strengths/Needs Worksheet – After Meeting 5, Form 470-4090 or 470-4090(S) .....	332
Strengths/Needs Worksheet – After Meetings 6 and 7, Form 470-4091 or 470-4091(S).....	333
Strengths/Needs Worksheet for Fertility Issues, Form 470-4024 or 470-4024(S).....	334
Subsidized Guardianship IV-E Checklist, Form 470-5599.....	335
Subsidized Guardianship Notice of Action, Form 470-5613 or 470-5613(S).....	336
Suspected Dependent Adult Abuse Report, Form 470-2441 .....	337
Tribal Membership Inquiry, Form 470-5632 .....	338
Voluntary Foster Care Petition, Form 470-2634 or 470-2634(S) .....	339
Voluntary Foster Care Placement Agreement, Form 470-0715 or 470-0715(S) .....	340

---

	<u>Page</u>
Waiting Child Enrollment, Form 470-3351 .....	341
Youth Transition Decision-Making (YTDM) Meeting Notes, Form 470-5161 .....	342
Youth Transition Decision-Making (YTDM) Youth's Dream Path, Form 470-5176.....	344
<u>Informational Materials</u>	
Comm. 033 or Comm. 033(S), Foster Parent Handbook.....	346
Comm. 118, Dependent Adult Abuse: A Guide for Mandatory Reporters.....	347
Comm. 146 or Comm. 146(S), The State Has My Child! What Can I Do?.....	348
Comm. 164 or Comm. 164(S), Child Abuse: A Guide for Mandatory Reporters .....	349
Comm. 177 or Comm. 190, How Can I Help This Child? .....	350
Comm. 265 or Comm. 265(S), Solution Focused Meetings (SFMs).....	351
Comm. 283, Youth Transition Decision-Making Standards .....	352
Comm. 315 or Comm. 315(S), Medication Management.....	353
Comm. 385, Overview of Iowa's Adoption Subsidy Program.....	354
Comm. 386, Financial Assistance for Relative Caretakers .....	355
Comm. 435, Family Interaction Standards.....	356
Comm. 437, Iowa Foster Child and Youth Bill of Rights.....	357
Comm. 450 or Comm. 450(S), Differential Response System: Family Assessment.....	358
Comm. 462, Parents Rights & Responsibilities .....	359
Comm. 482, Dependent Adult Protection.....	360
Comm. 581, Family Guide to Adoption Selection Interview Process .....	361
Comm. 593, Iowa Adoption Selection Staffing Process .....	362
Comm. 603 or Comm. 603(S), Benefits of Becoming a Licensed Foster Parent.....	363
Comm. 604 or Comm 604(S), Kinship Caregiver Program Overview .....	364
Comm. 645, Worker Safety Brochure.....	365
Comm. 649, Family Interaction Planning Tool.....	366
Comm. 650, Reunification Staffing Guide .....	367
Comm. 651, Reunification Follow-Up Staffing Guide.....	368
Comm. 653, Process to Successfully Effectuate a Subsidized Guardianship .....	369
Comm 654, ESSA Best Interest Determination .....	370
Comm 655, ESSA Checklist: Things DHS Workers Should Do .....	371
Comm 656, ESSA Flowchart.....	372

---

	<u>Page</u>
Comm 657, ESSA School Transportation Decision Matrix.....	373
Comm. 660, Practice Standards for Family Centered Services Contractors .....	374
Comm 658, What DHS Workers Need to Know About ESSA.....	375
Comm 664, Contractor Expectations for Provision of Family Centered Services .....	376
Comm 676, Human Trafficking: Safety of Children in Foster Care .....	377
RC-0003, Child Abuse Registry Report Code Card.....	378
RC-0045, Interstate Compact Requirements for Placing Children Out of Iowa.....	379
RC-0046, Interstate Compact Requirements for Receiving Children Into Iowa.....	380
RC-0049, Dissemination Desk Aid.....	381
RC-0053, Home Study Update Guide: Transition to Adoption.....	383
RC-0076, CPS and CINA Intake Decision Tree .....	384
RC-0077, CINA Guidance Tool.....	385
RC-0078, Relative Home Study Outline .....	386
RC-0082, How-Do-I? Guide: Case Planning.....	387
RC-0083, How-Do-I? Guide: Case Management.....	388
RC-0084, How-Do-I? Guide: In-Home Case Management .....	389
RC-0086, How-Do-I? Guide: CPS Assessment .....	390
RC-0087, How-Do-I? Guide: CINA Assessment.....	391
RC-0088, How-Do-I? Guide: CINA Intake .....	392
RC-0089, How-Do-I? Guide: CPS Intake.....	393
RC-0090, Drug Testing Guidelines.....	394
RC-0093, CPS Assessment – Case Disposition Decision Tree .....	395
RC-0095, Criminal Record Case Codes .....	396
RC-0096, How-Do-I? Guide: Out-of-Home Case Management.....	397
RC-0099, How-Do-I? Guide: Adoption.....	398
RC-0101, Case Closure.....	399
RC-0102, How-Do-I? Guide: Case Closure.....	400
RC-0104, Safety Assessment Guidance.....	401
RC-0122, Factoring Child Abuse Desk Aid.....	402
RC-0123, Family Risk Assessment Guidance .....	403

---

	<u>Page</u>
RC-0124, Family Risk Reassessment Guidance .....	404
RC-0126, Factoring Dependent Adult Abuse Desk Aid .....	405
RC-0131, Multidisciplinary Team Practice Guidance .....	406
RC-0135, Dependent Adult Abuse Dissemination Desk Aid .....	407
RC-0139, Safety, Dependency, and Risk Assessment Practice Guidance .....	408
RC-0140, CPW to SWCM Transfer Packet Face Sheet Guidance .....	409
RC-0141, Child Trafficking Indicators.....	410
RC-0142, Intake Screening Tool – Determining the Assessment Type.....	411
RC-0143, JARVIS Reference.....	412
RC-0144, Reports of Child Abuse Involving Other States - Jurisdiction Desk Aid .....	413
RC-0145, Structured Interview .....	414
RC-0146, System Checks for Child Abuse and Dependent Adult Abuse Intakes.....	415
RC-0147, System Checks Guidance for Intake .....	416
RC-0148, Unlicensed Kin and Fictive Kin Caregiver Evaluation .....	417
RC-0149, Field Guide for Assessing and Planning for the Safety of Children.....	418
RC-0150, Field Guide for the Observation of Children and the Delay of Observation Timeframes .....	419
RC-0159, Court Appearance Quick Reference Card.....	420
RC-0168, New Adoption Legal Requirements .....	421
RC-0172, Dependent Adult Abuse Multidisciplinary Team Practice Guidance .....	422

**Child Care Expense Statement for Foster Children, Form 470-5612**

Purpose	Form 470-5612 is used to provide standard documentation of childcare use and expenses incurred by foster parents. Staff will have concise, consistent means of reviewing childcare use and expenses, which will expedite reimbursement payments to foster parents. Form 470-5612 will also provide documentation of childcare use.
Source	Print supplies of this form from the manual or SharePoint. A fillable version of the form can be found on SharePoint and distributed.
Completion	The childcare provider completes the form. The childcare provider and the foster parent must sign the form.
Distribution	The child's HHS worker gives the form to the foster parent. The foster parent asks the child care provider to complete, sign, and return the form. The foster parent submits the form to the child's HHS worker for payment.
Data	The childcare provider completes all applicable fields, signs, and dates the form. The foster parent signs and dates the form.

**Resource Family Survey Report, Form 470-0695**

Purpose	Form 470-0695 is prepared to help the Department evaluate the adequacy of a family and home for the provision of foster care. Information from PS-MAPP, the family home study discussion and process, references, medical reports, and checking and observations in the family home is used to complete the report.
Source	Complete this form using the template in SharePoint under Employee Manual/Forms.
Completion	<p>The recruitment and retention contractor home study worker completes the report during initial evaluation or reevaluation of a family that has applied for a foster family home license, moved to a new address, or remodeled or added an addition to the home.</p> <p>If a “No” is checked for any item in Sections B through K, explain this item within this form and submit form 470-0698, <i>Recommendation for Provisional License</i>, or form 470-0704, <i>Recommendation for Denial of a Foster Family License</i>.</p> <p>If you recommend issuing a license when the family fails to meet one or more standards, an explanation is required and the date the standard will be met.</p> <p>Forward the completed report to the service area manager or designee within 60 days of the date of application. The service area manager or designee completes the section entitled “Decision.”</p>
Distribution	<p>Forward a copy to the DHS licensing worker (along with a copy of forms 470-0698, <i>Provisions for Alternate Water Supply</i>, form 470-0699, or 470-0704, if applicable) with the narrative.</p> <p>When the service area manager makes the licensing decision, return a copy to the contractor. Keep the original in the DHS licensing file.</p>
Data	<p>Items are self-explanatory, with the exception of the following:</p> <p>Use the floor plan, form 470-4657, and draw where the exits, stairways, windows, room dimensions, the smoke and carbon monoxide detectors, and the fire extinguishers are in this floor plan. Identify each room by name. If ceilings are not level, make separate sketches as necessary, illustrating angles of ceilings and indicating wall heights.</p> <p>Note in this form that areas marked “NA” were discussed with the family and that the family has agreed to comply with these rules.</p>

**Health Report for Resource Families, Form 470-0720**

Purpose	Form 470-0720 provides health information on the prospective foster family members to satisfy the regulatory mandate that applicants must meet.
Source	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms.
Completion	<p>Complete the form before licensing of the prospective family home. Medical re-examination may be required at the discretion of the health practitioner or the supervising agency.</p> <p>The recruitment and retention contractor:</p> <ul style="list-style-type: none"><li>▪ Completes Section A, addressed to the practitioner, and</li><li>▪ Inserts the name of the agency to whom the information is to be released.</li></ul> <p>Separate forms are required if family members are under the care of different physicians.</p> <p>The family completes the history in Section C and signs the form to authorize the release of examination results. (In the case of minor children, the child's parent signs the form.)</p> <p>The practitioner completes Section B.</p>
Distribution	<p>Give one copy of the form to the applicant. You may make a photocopy as a control.</p> <p>When the completed form is returned, the contractor keeps a copy for its file and places the original in the licensing packet sent to the Department for the DHS licensing file.</p>
Data	The form includes the family's reported health history and the practitioner's statement as to whether the family's health would prevent them from providing the needed care or would be detrimental to the well-being of a child placed in their care.



### **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>Resource 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>

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

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

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

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

**Review Decision on Nonregistered Report, Form 470-3396 or 470-3396(S)**

Purpose	Form 470-3396 or 470-3396(S) provides a letter for notifying subjects of the decision following local review of a nonregistered child abuse investigation or assessment.
Source	Complete the English version of this form using the template available in SharePoint under Employee Manual/Forms.  Print the Spanish version of this form from the manual or SharePoint.
Completion	The staff person designated by the service area at the time of the decision completes the letter. Issue the letter to inform the subject of the right to administrative hearing on the local office decision on the correction of the report.
Distribution	Send one copy to the subject who requested the review. Make a copy of the completed form to place in the case file.
Data	The template completes the date field. Enter: <ul style="list-style-type: none"><li>▪ The name and address of the person requesting review, in the format for a window envelope.</li><li>▪ The date of the request.</li><li>▪ The name of the office receiving the request.</li><li>▪ The incident number of the report reviewed.</li><li>▪ A check in the box for the response to the request for review.</li><li>▪ The date of the <i>Notice of Child Abuse Assessment</i> for that report.</li><li>▪ The name and signature of the person making the decision.</li></ul>

**Review Decision on Registered Report, Form 470-3395 or 470-3395(S)**

Purpose	Form 470-3395 or 470-3395(S) is a letter for notifying subjects of the decision following local review of a registered child abuse assessment.
Source	Complete the English version of this form using the template available in SharePoint under Employee Manual/Forms.  Print the Spanish version of this form from the manual or SharePoint.
Completion	The staff person designated by the service area at the time of the review decision completes the letter. Issue the letter to inform the subject of the right to administrative hearing on the local office decision on the correction of the report.
Distribution	Send the original to the subject who requested the review. Make a copy of the completed form to place in the case file.
Data	The template enters the date field. Enter: <ul style="list-style-type: none"><li>▪ The name and address of the person requesting a review, in the format suitable for a window envelope.</li><li>▪ The date of the request.</li><li>▪ The name of the office receiving the request.</li><li>▪ The incident number of the report reviewed.</li><li>▪ A check in the box for the response to the request.</li><li>▪ The date of the <i>Notice of Child Abuse Assessment</i> for that report.</li><li>▪ The name and signature of the person making the decision.</li></ul>

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

Purpose	<p>Form 470-5337 describes the rights of a youth in an out-of-home placement with respect to:</p> <ul style="list-style-type: none"><li>▪ Education,</li><li>▪ Health,</li><li>▪ Visitation,</li><li>▪ Court participation,</li><li>▪ The right to receive a credit report every year while in foster care,</li><li>▪ The right to be given certain documents if the youth leaves out-of-home placement at age 18 or older, and</li><li>▪ The right for the youth to stay safe and avoid exploitation.</li></ul>
Source	<p>Form 470-5337 is printed in pads of 25 two-part carbonized sets. Order supplies from Iowa Prison Industries at Anamosa in the usual manner.</p> <p>Supplies of this form may also be printed from the manual or SharePoint under Employee Manual/Forms.</p>
Completion	<p>The Department worker must explain the rights, in an age-appropriate manner, to youth on the worker's caseload when the youth becomes 14 years of age or, if the youth is older than 14, after the youth enters out-of-home placement.</p> <p>After explaining the youth's rights, the youth must sign and date the form indicating that the worker has reviewed the rights in a way the youth understood and answered any questions the youth had.</p> <p>The worker will review the rights with the youth as needed. The youth must sign and date a new form each time.</p> <p>In Part C (Transition Plan section) of form 470-3453, <i>Family Case Plan</i>, the following statement appears in the transition plan:</p> <p 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.

### 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	<p>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:</p> <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	<p>After receiving the form from the service area manager, send it to the IM worker for submission to the Social Security Administration.</p> <p>When Social Security returns the form, the IM worker sends a copy to the service worker for the case file.</p>
Data	<p>IM completes Part 1, Identification. Service completes Part 2, Certification, and comments and signature in Part 4 (Page 1).</p> <p>The Social Security Administration completes Page 2, indicating the client's income, the SSI eligibility decision, and the State Supplementary payment decision.</p>

**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 social work case manager completes the Voluntary Foster Care Placement Agreement before the child's placement into foster care (unless it is an emergency placement) and, for a child aged 18 or older, upon each six months' redetermination. All voluntary placement agreements for children under age 18 terminate after 90 days. See <a href="#">18-C(2)</a> , <i>Voluntary Placement for Children Under Age 18</i> and <i>Voluntary Placement for Children Aged 18 or Older</i> for more specific policies. Make three copies for children under the age of 18; make two copies for children aged 18 or over. An youth age 18, 19, or 20 completes this form when extended foster care is approved.
Distribution	After obtaining all required signatures, file the original in the child's record, and give one copy to the child or the parent or guardian who signed the agreement. For children under 18, make sure the FACS referral to ICAR is complete for eligible foster care placements.
Data	Both parents' signatures are necessary when both have custody of the child under age 18. Youth age 18, 19, or 20 may sign, unless a guardian is appointed to sign.

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

Purpose	Form 470-3351 is used to enroll a child available for adoption with Iowa KidsNet. The information contained in the form allows Iowa KidsNet to register a child on our website, compose the child's biography, and register the child with AdoptUsKids, if desired. (See <a href="#">AdoptUsKids Website Waiver, Form 470-4155</a> , if you do not want your child listed on AdoptUsKids.)
Source	Complete this form using the template located in SharePoint under Employee Manual/Forms. <b>It is preferred that this form be completed electronically.</b>
Completion	<p>The child's adoption worker completes a copy of this form after a child's parental rights have been terminated and the child needs to be listed with Iowa KidsNet to recruit an adoptive family. If you have a sibling group to list with Iowa KidsNet, complete a separate enrollment form for each child in the sibling group.</p> <p>If a child remains listed with Iowa KidsNet one year or longer, complete an update of the enrollment form each year or more frequently if there is a significant change in the child's circumstances.</p>
Distribution	<p>Fax, mail, or email the completed form to:</p> <p>Iowa KidsNet Attn: Della Degner 3125 Cottage Grove Ave Des Moines, IA 50311 <a href="mailto:ddegner@iowakidsnet.com">ddegner@iowakidsnet.com</a> Fax: 515-271-7450 Phone: 515-271-7399</p> <p>Place a completed copy of the <i>Waiting Child Enrollment</i> form in the child's case record.</p>
Data	This form is self-explanatory.



### [Youth Transition Decision-Making \(YTDM\) Meeting Notes, Form 470-5161](#)

Purpose	The <i>Youth Transition Decision-Making (YTDM) Meeting Notes</i> , form 470-5161, is the official youth plan developed during the YTDM meeting.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.  Supplies of this form may also be printed from the manual or SharePoint.
Completion	The YTDM meeting facilitator engages the youth team and develops the youth's plan, with the youth, after a meeting is held.
Distribution	The facilitator disseminates the completed form to the identified team members. Keep the original form in the youth's case file.
Data	<p><b>Case Information.</b> Enter the following information:</p> <ul style="list-style-type: none"><li>▪ Youth's name</li><li>▪ Parent/caregiver name (if applicable)</li><li>▪ Parent/caregiver/noncustodial names</li><li>▪ Date of the youth transition decision-making meeting</li><li>▪ Facilitator's name</li><li>▪ Facilitator's approval number</li><li>▪ Next court hearing date and time</li><li>▪ Type of hearing</li></ul> <p><b>Desired Outcomes of this Meeting.</b> Enter the desired outcome of the meeting.</p> <p><b>Fostering Connections.</b> The five fostering connections areas provide a consistent format for collecting, considering, and analyzing information about the youth. This consistency ensures that functioning areas most critically impacting health, housing, education, employment, and supportive relationships. Use of the five areas creates a common, consistent language as information about the youth flows from child protective workers to ongoing workers and service providers.</p> <p>The five areas provide a "common lens" through which the strengths and needs of the youth can be assessed, discussed, and used in planning and service provision.</p> <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.
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	<p>Comm. 265 or Comm. 265(S), <i>Family Team Decision-Making Meetings</i>, informs families on:</p> <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	<p>Print supplies of Comm. 265 or Comm. 265(S) from the manual or SharePoint as needed.</p> <p>Comm. 265 and Comm. 265(S) are also available on the Department's website.</p>
Distribution	<p>Give or mail Comm. 265 or Comm. 265(S) to families.</p>

**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**

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	<p>Comm. 650, <i>Reunification Staffing Guide</i>, provides a template for the Reunification Staffing which is to be held prior to children being returned home.</p> <ul style="list-style-type: none"><li>▪ Discuss/document the readiness of the parents and children to be reunified.</li><li>▪ Identify supports</li><li>▪ Discuss/document the transition plan</li><li>▪ Discuss school/daycare/services/appointments</li><li>▪ Discuss parent’s and children’s needs</li><li>▪ Identify any barriers and HHS/FCS expectations</li></ul>
Source	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 June 30, 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.
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.

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

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

**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 June 30, 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**

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

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

Purpose	<p>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:</p> <ul style="list-style-type: none"><li>▪ Changes to the Adoption Petition Content</li><li>▪ Changes to the Adoption Petition Attachments</li><li>▪ Changes to the Preplacement Investigation</li><li>▪ Changes to the Notice Requirement</li><li>▪ Changes to Allow Access to the Adoption File</li></ul>
Source	<p>Print supplies of RC-0168 from the manual or SharePoint under Employee Manual/Forms.</p>



June 30, 2023

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

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