

Dependent Adult Protective Services Appendix

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Suspected Dependent Adult Abuse Report, Form 470-2441

Purpose	The purpose of form 470-2441 is to provide a method for gathering the information required for the evaluation.
Supply	<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 DHS website. Mandatory reporters can also print this form from the on-line manual.</p> <p>DHS 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 shall complete 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 shall forward 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), Sealing and Expungement of Reports.)</p>
Data	The reporter shall attach any collateral information on the report to the form.

Dependent Adult Protective Services Intake, Form 470-0657

Purpose	Form 470-0657 documents information provided in a report of suspected dependent adult abuse and the Department's response to the report.
Supply	Intake workers can complete this form using the: <ul style="list-style-type: none">◆ DARES module, or◆ Template available in "My Links" in JARVIS, or◆ Printable template located in the JARVIS-DARES module. Transfer the data to the DARES module later.
Completion	The intake worker who receives the initial report of suspected dependent adult abuse completes this form on each referral whether or not the referral is accepted for assessment or evaluation.
Distribution	File the original in the case file. Send a copy to the intake supervisor. Send a copy of the dependent adult abuse intake to the county attorney. Make additional copies as needed.
Data	<p>Date: Enter the date you received the report of suspected dependent adult abuse.</p> <p>Time: Enter the time you received the report of dependent adult abuse using a 12-hour clock with "A.M." or "P.M." as needed.</p> <p>County: Enter the county name and number.</p> <p>Intake Person: Enter the name of the person conducting the intake.</p> <p>Assigned Worker: Enter the name of the person assigned to complete the evaluation or assessment if accepted.</p> <p>Registry #: The DARES system assigns this number.</p> <p>Household Name and Address: Enter the address of the primary residence of the adult subject, even if the adult subject is currently in an alternative temporary setting such as the hospital. Enter the zip code and county, if known. If the location of the household is unknown or unavailable at intake, enter "unknown." Out-of-state addresses may be entered.</p>

Directions to Home: If the location of the household is unknown or unavailable at intake, enter "unknown." Out-of-state addresses may be entered. Otherwise, enter directions to the residence when possible.

Telephones: Enter the household telephone number including the area code and any other contact telephone numbers.

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

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

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

Narrative Description/Adult Subject Safety Concern: Enter the reported information in this section. Whenever possible, use the words of the reporter. Summarize all allegations and other information needed to determine whether the referral provides information sufficient to determine abuse or neglect did not occur. Enter whether or not the alleged person responsible has access to the adult subject (victim).

Reporter or Referral Source: Enter the name, including title, agency, address, and phone number of the reporter or referral source, if known. Check the box that indicates the reporter notification and date of notice.

Person Reported as Responsible for Alleged Abuse: Enter the name, date of birth, relationship to adult subject, social security number, FACS ID (if applicable), address, and phone number. DARES will generate person IDs or the intake worker can select the correct person if the person already exists in the system.

Use the "comments" section to indicate the person's workplace or any other information determined to be pertinent to the intake. The social security number will not appear on a printed intake document downloaded from DARES.

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

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

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

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

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

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

Additional Information: Include information learned from the results of checks of the databases in this section. Also include any other additional information that may be relevant to the evaluation or assessment. Include any worker safety information about dangerous persons, animals, or conditions likely to be encountered during the assessment or evaluation process. Indicate if the safety concerns involve others in addition to the adult protective worker.

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

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

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

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

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

Supervisor Assignment of Response Time for Observation of the Adult Subject: Check either the 1 hour or 24 hour period for response time. Time frames cannot be waived or delayed for seeing adult subject (victim).

[Dependent Adult Abuse Notice of Intake Decision, 470-3944](#)

Purpose	Form 470-3944 is used to provide written notification to all reporters of dependent adult abuse of the decision made by the Department about whether or not to accept their report of dependent adult abuse.
Supply	Complete this form using the template available in SharePoint under Employee Manual/Forms or print this form from JARVIS in the DARES module.
Completion	The supervisor making the determination to reject or accept a report for evaluation or assessment completes the form.
Distribution	Send one copy to the reporter. Maintain a copy with the <i>Dependent Adult Protective Services Intake</i> , form 470-0657. Destroy rejected intakes and notices after three years.
Data	<p>Enter:</p> <ul style="list-style-type: none">◆ The date of notification.◆ The name of the reporter.◆ The reporter's address.◆ The name of the county office making the decision.◆ The date on which the report was received.◆ The name of the dependent adult named in the report. <p>Check the applicable box to indicate whether the report of dependent adult abuse is being accepted or rejected.</p> <p>If the report is being rejected, check the applicable boxes to indicate the reason why the report has not been accepted and suggestions that you made to the reporter about contacting other agencies.</p>

Page 7 is reserved for future use.

[Dependent Adult Abuse Information Request, Form 470-3326](#)

Purpose	Form 470-3326 requests dependent adult abuse information from persons (i.e., collaterals) who are believed to have knowledge of a case of dependent adult abuse.
Supply	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 protective services worker completes this form whenever the worker wants to request information from someone believed to have dependent adult abuse information.
Distribution	Mail the completed form to the person from whom you are requesting information. Keep the copy in the investigation file.
Data	<p>Enter:</p> <ul style="list-style-type: none">◆ The person's name and address.◆ The date.◆ An explanation of the specific information you are requesting.◆ Your name and address. <p>The template allows use of central office letterhead or substitution of your county office letterhead by retyping or making auto-text entries at the top and bottom.</p>

[Dependent Adult Abuse Checklist for Facility, Agency or Program, Form 470-3860](#)

Purpose	Form 470-3860 is used to assist the facility, agency, or program director, administrator, or other person in charge with a list of what is necessary to do and what documents to provide to DHS when there is an allegation of abuse of a dependent adult.
Supply	Print form 470-3860 from the manual or SharePoint.
Completion	The field worker with primary responsibility for the report completes the form before notifying the person in charge of the facility, agency, or program that an allegation of abuse of a dependent adult has been made on someone in that facility, agency, or program.
Distribution	Make two copies, one for the person in charge and one for the completed report. Deliver the form in person or mail it if the person in charge is not available at the first visit.
Data	Enter the date. Enter the name of the person in charge in the facility, agency, or program. Complete "other" spaces if there are other actions or data that need to be made available to DHS.

Dependent Adult Assessment Tool, Form 470-4841

Purpose	Form 470-4841 is a three-part tool used to assess a dependent adult's <i>degree of dependency</i> , as well as, to analyze safety and risk. Complete an assessment of safety, dependency, and risk on every alleged victim for whom an evaluation or assessment is conducted.
Supply	<p>Complete the assessment tool online in DARES under each tab, respectively labeled "Safety Assessment," "Dependency Assessment," and "Risk Assessment."</p> <p>This form may also be printed from "My Links" in JARVIS and entered into DARES later.</p>
Completion	<p>The adult protective worker must complete the <i>Safety Assessment</i> portion:</p> <ul style="list-style-type: none">◆ Within 24 hours of the first contact with the adult subject, and◆ Before closing the adult protective evaluation or assessment. <p>The adult protective worker must complete the <i>Dependency Assessment</i> portion before the end of the dependent adult protective evaluation or assessment.</p> <p>The adult protective worker must complete the <i>Risk Assessment</i> portions before the end of the dependent adult protective evaluation or assessment.</p>
Distribution	The <i>Dependent Adult Assessment Tool</i> is not distributed as part of the <i>Dependent Adult Protective Services Evaluation or Assessment Summary</i> . Print the <i>Dependent Adult Assessment Tool</i> and keep it in the case file.
Data	<p>Asterisked (*) items are generated by the DARES database if the information has been entered into DARES. The adult subject's name, date of birth, age, form of alleged maltreatment, and caretaker, if applicable, are pulled from household composition.</p> <p>Date Safety Assessment Completed: Enter the date the Safety Assessment is completed.</p>

Safety Assessment: Check the item that describes the circumstances of the assessment:

- ◆ Initial adult protective safety assessment.
- ◆ Subsequent protective safety assessment. Select when there are substantial changes in the status of the case.
- ◆ Subsequent protective safety assessment. Select at the end of the assessment.

If any of 2 through 6 are **No** or 7 through 14 are **Yes**, assist the adult subject, caretaker, service providers, and support system to take steps to alleviate the safety issues. This may be done by:

- ◆ Obtaining medical care or placement,
- ◆ Engaging additional formal and informal supports,
- ◆ Safety planning,
- ◆ Use of law enforcement, or
- ◆ Seeking legal intervention.

DARES will narrow the results of the safety decision in compliance with the scoring instructions. Only the subsequent safety status score is pulled from DARES and populates into form 470-0688, *Dependent Adult Protective Services Evaluation or Assessment Summary*.

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

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

DHS Worker Signature: Enter an electronic signature.

Date and Time Completed: Enter the date and time.

Supervisor Consulted and Manner of Consultation: Enter name of the supervisor consulted and manner of consultation. Select phone, email, or face-to-face.

Date and Time: Enter the date and time of supervisory consultation.

* **Dependency Assessment**

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

Current services: Enter **Yes** or **No** for each question. Use "Other" for services not represented on the list. Use the narrative box as needed to explain.

Cognitive impairments: Enter **Yes** or **No** for each question. Completing IQ is optional. For temporary conditions, use the narrative box to explain.

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

Physical impairments: Enter **Yes** or **No** for each question. Use the narrative boxes as necessary to explain.

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

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

Lawton – Brody Instrumental Activities of Daily Living

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

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

To obtain a score for each category, check the box for the item description that most closely resembles the client's highest independence level (either 0 or 1). Each category requires one box to be checked. The total score ranges from zero which indicates low functioning to eight which indicates high functioning.

*Instruction courtesy of The Hartford Institute for Geriatric Nursing, Hartford Institute website: www.hartfordign.org
Consultgerirn website: www.ConsultGerIRN.org*

- * **Summary of dependency status:** Select **Yes** or **No** to determine if the information collected through the dependency portion of your assessment indicates the adult subject (alleged victim) is dependent.

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

Only the "Summary of Dependency Status" narrative is pulled from DARES and populates form 470-0688, *Dependent Adult Protective Services Evaluation or Assessment Summary*.

- * **Adult Subject Risk of Abuse or Neglect Assessment:** The risk assessment must be completed by the conclusion of the assessment or evaluation.

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

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

Summary and Analysis of Safety Constructs Narrative:

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

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

Discretionary override reason: After completing the risk scales, determine if a discretionary override should be applied to increase the risk level. Use a discretionary override when you are aware of unique case circumstances that warrant a higher risk level. You must receive supervisory approval for a discretionary override. The discretionary override may raise the risk level only one level higher. The risk level may not be lowered by a discretionary override.

[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">◆ Identify concerns about an at-risk adult's health or safety,◆ Involve the at-risk adult in elevating those concerns, and◆ Documenting them for the at-risk adult.
Supply	<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 in the case file.</p>
Data	<p>At-risk adult's name: Enter the at-risk adult's name.</p> <p>Worker: Enter the worker's name.</p> <p>County: Enter the county name or number.</p> <p>Registry #: Enter the registry number assigned by the DARES database system.</p> <p>Date and time safety plan completed: Enter the date the safety plan was completed.</p> <p>Safety concerns: 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>How the plan is monitored: Enter how the plan will be monitored.</p>

Back-up plan: Enter a specific back-up plan for each action to alleviate issues causing the adult to be at risk for health or safety.

At-Risk Adult and Participant Agreement: The at-risk adult must sign or mark and date the form, if physically capable.

DHS worker/supervisor agreement with the safety plan: The protective service worker and supervisor must sign and date the agreement.

[Dependent Adult Protective Extension Notification, Form 470-3246](#)

Purpose	Form 470-3246 notifies subjects of a dependent adult abuse evaluation or assessment that there is a delay in completing the report and that an extension has been granted.
Supply	Form 470-3246 is printed and sent from JARVIS.
Completion	JARVIS will automatically fill in the notification once an extension has been granted.
Distribution	The protection worker will access form 470-3246 under the "Extension Notification" tab in DARES and click "Submit to Central Print" to mail the form.
Data	Write the person's name and address in the window box. Fill in the date of when the report was due. Check the reason the report was granted an extension.

**Dependent Adult Protective Services Evaluation or Assessment Summary,
Form 470-0688**

Purpose	<p>Form 470-0688 provides identifying information about the adult subject and the household in which the adult subject resides. This summary addresses the abuse reported and the determination of whether abuse occurred.</p> <p>The form assesses the adult subject's safety when an evaluation or assessment of the reported incident is conducted. The form also documents the assessment of risk, dependency, household strengths and needs, and recommendations for services or court intervention as indicated.</p> <p>If abuse is confirmed, the summary identifies the person responsible for the abuse and indicates whether the incident requires placement on the Central Abuse Registry.</p>
Supply	<p>This form may be completed on line, including the narrative, using the DARES system.</p>
Completion	<p>The adult protective worker who completes the evaluation or assessment completes the form. The supervisor approves and signs off on the final report.</p>
Distribution	<p>Automatically provide the summary to the county attorney. Keep a copy in the case record.</p> <p>For an inter-county referral, also send one copy to the referring or receiving county attorney.</p>
Data	<p>Asterisked (*) items are generated by the DARES database system if the information has been entered into DARES. Case name, address, phone, registry number, completion date, and addendum date are pulled from DARES.</p> <p>* Report Information: The intake date, adult protective worker, county name or county number are pulled from the DARES data entry.</p> <p>* Assessment Findings: Findings are pulled from the "Determination" screen after completion of assessment and data entry.</p>

The safety assessment findings are generated by the "Safety Assessment" page for the incident using subsequent findings via worker entry into DARES.

* **Household Composition:** Information is pulled from the "Household Composition" screen in DARES.

Guardian: Enter or modify information on the adult subject's guardian, conservator, or other person responsible for the adult subject. Document or modify the person's name, address, and phone number.

Collateral Information: This field prints only if information is entered in DARES.

Person Determined Responsible for the Abuse: Complete only if abuse is confirmed.

* **Intake Allegation Type:** Information is pulled from the "Allegations" screen.

* **Concerns Reported:** Information is pulled from "Allegations" screen.

Summary of Previously Founded Reports Concerning Alleged Person Responsible: (Information is pulled from DARES, STAR, and CINA for all victims and perpetrators.) If the victim on a previous report is not a subject of the current report, the victim's name will be displayed as "confidential."

Summary of Assessment Process: Information is pulled from DARES screen entries with the exception of "guardian interview." Guardian interview requires entry directly into the field by the adult protective worker.

Summary of Contacts: Include in this section a list of people you contacted in conducting the assessment (subjects, family members, and other collateral sources) and their role or position with regard to the adult subject. Address the actions developed jointly with the adult subject, supports, and family to address identified needs. The plan of action should relate directly to the presenting problems and your analysis of safety, dependency, and risk. Include:

- ◆ The date, time, and type of contact and the contact name, location, and phone number.
- ◆ The date and time you observed the adult subject or your reasonable efforts to observe the adult timely.
- ◆ Physical evidence pertaining to the abuse allegations.
- ◆ Identification of those interviewed and a summary of their remarks.
- ◆ Your efforts to locate and interview the person alleged to be responsible for the abuse, if unavailable, while conducting the evaluation.
- ◆ Documents requested and examined pertaining to the abuse allegations.
- ◆ Relevant information from any previous Department contact with the adult subject or other household members, including information obtained from Abuse Registry checks and Department case files.
- ◆ Findings from other states, if the adult subject or alleged person responsible has lived elsewhere.
- ◆ Current resources, services, and supports considered and available to meet the adult subject's needs and increase protection.
- ◆ Services and supports identified and provided to the adult subject or alleged person responsible that have failed to prevent the adult subject's abuse or re-abuse.
- ◆ Caretaker's refusal of needed services or supports despite protective concerns, increasing the adult's risk.
- ◆ Documentation of your recommendation for services. Documentation should include any action taken or contemplated.

Summary of Contacts Addendum: When you reasonably believe that additional pertinent information will be available or additional relevant contacts will be made, indicate on the summary that you will complete an addendum. Complete the "Summary of Contacts" related to the addendum. This field appears only if an addendum is in progress.

Summary of Contacts for Extension: When information is unavailable and would have a substantial impact on your report, an extension may be requested for a "good cause" reason. When a case is on extension, complete the "Summary of Contacts" related to the extension as the adult subject must be seen once every 30 calendar days. This field appears only if an extension is in progress.

Summary of Dependency Status: The narrative listed is pulled from the "Dependency Assessment" tab completed in DARES to summarize the evidence to support or refute that the adult subject is a dependent adult. A diagnosis alone is not sufficient to determine a person is a dependent adult. A worker needs to describe the impairments in functioning using the objective measures mentioned above. An adult subject may be impaired in some domains of functioning and not others.

Only the "Summary of Dependency Status" narrative is pulled from DARES and populates form 470-0688, *Dependent Adult Protective Services Evaluation or Assessment Summary*. The remainder of the form is not disseminated.

Findings and Determination of Abuse Allegations:

Determine if abuse occurred.

- ◆ List the factors that must be proven for each type of abuse and state your conclusions and rationale.
- ◆ Enter your finding of unfounded, confirmed, not registered, or founded.

Addendum Findings and Determination of Abuse

Allegations: Document the factors that must be proven for the type of abuse and state your conclusions and rationale. This field will appear only if an addendum is in progress.

Placement on Registry: Enter:

- ◆ The adult subject's name,
- ◆ The alleged person responsible,
- ◆ The abuse type,
- ◆ Your evaluation or assessment finding, and
- ◆ Whether the report will be placed on the Registry.

Summary and Analysis of Safety/Risk Assessments

Identified: Provide a narrative description of the safety and risk factors identified:

- ◆ Document a full description of information gathered regarding the safety of and risk to the adult subject.
- ◆ Address safety factors identified in the safety assessment and the related issues associated with the safety factor. Document the safety decision and any actions taken to address safety issues.
- ◆ Document risk factors indicated on risk assessment relating to risk of abuse or re-abuse.

Analysis may include the information gathered for the completion of safety and risk assessments such as:

- ◆ How long or how frequently abuse has occurred.
- ◆ Willingness and ability of a caretaker not responsible for the abuse to protect the adult subject; or the ability of the adult subject to self-protect.
- ◆ The frequency, severity, and type of abuse.
- ◆ Factors or situations contributing to the abuse.
- ◆ The risks of dependent adult abuse for the adult subject and any other potentially dependent adults in the home.

Scored Risk Level: The scored risk levels are pulled from the "Risk Assessment of the Adult Subject" and the "Risk Assessment of the Alleged Person Responsible" completed through DARES for the incident. If the risk assessments have not been completed, levels will not appear in the printed version.

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

Addendum Summary and Analysis of Safety/Risk

Assessments Identified: Use this section to update or edit the assessment after completion of the original report. This header will print only if an addendum date has been entered in DARES.

Final Risk Level: Information is pulled from the "Risk Assessment" tab completed in DARES.

Recommendations for Service: Select one or more services you recommended or referred the adult subject to during or as a result of your evaluation or assessment.

Narrative can be entered into "Summary of Contacts" to provide details as needed. In this section, the adult protective worker can check the box if no additional supports are needed. Otherwise, select one or more from the following list of "Services Referred for Adult Subject":

- ◆ Care/case management services (includes AAA/ADRC)
- ◆ Caregiver support services
- ◆ Education, employment, and training services
- ◆ Emergency assistance and material aid services
- ◆ Financial planning services
- ◆ In-home assistance services
- ◆ Legal services referral
- ◆ Medical and dental services
- ◆ Mental health services
- ◆ Public assistance benefits
- ◆ Substance use services
- ◆ Transportation
- ◆ Victim services

- ◆ Other services
- ◆ None. If selected, a narrative box will populate and must be completed.
- ◆ Recommended service is unavailable in the subject's area. If selected, please state why in the narrative box.
- ◆ Department services – Periodic visits – Referral date. This pulls from DARES.

Family does not need additional supports beyond current formal and informal systems.

Perpetrator Legal Remedy: Narrative can be entered into "Summary of Contacts" to provide details as needed. The adult protective worker must select one or more from the following list:

- ◆ Recommendation of removal of guardianship rights
- ◆ Recommendation of restraining order on perpetrator regarding the client
- ◆ Recommendation of eviction of perpetrator
- ◆ Recommendation of restitution by perpetrator
- ◆ Recommendation of other legal remedy (removal as caretaker, POA, conservator)
- ◆ No crime charged
- ◆ None. If none, must complete the field stating why.

Interagency Coordination: Narrative can be entered into "Summary of Contacts" to provide details as needed. The adult protective worker must select one or more from the following list:

- ◆ Law enforcement or prosecutorial offices (includes DCI, county attorney, local law enforcement)
- ◆ Protection and Advocacy or Client Advocacy Program (CAP) such as Disability Rights Iowa, Iowa Civil Rights Commission, and the Equal Opportunity Commission, Federal Department of Labor
- ◆ State licensing agency (Department of Inspections and Appeals, Department of Public Health, Iowa Medicaid Enterprise)

- ◆ State Medicaid Fraud Control Unit (MFCU)
- ◆ Long-Term Care Ombudsman Program
- ◆ Office of the Substitute Decision Maker
- ◆ AAA/ADRC (or Iowa Department on Aging)
- ◆ Crime Victim Assistance Program
- ◆ Child Protection Center (AKA Child Action Center)
- ◆ Iowa Workforce Development, Division of Labor Services
- ◆ Fire Marshall's Office
- ◆ None. If none, must complete the field stating why.

Recommendations for Court Involvement: Enter your recommendations for district or criminal court involvement.

- ◆ If you recommend district court involvement, include:
 - A summary of the status of any current district court involvement if the adult is already under a guardianship or conservatorship.
 - Your specific recommendations to the county attorney on the initiation or modification of district court action.
 - Your rationale to support that recommendation (e.g., alleged person responsible has refused services for the adult subject creating immediate danger or the adult subject does not have capacity to consent to services and is in immediate danger).
- ◆ If you do not recommend district court involvement, include under "type of action requested" your rationale to support that recommendation (i.e., court is not recommended as abuse was unfounded, or was confirmed or founded but low risk).
- ◆ If you recommend criminal court involvement, include:
 - Reference to any joint assessment with law enforcement.
 - The status of the criminal investigation when charges have already been filed in a matter.
 - Your specific recommendation to the county attorney regarding the initiation of any criminal prosecution.
 - Your rationale to support that recommendation.

Case Closure Reason: Pulled from DARES.

Approval: The adult protective worker and supervisor's signatures are automatically filled in based on approval in DARES.

Adult Protective Notification, Form 470-2444

Purpose	<p>The <i>Adult Protective Notification</i> form is used to:</p> <ul style="list-style-type: none">◆ Notify the subjects of the report of the results in a dependent adult abuse evaluation or assessment.◆ Provide a simple means for subjects of an evaluation or assessment to obtain a copy of a report.◆ Notify a mandatory reporter of the results of a dependent adult abuse evaluation or assessment.
Supply	<p>Complete this form using the template available in SharePoint under Employee Manual/Forms. Supplies of this form may also be printed from the manual or SharePoint.</p>
Completion	<p>The worker doing the evaluation or assessment completes this form within 48 hours of completion of the <i>Dependent Adult Protective Services Evaluation or Assessment Summary</i>, form 470-0688. Complete separate forms for each subject of the report and for the mandatory reporter, if applicable.</p>
Distribution	<p>Send a copy to the subject or mandatory reporter and to the Central Abuse Registry. Maintain a copy of each notice in the case file.</p>
Data	<p>Enter:</p> <ul style="list-style-type: none">◆ The date.◆ The registry number (automatically entered on second page).◆ The incident number.◆ Your name and address.◆ Your supervisor's name.◆ Your office phone number.◆ A check for the role of the person.◆ Whether this notice is about an addendum.

- ◆ Your finding (founded, unfounded, or confirmed, not registered).
- ◆ The type of allegation.
- ◆ The name of the dependent adult.
- ◆ The names of the persons responsible for the abuse if founded.

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

Purpose	Form 470-0643 is provided for authorized persons to request information from the Central Abuse Registry.
Supply	DHS staff may complete this form using the template available in SharePoint under Employee Manual/Forms. Supplies of this form may also be printed from the manual or SharePoint.
Completion	The person requesting information concerning a dependent adult that has been reported as abused completes this form.
Distribution	Send the form to the Registry for approval before releasing dependent adult abuse information, except when information is needed immediately as provided in 18-B(3) , <u>Requests for Dependent Adult Abuse Information</u> .

The Registry completes the form indicating approval or denial of the request. The Registry returns the form to the requestor when:

- ◆ The request is an employment check, or
- ◆ The local office no longer has a copy of the report, or
- ◆ The request is delivered personally to the Registry, or
- ◆ The request is denied.

For other requests, the Registry returns the form to the local office. The local office provides the information that has been authorized for release to the person making the request.

NOTE: Do not release the social security numbers of either the dependent adult or the person responsible for the abuse. Delete them when you release a copy of form 470-0688, *Dependent Adult Protective Services Evaluation or Assessment Summary*.

Data	The requester completes: <ul style="list-style-type: none">◆ Name, phone number, and address of the requestor.◆ Position and basis for authorization to receive the information.◆ First, middle, and last name of the person the request is about.
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- ◆ That person's maiden name or alias.
- ◆ That person's social security number, birth date, and address.
- ◆ The reason for the request.
- ◆ The date and the requestor's signature.

Multidisciplinary Team (MDT) Agreement, Form 470-2328

Purpose	<p>The purpose of form 470-2328 is to formulate an agreement between the Department and various individuals and agencies for consultation during the course of abuse assessments to discuss assessment, diagnosis, coordination of services, possible referrals, and disposition.</p> <p>Multidisciplinary teams (MDTs) will be convened at the Department's request during the course of an assessment or evaluation. No case specific information can be discussed outside the scope of the abuse assessment and evaluation.</p>
Supply	<p>Complete this form (except for signatures) using the template available in SharePoint under Employee Manual/Forms. Supplies of this form may also be printed from the manual or SharePoint.</p>
Completion	<p>All parties of the multidisciplinary team must sign during the formulation of a multidisciplinary team and before the dissemination of any individual dependent adult abuse information.</p> <p>Any ad hoc members whose participation has been approved by the Department, must sign each and every time they attend the meeting. The form is considered complete and the team is considered approved by the service area manager or designee as evidenced by signature on form 470-2328.</p> <p>Each agreement must be signed again by all parties at least annually on or before July 1 of each year with final approval by the service area administrator or designee.</p>
Distribution	<p>The service area administrator or designee maintains one copy, furnishes one copy to central office, and gives a copy to each team member.</p>
Data	<p>Complete the name of the team members and the date of the agreement.</p> <p>Additional lines may be added for the signature of team members.</p>

**Authorization for Release of Child and Dependent Adult Abuse Information,
Form 470-3301 or 470-3301(S)**

Purpose	Form 470-3301 and 470-3301(S) provide a means for persons who do not have authorized access to child abuse and dependent adult abuse information to request a background check when the person being checked agrees and signs the form.
Source	This form is available on the Department's website: www.dhs.iowa.gov/ . Click on "Can We Help?" then click on "ADULT PROTECTION" and then scroll down to "WHERE DO I GO TO GET MORE INFORMATION?" The form may be printed from the website.
Completion	The person who is requesting the background check initiates this form. The person being checked provides the needed information and signs the form to authorize the Department to release the information. Central Registry staff complete the background check.
Distribution	The person requesting the background mails or faxes the form to the Central Abuse Registry. Registry staff completes the background check and mails or faxes it back to the requester.
Data	The data is entered by the person being checked, the person requesting the background check, and Registry staff.

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

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

Access to Confidential Abuse Information and Non-Redissemination Agreement, Form 470-3767

Purpose	<p>Form 470-3767 is used to document the agreement of agencies and entities electronically accessing child and dependent adult abuse information from the Single Contact Repository (SING) to abide by the laws of access and redissemination for child abuse and dependent adult abuse information.</p> <p>The purpose of the authorized access is to complete employee abuse background record checks if the agency or entity is authorized to do so under Iowa Code.</p>
Supply	<p>Print supplies of form 470-3767 from the manual or SharePoint.</p>
Completion	<p>Agencies or entities mandated to complete dependent adult abuse background checks on employees, and who access information on SING, complete the form. The administrator signs the form when gaining access to SING.</p>
Distribution	<p>Email, fax, or mail the completed and signed form.</p> <ul style="list-style-type: none">◆ Email to DHSAbuseRegistry@dhs.state.ia.us, or◆ Fax to (515) 564-4112, or◆ Mail to the Iowa Department of Human Services, Central Abuse Registry, PO Box 4826, Des Moines, IA 50305 <p>Post a signed copy within sight of the work area in which SING is accessed.</p>
Data	<p>Enter the name of the agency or entity, billing account number, and the name of the administrator.</p> <p>The administrator of the agency or entity must sign the agreement when gaining access to the electronic information system.</p>

Factoring Dependent Adult Abuse Desk Aid, RC-0126

Purpose	Form 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 18-B(3) . The purpose is to provide a document that is condensed and more accessible than the Handbook.
Supply	Print supplies of the desk aid from the manual or SharePoint.

Multidisciplinary Team Practice Guidance, RC-0131

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.

[Dependent Adult Abuse Dissemination Desk Aid, RC-0135](#)

Purpose	The <i>Dependent Adult Abuse Dissemination Desk Aid</i> , RC-0135, is used to identify: <ul style="list-style-type: none">◆ The type of information that can be released to specific persons upon request.◆ The form on which the request is to be submitted.
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.

[Safety, Dependency, and Risk Assessment Practice Guidance, RC-0139](#)

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.

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

Purpose *Dependent Adult Abuse: A Guide for Mandatory Reporters* is used to provide information regarding definition and statutory obligations for mandatory reporters in identification and reporting of suspected dependent adult abuse.

Source Click on the booklet title on this page for a sample of the booklet that can be printed if desired.

Distribution The booklet has been designed for internal and external use. People requesting this booklet should be directed to the Policy Manual section of the DHS website.

[Dependent Adult Protection, Comm. 482](#)

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.
Distribution	Give Comm. 482 to the adult subject and caretaker or any other household members when engaging in a dependent adult assessment or evaluation.