

# Family Services Appendix

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**[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 facilities electronically accessing child or 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 facility is authorized to do so under Iowa Code.</p>
Source	<p>Print supplies of this form from the manual or SharePoint under Employee Manual/Forms.</p>
Completion	<p>Agencies or facilities mandated to complete child or dependent adult abuse background checks on employees, who access information on SING, complete the form.</p>
Distribution	<p>Email, fax, or mail the completed and signed form.</p> <ul style="list-style-type: none"><li>▪ Email to <a href="mailto:iowaAbuseRegistry@hhs.iowa.gov">iowaAbuseRegistry@hhs.iowa.gov</a>, or</li><li>▪ Fax to (515) 564-4112, or</li><li>▪ Mail to the Iowa Department of Health and Human Services, Central Abuse Registry, PO Box 4826, Des Moines, IA 50305</li></ul> <p>Post a signed copy within sight of the work area in which SING is accessed.</p>
Data	<p>Enter the name of the facility or agency, billing account number, and the name of the administrator.</p> <p>The administrator of the agency or facility must sign the agreement after gaining access to the electronic information system.</p>

**Adoption Family Interview Questions, Form 470-5615**

Purpose	The <b>Adoption Family Interview Questions</b> form is a standard set of questions used during the family interview portion of the Adoption Selection Staffing Process.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.  Print supplies of this form from the manual or SharePoint as needed.
Completion	HHS Adoption Staff use this form of standard questions while conducting an adoption selection staffing interview.
Distribution	Keep the original form in the child or youth's case file.
Data	The form provide a statewide of standard interview questions to be used during the adoption selection process.

**Adoption Information Checklist, Form 470-3614 or 470-3614(S)**

Purpose	Form 470-3614 or 470-3614(S) outlines the minimum information about the child that shall be given to the adoptive family <b>before</b> an adoptive placement.
Source	HHS workers can complete the English version of this form using the template available in SharePoint under Employee Manual/Forms. Print the Spanish version of this form from the manual or SharePoint.
Completion	The child's worker completes this form after thoroughly reviewing the identified information with the adoptive family and giving the family a copy of the information. De-identify all reports given to the adoptive family so as not to disclose the identity of the biological family members of the adoptive child.
Distribution	Keep a copy of the form in the child's record and give a copy to the adoptive family.
Data	Check off the information and obtain the signatures of the adoptive parents, as well as the worker.

**Adoption IV-E Checklist, Form 470-4075**

Purpose	Form 470-4075 is used to document the information that is needed to determine a child's eligibility for IV-E adoption assistance (subsidy) and to determine if the child remains eligible for adoption assistance through age 21.
Source	HHS workers can complete this form using the template available in SharePoint under Employee Manual/Forms.
Completion	The adoption worker shall complete this form for every child who has an agreement for presubsidy, subsidy, or future subsidy, including an agreement that provides subsidy for legal services only. Complete and sign the form: <ul style="list-style-type: none"><li>▪ Within three days after the adoption decree is received, and</li><li>▪ When a child that is eligible for a subsidy reaches age 17½.</li></ul>
Distribution	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 subsidy case record.
Data	The adoption worker completes the form, signs it, and indicates the date the form and required documents were sent to the IV-E Eligibility Unit.

**Adoption Notice of Decision, Form 470-0745 or 470-0745(S)**

Purpose	Form 470-0745 or 470-0745(S) is used to: <ul style="list-style-type: none"><li>▪ Close a case.</li><li>▪ Notify parents regarding subsidy payments.</li></ul>
Source	HHS workers can complete the English version of this form using the template available in SharePoint under Employee Manual/Forms. Private agencies can print the form from the online manual.  HHS workers can print the Spanish version of this form from the manual or SharePoint.
Completion	The adoptive family's worker prepares an original and one copy of the form when a decision is made regarding the various actions listed on the form.  Adoptive approvals must be done annually in order for the home to be eligible for adoptive placement.
Distribution	Give the original to the family. Keep one copy in the file.
Data	The "issue date" is the date the notice is completed.  Indicate the date one year after the home study or home study update was completed as the date the application is "approved effective through."

[Adoption Report to the Court, Form 470-3355](#)

Purpose	The <b>Adoption Report to the Court</b> is a suggested format for the report that summarizes the progress of the adoption placement for the court and makes a final recommendation regarding adoption finalization.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.
Completion	<p>The HHS adoption worker prepares two copies of this report before the final adoption hearing date.</p> <p>Attach the following documents to this report:</p> <ul style="list-style-type: none"><li>▪ Supervisory reports</li><li>▪ Home study summary and recommendations</li><li>▪ Form <b>470-3615, Social History</b></li><li>▪ Form <b>470-3698, Child Study</b></li><li>▪ Form <b>470-0744, Application for Subsidy</b></li></ul>
Distribution	Send the original set to the family's attorney and keep a copy in the children's case file.
Data	<p>The report must include:</p> <ul style="list-style-type: none"><li>▪ Dates of the preplacement report and the placement.</li><li>▪ Identifying information about the adoptive family and the children.</li><li>▪ References to the attached reports about the children and family.</li><li>▪ Information regarding the adoptive family not covered in the home study or other documents.</li><li>▪ Signatures of the adoption worker and supervisor.</li></ul>

**Adoption Selection Meeting Agreement on Confidentiality, Form 470-5641**

Purpose	The <b>Adoption Selection Meeting Agreement on Confidentiality</b> form is an agreement between all members in attendance to an adoption selection staffing, interview or committee meeting to keep personal and identifying information confidential.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.  Print supplies of this form from the manual or SharePoint as needed.
Completion	HHS Adoption Staff prepare this form before conducting or facilitating an adoption selection staffing, interview or committee meeting.
Distribution	Keep the original form in the child or youth's case file.
Data	The form identifies all team members who participated in the adoption selection staffing, interview or committee meeting agreeing to keep information confidential.

**Adoption Selection Summary, Form 470-0774**

Purpose	The purpose of form 470-0774 is to: <ul style="list-style-type: none"><li>▪ Record the results of the selection staffing.</li><li>▪ Indicate why the decision was made regarding the placement of the child and who participated in the decision.</li></ul>
Source	HHS workers can complete this form using the template available in SharePoint.
Completion	A scribe, who was a member of the adoption selection committee, shall be assigned at the time of the deliberation conversation to complete the Adoption Selection Summary form (470-0774) for the child(ren).
Distribution	Keep one copy in the child's record.
Data	The form addresses: <ul style="list-style-type: none"><li>▪ Consideration of placement with relatives.</li><li>▪ Consideration of placement with foster parents.</li><li>▪ Consideration of placement of siblings.</li><li>▪ Strengths of the selected family.</li><li>▪ Needs of the family that will require additional support.</li><li>▪ Other considerations.</li><li>▪ Option of alternate family.</li></ul>

**Adoption Subsidy 17.5 Eligibility Letter, Form 470 5786 or 470 5786(S)**

Purpose	<p>The <b>Adoption Subsidy 17.5 Eligibility Letter</b> is used to:</p> <ul style="list-style-type: none"><li>▪ Notify a youth's adoptive parents of the possibility their adopted youth may be eligible for continued adoption subsidy to the age of 21</li><li>▪ Inform a youth's adoptive parents of the documentation needed for the youth to continue to be eligible for continued adoption subsidy to the age of 21</li><li>▪ Provide the process information on how to make application for continued adoption subsidy to the age of 21</li></ul>
Source	<p>The form is housed in Appendix 18.</p>
Completion	<p>The adoption subsidy social work case manager completes the required fields in the letter and mails the letter to the identified youth and/or adoptive family.</p>
Distribution	<p>The is sent and a copy is housed in the youth's adoption subsidy file.</p>
Data	<p>The adoption subsidy social work case manager completes the process for adoption subsidy approval or denial or documents the lack of response and application for continued adoption subsidy.</p>

**Adoption Subsidy Agreement, Form 470-0749 or 470-0749(S)**

Purpose	Form 470-0749 or 470-0749(S) serves as the agreement between the Department and the adoptive parents.
Source	<p>Department staff may complete the English or Spanish version of this form using the template available in SharePoint under Employee Manual/Forms.</p> <p>Department staff may also print the English and Spanish versions of this form from the manual or SharePoint.</p>
Completion	<p>The adoption worker prepares a separate agreement for each child. Each adoptive parent, the adoption worker, and the service area manager or designee must sign the agreement.</p> <p>An agreement for presubsidy may be completed at any time during the adoptive placement, but must be completed before the adoption. No payments can be made before the subsidy agreement is completed and signed by the Department and the parents.</p> <p>Prepare the agreement before finalizing the adoption and whenever modifying the agreement.</p>
Distribution	<p>After obtaining all signatures, distribution is as follows:</p> <ul style="list-style-type: none"><li>▪ Keep one copy in the subsidy file.</li><li>▪ Give one copy to the adoptive parents.</li><li>▪ Provide one copy to the adoptive parents' attorney or to the court to be included with the petition to adopt.</li></ul> <p>For revisions, keep the original in the subsidy file and give a copy to the adoptive parents.</p>
Data	<p>The form identifies:</p> <ul style="list-style-type: none"><li>▪ The type of agreement (presubsidy, subsidy or future needs).</li><li>▪ The parties to agreement (the Department and the parents).</li><li>▪ The eligibility criteria of the child.</li><li>▪ A summary of the benefits agreed to:<ul style="list-style-type: none"><li>• The adoption subsidy maintenance payment.</li><li>• The child's IV-E status and effective date.</li><li>• The non-recurring expenses related to the finalization of the adoption.</li></ul></li></ul>

- Any special services, the amount, and the reason for the service.

Each agreement must be signed and dated by the adoptive parents, the adoption worker, and the service area manager or designee. Enter the date a copy of the agreement was provided to the adoptive parents.

**Adoption Subsidy Special Needs Documentation, Form 470-4312**

Purpose	The <b>Adoption Subsidy Special Needs Documentation</b> form serves as a tool to document a child's special needs for eligibility for adoption subsidy and IV-E finding.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.
Completion	<p>The adoption worker shall send the form to the medical, mental health, or intellectual disabilities professional. The professional shall complete the form before the date of the court hearing to finalize the adoption of the child.</p> <p>Do not enter the adoption subsidy rate into FACS until receipt of the adoption court order.</p>
Distribution	Keep the original in the child's case file. A copy may be provided to the resource family upon their request.
Data	<p>When sending the form, provide all available information about the child for use by the professional person for a thorough assessment of the child. This may include:</p> <ul style="list-style-type: none"><li>▪ Evaluations,</li><li>▪ School reports,</li><li>▪ Provider reports,</li><li>▪ Home studies, and</li><li>▪ Input from parents and the resource family.</li></ul>

**[Adoption Transfer Checklist/Discussion Guide, Form 470-5721](#)**

Purpose	The <b>Adoption Transfer Checklist/Discussion Guide</b> is a standard set of guidelines used during the case transfer process from ongoing SWCM to Adoption SWCM
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.  Print supplies of this form from the manual or SharePoint as needed.
Completion	HHS SWCM and Adoption Staff use this form of standard process and exchange of information for case transfer.
Distribution	Keep the original form in the child or youth's case file.
Data	The form provided a statewide standard for guidelines used during the case transfer process from ongoing SWCM to Adoption SWCM.

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**AdoptUsKids Website Waiver, Form 470-4155**

Purpose	In some instances, it may be in the child's best interests to recruit only adoptive families who reside in Iowa. In those cases, Iowa KidsNet would not want to list the child on AdoptUsKids national photolisting website. Form 470-4155 documents this request.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.
Completion	<p>The child's adoption worker completes two copies of this form ONLY when the worker does not want Iowa KidsNet to register a child or sibling group on AdoptUsKids national photolisting website.</p> <p>The child's guardian signs and dates the completed forms. A waiver form must be completed and signed for each child in a sibling group.</p>
Distribution	<p>Send completed waiver forms by fax or mail to:</p> <p>Iowa KidsNet Attn: Della Degner 3125 Cottage Grove Avenue 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 one copy of the <b>AdoptUsKids Website Waiver</b> in the child's case record.</p>
Data	This form requests a reason for not considering out-of-state families and requires a guardian's signature.

**Dependent Adult Abuse Outcome Notification, Form 470-2444**

Purpose	<p>The <b>Dependent Adult Abuse Outcome Notification</b> form is used to:</p> <ul style="list-style-type: none"><li>▪ Notify the subjects of the report of the results in a dependent adult abuse evaluation or assessment.</li><li>▪ Provide a simple means for subjects of an evaluation or assessment to obtain a copy of a report.</li><li>▪ Notify a mandatory reporter of the results of a dependent adult abuse evaluation or assessment.</li></ul>
Source	<p>Complete this form using the template available in SharePoint under Employee Manual/Forms. Supplies of this form may also be printed from the manual or SharePoint.</p>
Completion	<p>The worker doing the evaluation or assessment completes this form within 48 hours of completion of the <b>Dependent Adult Protective Services Evaluation or Assessment Summary, form 470-0688</b>. 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"><li>▪ The date.</li><li>▪ The registry number (automatically entered on second page).</li><li>▪ The incident number.</li><li>▪ Your name and address.</li><li>▪ Your supervisor's name.</li><li>▪ Your office phone number.</li><li>▪ A check for the role of the person.</li><li>▪ Whether this notice is about an addendum.</li></ul> <p>Your finding (founded; unfounded; or confirmed, not registered).</p> <ul style="list-style-type: none"><li>▪ The type of allegation.</li><li>▪ The name of the dependent adult.</li><li>▪ The names of the persons responsible for the abuse if founded.</li></ul>

**Agreement of Placement for Adoption, Form 470-0761 or 470-0761(S)**

Purpose	The purpose of forms 470-0761 and 470-0761(S) is to set the conditions under which a child is placed in an adoptive home.
Source	HHS workers can complete either the English or the Spanish version of this form using the templates available in SharePoint under Employee Manual/Forms.
Completion	<p>The adoption worker prepares an original and one copy of the <b>Agreement of Placement for Adoption</b> on the day of placement.</p> <p>The form requires the signature of each adoptive parent. Since guardianship is with the Department, the adoption worker and the service area manager or designee from the receiving service area also sign the form.</p> <p>When an adoptive placement is made when the termination of the birth parents' parental rights is under appeal, complete section IV and fully explain the implications of this situation to the adoptive family.</p> <ul style="list-style-type: none"><li>▪ Emphasize the fact that the adoption cannot be finalized until the appellate decision is made.</li><li>▪ Explain that there is a possibility that the child could be removed from care in the adoptive home if the termination decision is overturned on appeal.</li></ul>
Distribution	Give one copy to the adoptive parents, put one copy in the child's adoption file, and put one copy in the adoptive parent's file.
Data	<p>Indicate that the family will pay the cost of medical care for the child unless the placement is in anticipation of a subsidized adoption. When subsidy is anticipated, indicate that the cost is a shared responsibility of the Department and the family.</p> <p>If termination of parental rights is under appeal at the time of placement, when you receive a copy of the procedendo, enter the appellate decision and date at the bottom of the form, and inform the adoptive family of the decision.</p>

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**Ancestry Chart, Form 470-5623**

Purpose	The purpose of form <b>470-5623, Ancestry Chart</b> is to collect information to help determine if the Indian Child Welfare Act (ICWA) applies to the case involving the child(ren).
Source	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms.
Completion	If the child may have Indian heritage, the social worker has each parent, custodian, or guardian complete this form. The worker may assist with completion of the form if needed.
Distribution	The worker provides this form and form <b>470-5632, Tribal Membership Inquiry</b> to the county attorney as soon as possible so that the county attorney may provide Notice to the Tribe(s) within legally required timeframes. The worker keeps a copy of this form in the case file.
Data	Document completion of the form in the case narrative: <ul style="list-style-type: none"><li>▪ the date the form was given to each parent, custodian, or guardian,</li><li>▪ the date the worker received a completed form from each parent, custodian, or guardian, and</li><li>▪ the date the worker provided the completed form to the county attorney.</li></ul>

**Application for Adoption, Form 470-0743 or 470-0743(S)**

Purpose	<p>The purpose of forms 470-0743 and 470-0743(S) is to provide:</p> <ul style="list-style-type: none"><li>▪ A formal request by the prospective adoptive parents for the placement of a child in their home.</li><li>▪ Identifying and descriptive information concerning the prospective adoptive parents used by the worker assigned to make a home study.</li></ul>
Source	<p>Print supplies of the English or Spanish version of this form from the manual or SharePoint under Employee Manual/Forms.</p>
Completion	<p>When an individual or couple wishes to adopt a child with special needs through the Department, the adoption worker is responsible for having the form completed and signed by the applicants.</p> <p>The worker may need to assist the family in completing the application, particularly in understanding the definition of “special needs” children.</p>
Distribution	<p>Keep the original in the applicant’s file. Make a photocopy of the completed form for the applicant and for the service area office, if requested.</p>
Data	<p>The worker completes the box in the top right corner indicating who received the form and the date received.</p> <p>The applicants complete the sections on:</p> <ul style="list-style-type: none"><li>▪ Identifying information.</li><li>▪ The type of child the applicant can best parent.</li><li>▪ Factual information about the applicants.</li><li>▪ Acknowledgment and signature.</li></ul>

**Application for All Social Services, Form 470-0615 or 470-0615(S)**

**Purpose** Forms 470-0615 and 470-0615(S) collect information needed to determine eligibility for social services and IV-A-funded emergency assistance services and record the Department's determination of IV-A eligibility.

**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** Prepare an original and one copy of this form when:

- A referral for service is made after an abuse assessment (unless an application is already on file).
- A decision is made to provide one or more of the following services:
  - Family-centered services
  - Protective child care
  - Shelter care (unless placement is less than 48 hours)
  - Foster family care
  - Foster group care
  - Supervised apartment living foster care

This application is not required for PMIC placements.

- A person wishes to apply for services that are not court-ordered.
- When eligibility redetermination is necessary for one of the services listed above (every 12 months for IV-A eligibility and every 6 months for voluntary case reviews).

Child welfare services require Part A of the application to be done initially, and either Part A or a court order to be done every six months thereafter. Part B of the application is required to be completed initially and reviewed annually for IV-A-funded services.

Complete the application for IV-A purposes regardless of whether services are court-ordered.

The Department worker completes the form with the applicant. The completed application must have the signature of a Department worker certifying approval of eligibility at the bottom of Part B.

The application covers all members of a family when their services are recorded in one case record. Sign and date the application on the day it is received.

Complete the name and the address of the family's legal residence.

The applicant certifies the information by signing and dating the form. Signature of the parent or specified kin is not required for child abuse assessments and when the child is in Department custody. When an applicant's signature is required, a parent or one of the following specified adult kin must sign the application:

- Father, adoptive father, or stepfather
- Mother, adoptive mother, or stepmother
- Grandfather, grandfather-in-law, or adoptive grandfather
- Grandmother, grandmother-in-law, or adoptive grandmother
- Great-grandfather, great-great-grandfather
- Great-grandmother, great-great-grandmother
- Brother, half-brother, or stepbrother
- Brother-in-law or adoptive brother
- Sister, half-sister, or stepsister
- Sister-in-law or adoptive sister
- Uncle, aunt, half-uncle, or half-aunt
- Uncle-in-law, aunt-in-law
- Great-uncle, great-great-uncle
- Great-aunt, great-great-aunt
- First cousin, nephew, or niece
- Spouse of any person listed above, even though marriage is terminated by death or divorce

#### Distribution

Give a copy to the applicant or recipient. Keep the original in the case record. **EXCEPTIONS:**

- Forward abuse-related applications determined eligible for Title IV-A Emergency Assistance to a service worker as part of the referral for services.
- Send applications determined ineligible for Title IV-A Emergency Assistance to the service area manager for placement in the file of rejected applications.

Data

**Part A.** Complete all information in Part A. The applicant, recipient, or legal guardian signs and dates the form. The HHS or JCO worker signs the form and enters the date the form was received.

**Part B.** Complete this part only for Title IV-A Emergency Assistance. Check each box either “yes” or “no.” The HHS worker signs, dates, and enters the date service commences.

**IV-A Decision Making.** Circle “yes” or “no” for each question on page 3.

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### **Application for an Iowa Vital Record**

Purpose	The <b>Application for an Iowa Vital Record</b> is used to request a copy of an Iowa birth certificate from the Iowa Department of Public Health.
Source	For more information, click on this link or copy the link into your browser: <a href="https://hhs.iowa.gov/programs/vital-records/how-request-certified-record">https://hhs.iowa.gov/programs/vital-records/how-request-certified-record</a>  This form can be accessed <a href="#">here</a> .
Completion	The social work case manager or juvenile court officer completes this form when: <ul style="list-style-type: none"><li>▪ It is necessary to obtain a child’s birth certificate for agency use; or</li><li>▪ A child in foster care who is age 14 or older needs a certified copy of the birth certificate to obtain a driver’s permit or license, for employment, or because the child is leaving foster care at age 18.</li></ul> Iowa Code Section 232.2(f) requires HHS to provide a birth certificate to a child in foster care on or before the child reaches the age of 18 so the child can obtain a social security card. The Department of Public Health will waive the fee for only one certified birth certificate.
Distribution	Send the completed form to the Department of Public Health at the address below along with: <ul style="list-style-type: none"><li>▪ Form 470-4567, Birth Certificate Request, and</li><li>▪ A current, clear copy of the social work case manager or juvenile court officer’s government-issued photo identification.</li></ul> Iowa Department of Public Health Bureau of Vital Records and Health Statistics 321 E 12th St #124 Des Moines, IA 50319-0075 <b>NOTE:</b> A birth certificate stamped “Agency Use Only” is for HHS use only and should under no circumstances be given to the child or family.
Data	The social work case manager or juvenile court officer completes this form as follows: <ol style="list-style-type: none"><li>1. <b>EVENT TYPE:</b> Check “birth.”</li><li>2. <b>PERSON’S NAME AS IT APPEARS ON THE RECORD:</b> Enter the first, middle, and last name of the child.</li></ol>

3. **DATE OF EVENT:** Enter the child's date of birth.
4. **PLACE OF EVENT:** Indicate the city or county where the child was born. If unknown, indicate "unknown."
5. **PARENT'S FULL NAME PRIOR TO ANY MARRIAGE:** Enter the biological parent's full name, or if adopted, the name of the adoptive parent.
6. **2ND PARENT'S FULL NAME:** Enter the biological parent's full name, or if the child is adopted, the name of the adoptive parent.
7. **WAS THE MOTHER MARRIED AT THE TIME OF CONCEPTION OR BIRTH?** Indicate yes, no, or unknown.
8. **LEGAL ACTIONS TO BIRTH RECORD:** If the child has been adopted or for any other reason has experienced a change of name, indicate by checking the box that applies. If no legal actions were previously recorded, check none.
- 8a. **IF A LEGAL ACTION OCCURRED, LIST PREVIOUS NAME (on birth certificate):** If the child has been adopted, state the child's previous name, if available. Marriage does **not** change the birth certificate.
9. **PURPOSE FOR COPY:** Print "HHS agency use copy" or "Copy for foster child 14 and older per Iowa Code 232.2(4)f."
10. **BIRTHDATE OF APPLICANT:** Enter "HHS agency request for record."
11. **RELATIONSHIP OF PERSON RECEIVING THIS COPY TO PERSON NAMED ON THE RECORD:** Enter juvenile court officer or HHS social work case manager.
12. **NAME AND ADDRESS OF PERSON TO RECEIVE THIS COPY:** Enter social work case manager or juvenile court officer's first and last name.
- 12a. **Name of Applicant/Recipient:** Enter the social work case manager or juvenile court officer's name.
- 12b. **Street address and P.O. Box:** Enter the social work case manager or juvenile court officer's address.
- 12c. **City, State and Zip Code:** Enter the social work case manager or juvenile court officer's city, state, and zip code.
13. **THE CERTIFICATE IS TO BE:** Check "mailed."

14. **THE FEE IS \$15.00:** Enter “waived fee request.”
15. **THIS REQUEST PAID BY:** Leave blank.
16. **AMOUNT ENCLOSED:** Leave blank.
17. **APPLICANT’S NAME** (Print clearly): Enter the social work case manager or juvenile court officer’s name.
18. **DAYTIME PHONE #:** Enter the social work case manager or juvenile court officer’s phone number, including area code.
19. **APPLICANT’S SIGNATURE:** Enter the social work case manager or juvenile court officer’s signature.
20. **DATE:** Enter the date the form is signed.

The box requesting the applicant’s name, state, county, etc. as they appear on the photo ID may be left blank. A notary is not required for a request for birth certificate by the Department.

**Application for Certification, Form 470-0606**

Purpose	Families that wish to be certified as a family-life home use the <b>Application for Certification, form 470-0606</b> . The information on the form is used to determine the family's eligibility for certification.
Source	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms.
Completion	Issue the form to the family that wishes to be certified as a family-life home. Complete the cover page with your name, address, and phone number. The family completes the rest of the form.
Distribution	The family submits one copy of the form to the local office. Make a photocopy if the family wants a copy of the form.
Data	The form requests: <ul style="list-style-type: none"><li>▪ Demographic data about the family,</li><li>▪ Information about the family's living situation and activities, and</li><li>▪ The family's preferences for the person to be placed.</li></ul>

**Application for Certification of Adoption Investigator, Form 470-0746**

Purpose	The applicant-provider completes the <b>Application for Certification of Adoption Investigator</b> to certify compliance with the minimum requirements.
Source	The form is available on the Department's website at <a href="https://hhs.iowa.gov/programs/CPS/cps-licensing">https://hhs.iowa.gov/programs/CPS/cps-licensing</a> . Access the form by clicking on the link under "Certified Adoption Investigators."  Supplies of this form may also be printed from the manual or SharePoint.
Completion	The applicant-provider completes the application: <ul style="list-style-type: none"><li>▪ At the initial application for certification.</li><li>▪ When reporting a change of address.</li><li>▪ When applying for renewal.</li></ul>
Distribution	The applicant-provider keeps one copy of the application and: <ul style="list-style-type: none"><li>▪ Sends the original and one copy to:  ATTN: Licensing – Carol G HHS Division of Adult, Children and Family Services 5th Floor Hoover State Office Building 1305 E Walnut St Des Moines, IA 50319-0114</li><li>▪ Or submits the form by email to: <a href="mailto:cgerlem@hhs.iowa.gov">cgerlem@hhs.iowa.gov</a></li></ul>
Data	The applicant-provider must: <ul style="list-style-type: none"><li>▪ Completely fill in all requested information.</li><li>▪ Check the box for either a new application or recertification.</li><li>▪ Give names of two references not related to the applicant.</li><li>▪ Attach any documents required to verify information.</li><li>▪ Sign and date the form.</li></ul> <p>For renewals, the applicant-provider need not complete the employment record, resubmit college transcripts, or furnish additional references.</p>

**[Application for Extended Foster Care, Form 470-5761](#)**

Purpose	Form <b>470-5761, Application for Extended Foster Care</b> collects information from youth formerly in foster care (applicant) who is requesting to re-enter foster care after having exited care at age 18 or older. The information is required to determine eligibility for foster care at the youth's age 18, 19, or 20.
Source	An applicant who requests to return to foster care completes this form. The form is provided to the youth by HHS staff. The template is available in SharePoint under Employee Manual/Forms.
Completion	An applicant completes this form when there is a need for extended foster care.
Distribution	The applicant returns the completed form to the Transition Planning Specialist in the service area where the youth submits the form. Keep a copy of the form in the service file, if applicable.
Data	The applicant will be reviewed and a written decision will be provided to the applicant. To be considered for extended foster care, the applicant must have been in court ordered foster care or in an institution listed in section 218.1 upon reaching age 18. Other requirements apply.

**[Application for Foster Care and Subsidized Adoption Medicaid, Form 470-5535 or 470-5535\(S\)](#)**

Purpose	The <b>Application for Foster Care and Subsidized Adoption Medicaid</b> is designed to assist people applying for health care coverage for a child living in Iowa in a foster care or subsidized adoption placement.
Source	<p>The English version of this form is printed with 25 sets on a pad. Order supplies from Iowa Prison Industries at Anamosa.</p> <p>The English and Spanish versions of this form are available as a fillable PDF on the Department's website. HHS workers may also complete the fillable PDF in SharePoint under Employee Manual/Forms.</p>
Completion	<p>Complete the fillable PDF online, or mail or give the <b>Application for Foster Care and Subsidized Adoption Medicaid</b> to a person applying for a child living in Iowa in a foster care or subsidized adoption placement.</p> <p>The applicant or an adult acting on a child's behalf completes the form. A friend, relative, authorized representative, or HHS/JCO staff may help, if needed.</p> <p>When the applicant is a child, the application must be signed by a parent, stepparent, or other adult in the home who has primary responsibility for the child's care, if applicable. If there is a guardian or other responsible person, the guardian or responsible person participates in completing the form and signs for the child.</p> <p>See <b><u><a href="#">8-B, Information Provided</a></u></b> for a list of pamphlets to provide with the Application for Foster Care and Subsidized Adoption Medicaid.</p>
Distribution	If the client wants a copy of the application, photocopy the form for the client. When a person does not file the application at a HHS office, and the person also requests Medicaid, the originating agency routes the original to the HHS office responsible for the applicant's county of residence within two working days of receipt. The originating agency photocopies the application for their files.
Data	<p>Date-stamp the original application before faxing or mailing the photocopy of the form to another agency.</p> <p>For the purpose of Medicaid, the application date is the date the originating agency received the application.</p>

[Application for Health Coverage and Help Paying Costs, 470-5170 or 470-5170\(S\)](#)

Purpose	Forms 470-5170 and 470-5170(S) are used to apply for State Supplementary Assistance programs and Medicaid. The information contained on the application is used to determine eligibility for assistance.
Source	<p>Central Office has a contract to provide automatic shipments of form 470-5170 to local offices. The shipments are intended to cover a six-month supply. Additional supplies of form 470-5170 are also available through Central Office.</p> <p>HHS staff may complete this form using the templates available in SharePoint under Employee Manual/Forms.</p> <p>Supplies of this form may also be printed from the manual or SharePoint.</p>
Completion	<p>Provide or mail the form to the applicant when assistance is requested.</p> <p>The client completes the form or may enlist help in preparing the form.</p> <p>If the client is mentally incompetent, the form may be completed by a relative, a person in whose home the client resides, or by the HHS service worker.</p> <p>The client must sign the form unless mentally or physically unable to do so. If the client is mentally competent but unable to sign the application form, an "X" or a thumbprint may be used if witnessed by two persons who know the client.</p> <p>If the application is not complete when it is filed, it must be fully completed upon the interview with the client or representative.</p>
Distribution	<p>The client submits one copy of the form to the local office. Date-stamp the completed application before sending it to the income maintenance worker. Provide a copy for the client upon request.</p> <p><b>NOTE:</b> The form is kept in the income maintenance case record. A copy of the form is not required to be kept in the HHS service case file.</p>
Data	The form requests information necessary to determine State Supplementary Assistance and Medicaid eligibility.

**Application for License or Certificate of Approval, Form 470-0723**

Purpose	Form 470-0723 is used to apply for a license to operate a foster group care facility.
Source	HHS workers can complete this form using the template available in SharePoint under Employee Manual/Forms.  Private agencies can print the form from the online manual.
Completion	If an applicant has never had a license, complete and submit the application as soon as possible.  If an applicant wants to renew a license, submit the completed application between 30 and 90 days before the expiration of the current certificate.
Distribution	Send two copies of the completed application to the Division of Adult, Children and Family Services. Forward one copy to the licensing manager.  The applicant keeps a copy for the facility's records.
Data	Send the application to the facility upon when request by the facility.  The following people may sign the application: <ul style="list-style-type: none"><li>▪ The chairperson of the board of directors, or</li><li>▪ The chairperson's designee, or</li><li>▪ The owner or co-owners of the facility.</li></ul>

**Application for Subsidy, Form 470-0744 or 470-0744(S)**

Purpose	Form 470-0744 or 470-0744(S) is used to apply for an adoption presubsidy or subsidy.
Source	Complete the English or Spanish version of this form using the templates available in SharePoint under Employee Manual/Forms. Department staff may also print the English and Spanish versions of this form from the manual or SharePoint.
Completion	For presubsidy, complete the application at any time during the adoptive placement of the child, but before finalization of the adoption. No presubsidy payments can be made before the date of application. For subsidy, complete the application before the hearing to finalize the adoption. The adoptive family signs the form. The adoption worker signs the bottom portion to record receipt of the application.
Distribution	Make a copy for the family after signing the bottom half. Keep the original in the child's subsidy case record.
Data	For a presubsidy application, use the child's birth name. For a subsidy application, use the child's adoptive name.

**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	<p>This English form is available on the Department's website under the <a href="#">Adult Protective Services: Resources</a> section. The form may be printed from the website.</p> <p>Department staff may complete the English version of this form using the template available in SharePoint under Employee Manual/Forms.</p> <p>Supplies of the English or Spanish versions of this form may also be printed from the manual or SharePoint.</p>
Completion	The person who requests the background check initiates this form. The person being checked provides the information needed 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 check 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.

**Authorization to Obtain or Release Health Care Information, Form 470-3951 or 470-3951(S)**

Purpose	<p>Forms 470-3951 and 470-3951(S) are two-way release forms used to get the permission of a client or a family that wishes to be certified as a family-life home to obtain health information needed to:</p> <ul style="list-style-type: none"><li>▪ Determine a family's eligibility to be certified, or</li><li>▪ Provide service to a client; and</li><li>▪ Release health information about the client to the registered nurse and the provider family.</li></ul>
Source	<p>The English version of this form is printed in pads of 25 three-part precarbonated sets. Order supplies from Iowa Prison Industries at Anamosa.</p> <p>HHS staff may complete the English version of 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>Complete this form when first meeting with a new client or prospective provider. Complete the identifying information and description of the information being requested or released. Complete one form for each member of the provider family.</p> <p>The person or the person's personal or legal representative signs the section to give the authorization. Discuss the authorization and explanation paragraph regarding the use of the form and answer any questions raised. Make sure that the person understands the right to revoke the authorization at any time by completing form <b>470-3949, Request to End an Authorization</b>. Explain the consequences of failure to sign the form.</p>
Distribution	<p>For the client, send one copy to the registered nurse with a self-addressed, stamped envelope enclosed when you request the physician's plan of care and nurse's provider instructions.</p> <p>For the provider, send one copy for each family member to take to the family member's health care provider with form <b>470-0672, Provider Health Assessment</b>.</p> <p>Keep one copy of the form in the client's case file. The client and provider keep the third copy.</p>

Data

When initiating the form enter:

- The person's name, state identification number (if any), social security number, date of birth, and parent's or guardian's name, if applicable.
- Your name, address, telephone number, and fax number in the first set of agency information.
- The name or the agency to which the information is being released, or from which the information is being requested, and the agency's address, telephone number, and fax number.
- In "the information released or shared may include" section, check the applicable boxes. If the "other" box is checked, describe the specific information being requested.
- Describe any exceptions or limitations under "other." Sample entry: "The Department may obtain information from, but not release information to, the client's daughter."
- State the purpose for which the information will be used.
- In the "SPECIFIC AUTHORIZATION FOR RELEASE" section, secure the initials of the person or the person's legal representative if mental health, AIDS/HIV-related, or substance abuse information is to be obtained or released.

**NOTE:** Only the person or the person's legally authorized representative can give consent to release or obtain mental health and AIDS/HIV-related information. Only the person can give consent to release or obtain substance abuse information.

"Mental health evaluation/treatment" means oral, written, or recorded information that indicates the identity of a person receiving professional services and which relates to the diagnosis, course, or treatment or the person's mental or emotional condition.

"AIDS" means a medical diagnosis of acquired immunodeficiency syndrome, based on the Center for Disease Control's "Revision of the CDC Surveillance Case Definition for Acquired Immunodeficiency Syndrome."

"HIV-related" means a medical diagnosis of human immunodeficiency virus infection based on a positive HIV-related test.

“Substance abuse” means the use of chemical substances by persons suffering from chemical dependency, persons who are incapacitated by a chemical substance, substance abusers, or chronic substance abusers.

- Ask the person to sign and date the form and enter a date when the authorization is to expire.
- Check the applicable box indicating the relationship of the person who signs the form to the person the information is concerning.
- Obtain the signature of two witnesses for people who are incapable of signing their name due to a physical or mental disability.

To use the form as the required documentation for the disclosure of mental health information, document on the back of the form kept in the case file:

- The date.
- The name of recipient of information.
- The information disclosed.
- The name of the person who disclosed the information.

**Authorization to Release HIV-Related Information, Form 470-3225 or 470-3225(S)**

Purpose	Form 470-3225 or 470-3225(S) is used to document a release of HIV-related information from the child or the child's parent or guardian. This is a specific release for HHS to share HIV-related information with those needing this information to provide care and treatment for the child.
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	This form must be signed before the Department releases specific information about HIV.  Having received the parent or guardian's permission does not waive the Department's responsibility to limit the access to those specific health care providers, school personnel, and others who have a "need to know" in order to plan and to deliver services and treatment.
Distribution	Make two copies of the signed form. File the original in the case record and give a copy to the parent or guardian.
Data	The person giving authorization checks the authorized recipients of the information.

**Birth Certificate Request, Form 470-4567**

Purpose	The <b>Birth Certificate Request</b> is a cover letter that provides background information and authorization for the Department to obtain a certified copy of a foster child's birth certificate.
Source	Department staff complete this form using the template available in SharePoint under Employee Manual/Forms.
Completion	<p>The social work case manager or juvenile court officer completes this form when it is necessary to obtain a child's birth certificate, whether for agency use or for a child in foster care.</p> <p>When requesting a certified copy for the child, this form must be signed by the area social work administrator or chief juvenile court officer in order for the Iowa Department of Public Health to issue the birth certificate without charge.</p>
Distribution	<p>When the request is for a certified copy for the child, send the form to the social work administrator for signature along with:</p> <ul style="list-style-type: none"><li>▪ A completed Iowa Department of Health and Human Services' <b>Application for an Iowa Vital Record</b>, and</li><li>▪ A current, clear copy of the worker's government-issued photo identification.</li></ul> <p>Send the completed form, with the administrative signature if required, and the listed items to the Department of Public Health at this address:</p> <p>Iowa Department of Public Health Bureau of Health Statistics 321 E 12th Street Des Moines, IA 50319-0075</p>
Data	<p>Complete the <b>Birth Certificate Request</b> being certain to:</p> <ul style="list-style-type: none"><li>▪ Check the applicable box to indicate whether a certified copy or a copy for agency use only is being requested.</li><li>▪ Obtain the signature of the area social work administrator or chief juvenile court officer when requesting a certified copy for the child. (This is not needed for an agency copy.)</li><li>▪ Include your phone number.</li></ul>

**Birth Parent Affidavit to Court, Form 470-3031 or 470-3031(S)**

Purpose	Form 470-3031 or 470-3031(S) provides a means for birth parents to register with the court their choice of whether they want their names revealed or not revealed to an adult adoptee.
Source	Print supplies of the English or Spanish version of this form from the manual or SharePoint under Employee Manual/Forms.
Completion	The birth parents prepare this form after a release of custody is signed or when termination of parental rights is ordered under Iowa Code Chapter 232. The form must be notarized.
Distribution	Make two or three copies, according to local practice. Add the original to the adoption record retained by the court at the time the adoption is finalized.  Give a copy to the birth parents. Keep a copy in the child's adoption file (and the guardianship file, if desired).
Data	This form is self-explanatory.

**Bureau of Refugee Services Family Self-Sufficiency Plan (FSSP), Form 470-5734**

Purpose	Form <b>470-5734, Bureau of Refugee Services Family Self-Sufficiency Plan</b> serves as an assessment tool to determine family plan in reaching economic self-sufficiency.
Source	Complete this form using the template available in SharePoint.
Completion	The Refugee Services case worker completes this form when client determined eligible for services through Bureau of Refugee Services.
Distribution	Keep a copy of the form in the family file and provide a copy to the family.
Data	<p>The case worker completes the following information:</p> <ul style="list-style-type: none"><li>▪ RIMS case</li><li>▪ Principal applicant Name</li><li>▪ Scale</li><li>▪ Dates</li><li>▪ Initial assessment and Progress Score</li><li>▪ Document in RIMS about completed assessment, family plan and scheduled dates</li><li>▪ Document family plan, progress and goal to economic self-sufficiency</li><li>▪ Refer to services available at the Bureau and outside community partners</li></ul> <p>NOTE: Case worker will upload FSSP in RIMS</p>

### Casey Life Skills Assessment, Form 470-5701

Purpose:	<p>Form 470-5701 is used to ensure children in foster care age 14 and older are assessed for life skills which are necessary for successful transition to adulthood. When a child in foster care is age 14 or older, provide form 470-5701 Casey Life Skills Assessment to the caretaker of a child in a family setting or in a shelter and ensure the assessment is completed with the child. Repeat completion of the CLSA at the child's ages 14, 16, and 18 or more frequently as needed.</p> <p>For children in QRTP or Supervised Apartment Living, the assessment will be completed by the provider and sent to the case manager within 10 days of the child's 14<sup>th</sup>, 16<sup>th</sup>, and 18<sup>th</sup> birthdays.</p> <p>Explain the reason for the assessment to the child and caregivers and ensure the assessment is completed, kept in the case file, and utilized to inform the transition planning process.</p> <p>Form 470-5701 is available as a fillable PDF on the Department's website. HHS workers may also download the fillable PDF from SharePoint under Employee Manual/Forms, or print from this manual.</p>
Completion	<p>The social work case manager completes the form with the child or ensures a caregiver and the child complete the form:</p> <ul style="list-style-type: none"><li>▪ When a child age 14 or older has entered foster care, or</li><li>▪ When the child reaches age 14, 16, 18 and other times as needed.</li></ul> <p>Federal policy requires a life skills assessment shall be administered to all children in foster care who are aged 14 or older, regardless of adjudication status or whether payment is made to the caregiver. In Iowa, that assessment is the Casey Life Skills Assessment (CLSA).</p>
Distribution	<p>Explain the reason for the assessment to the child and caregivers and ensure the assessment is completed, kept in the case file, and utilized to inform the transition planning process. Use the results of the CLSA to complete an overall assessment of the child and document it in the transition plan in the Part C section of the Family Case Plan.</p>

[Certificate of Adoption Investigator, Form 470-0619](#)

Purpose	The <b>Certificate of Adoption Investigator</b> is issued to an applicant-provider who meets all requirements to be certified.
Source	The <b>Certificate of Adoption Investigator</b> is only available to staff in the Bureau of Child Welfare and Community Services. A sample certificate is on SharePoint under Employee Manual/Forms.
Completion	Bureau staff prepare one copy of the <b>Certificate of Adoption Investigator</b> when all requirements are met.
Distribution	Mail the <b>Certificate of Adoption Investigator</b> to the applicant-provider. A gold seal is affixed carrying the expiration date (24 months from the beginning date).  Keep a copy for the licensing file.
Data	The <b>Certificate of Adoption Investigator</b> shall contain: <ul style="list-style-type: none"><li>▪ The name of the investigator.</li><li>▪ The expiration date of the certificate.</li><li>▪ The signature of the person designated by the director of the Department to issue the license.</li></ul>

**Certificate of Adoption Investigator Letter, Form 470-5550**

Purpose	The <b>Certificate of Adoption Investigator Letter</b> is sent with form <b>470-0619, Certificate of Adoption Investigator</b> to confirm the adoption investigator's approval.
Source	HHS workers complete this letter using the template available in SharePoint under Employee Manual/Forms.
Completion	HHS workers complete this letter after an adoption investigator is approved and the certificate is ready to be mailed.
Distribution	Send the completed letter and a copy of the documents listed on the form to the adoption investigator. Keep a copy of the letter in the adoption investigator record.
Data	The HHS worker completes the letter, obtains the needed signature, and indicates the date the form and required documents were sent to the adoption investigator.

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**Certificate of Approval, Form 470-0616**

Purpose	The <b>Certificate of Approval</b> documents the Department's certification of the home as a residence for clients in the family-life home program.
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 worker completes this form when the family meets the requirements for certification. The service area manager signs the form to indicate approval.
Distribution	Send the form to the service area manager for approval along with: <ul style="list-style-type: none"><li>▪ <b>470-0634, Family-Life Home Placement Agreement</b></li><li>▪ <b>470-0583, Individual Service Plan</b></li><li>▪ <b>470-0640, State Supplementary Assistance Certification or Termination</b></li></ul> When the service area manager returns the form, send it to the family approved to provide family-life home services. Make a copy to keep in the client's case file.
Data	Enter: <ul style="list-style-type: none"><li>▪ The names of the adult family members</li><li>▪ The number of people the home is allowed to care for (one or two)</li><li>▪ The family's address</li><li>▪ The effective date of the certificate</li><li>▪ 249 for the Code Chapter</li><li>▪ The date the service area manager signs the certificate</li></ul>

**Certificate of Approval, Form 470-0620**

Purpose	The <b>Certificate of Approval</b> is awarded to a facility upon completion of requirements to operate a juvenile detention or shelter care home.
Source	The <b>Certificate of Approval</b> is only available to staff in the Bureau of Child Welfare and Community Services. A sample certificate is on SharePoint under Employee Manual/Forms.
Completion	Bureau staff complete the certificate only after the application is approved by the Bureau Chief.
Distribution	<b>New certificates.</b> Send the <b>Certificate of Approval</b> to the facility along with the civil rights statement. The facility must display the certificate in a conspicuous place on the premises. <b>Renewals.</b> After the first year, mail a gold seal to facilities with no changes in the approval provisions.
Data	<b>Juvenile shelter care homes.</b> Enter “N/A” for each special provision. Juvenile shelter care homes are not allowed to use these types of restraint. <b>Juvenile detention homes.</b> Enter a “Yes” or “No” depending on whether the special type of restraint has been approved. The chief of the Bureau of Child Welfare and Community Services signs the <b>Certificate of Approval</b> . A gold seal is affixed indicating the date of expiration and provisional status, if any.

**Certificate of Completion, Form 470-3378**

Purpose	The <b>Certificate of Completion</b> shows that the prospective foster parent has completed the one-hour self-instruction module on universal precautions required for initial licensure.
Source	This form is issued by the recruitment and retention contractor.
Completion	The recruitment and retention contractor issues the certificate after the prospective foster parent has completed the universal precautions training.
Distribution	The recruitment and retention contractor: <ul style="list-style-type: none"><li>▪ Mails the original certificate directly to the participant;</li><li>▪ Keeps a copy of the post-training questionnaire in the family's file; and</li><li>▪ Sends a copy to the Department licensing worker for the Department's licensing file.</li></ul>
Data	Prepare a <b>Certificate of Completion</b> for each prospective foster parent, listing the parent's name and the date of completion.

**Certificate of Inspection Fire Safety Rules, Regulations and Standards, Form 470-4848**

Purpose	Form 470-4848 is used by the State Fire Marshal when the applying or reapplying for a license to operate a foster group care facility.
Source	The <b>Certificate of Inspection Fire Safety Rules, Regulations and Standards</b> is available from staff in the Bureau of Child Welfare and Community Services.
Completion	The State Fire Marshall or designee completes this form at the time of application and annually thereafter.
Distribution	Send the completed inspection to the Division of Adult, Children and Family Services.  The applicant keeps a copy for the facility's records. The State Fire Marshal or designee may keep a copy for their records.
Data	The State Fire Marshall or designee signs the inspection, noting any difficulties on an attached sheet of paper.

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**Certificate of License, Form 470-0727**

Purpose	The <b>Certificate of License, form 470-0727</b> authorizes a foster family home to operate for the time period of one or two years per policy.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms. This form may also be printed from the manual or SharePoint.
Completion	<p>Service area staff prepares the <b>Certificate of License</b> when:</p> <ul style="list-style-type: none"><li>▪ The service area manager or designee approves a new application or reapplication for a foster family home license, or</li><li>▪ The conditions on an existing license change.</li></ul> <p>Enter the period of the licensure on the blank space after “for the time period.”</p>
Distribution	Send the original to the foster family home. Make a photocopy and file it in the Department’s licensing file.
Data	<p>Complete:</p> <ul style="list-style-type: none"><li>▪ The type of license (full or provisional).</li><li>▪ The names of the licensees.</li><li>▪ The maximum capacity of the foster family home (1-5).</li><li>▪ The address of the home.</li><li>▪ The period of the license.</li><li>▪ Special conditions, if it applies.</li><li>▪ Date the licensing authority signs the certificate.</li></ul>

**Certificate of License, Form 470-3623**

Purpose	The <b>Certificate of License, form 470-3623</b> is awarded to a foster group care facility after completing the licensing requirements.
Source	The <b>Certificate of License</b> is only available to staff in the Bureau of Child Welfare and Community Services. A sample certificate is on SharePoint under Employee Manual/Forms.
Completion	Bureau staff complete the certificate only after the application is approved by the Bureau Chief.
Distribution	Send the <b>Certificate of License</b> to the facility along with the civil rights statement if this is a new license. The facility must display the license in a conspicuous place on the premises of the facility.
Data	<p>Enter “Yes” or “No” depending on whether a special form of restraint has been approved for use by:</p> <ul style="list-style-type: none"><li>▪ Comprehensive residential facilities</li><li>▪ Comprehensive residential facilities for children with intellectual disabilities</li><li>▪ Juvenile detention homes</li></ul> <p>The following facilities are <b>not</b> allowed to use these forms of restraint. Enter “N/A” for each form of restraint for these facilities:</p> <ul style="list-style-type: none"><li>▪ Community residential facilities</li><li>▪ Community residential facilities for children with intellectual disabilities</li><li>▪ Private juvenile shelter care homes</li></ul> <p>A gold seal is affixed indicating the date of expiration and provisional status, if any. A gold seal is issued each time a state of Iowa <b>Certificate of License</b> is issued.</p>

**Child Abuse and Family Assessment Parental Notification, Form 470-3239 or 470-3239(S)**

Purpose	Form 470-3239 or 470-3239(S) is used to notify parents that a child protective assessment has been initiated regarding their child.
Source	<p>The English version of this form is available for Central Printing through the Parental Notices 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 protective worker completes the form within five working days of initiating a child protective assessment.</p> <p>If sending the parental notification is likely to endanger the child or other persons, consult with supervisory staff regarding how to proceed.</p>
Distribution	<p>When completed in JARVIS, the form is mailed to the parents of the child by Central Printing.</p> <p>Make no distinction between custodial and noncustodial parents of a child. Notify both using this form.</p> <p>If Central Print is not used, mail the form and upload a copy into the File Manager, located on the STAR Assessment module in JARVIS.</p>
Data	<p>If information has been entered into STAR, the following items are generated by the STAR Assessment module in JARVIS:</p> <ul style="list-style-type: none"><li>▪ The parent's name and address in the box provided.</li><li>▪ The date of notification.</li><li>▪ The incident number.</li><li>▪ The name of the child subject.</li><li>▪ The child protective worker's name, office phone number, and office address.</li><li>▪ The type of abuse alleged.</li></ul>

**Child Care Expense Statement for Foster Children, Form 470-5612 or 470-5612(S)**

Purpose	Form 470-5612 and 470-5612(S) are 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.

## Child Protective Services Child Abuse Assessment Summary, Form 470-3240

Purpose	<p>Form 470-3240 provides identifying information about the child subject and the household in which the child subject resides. This summary addresses abuse reported and assigned to the Child Abuse Assessment pathway.</p> <p>The form assesses the child subject's safety when an evaluation of the reported incident is conducted. The form also documents the assessment of the family's needs and strengths, and recommendations for services or court intervention as indicated.</p> <p>The form also addresses the determination of whether abuse occurred. 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>
Source	<p>This form is available on the STAR Assessment module in JARVIS. In the event of issues with accessing the form in JARVIS, it is available in this manual or in SharePoint, under Employee Manual/Forms.</p>
Completion	<p>The child protection worker completes this form in JARVIS with approval and sign-off by the supervisor.</p>
Distribution	<p>After supervisory approval in JARVIS, the form is mailed via Central Printing with the <b>Notice of Child Abuse Assessment</b> to:</p> <ul style="list-style-type: none"><li>▪ The child being assessed, and</li><li>▪ The child's custodial and noncustodial parents or guardian, and</li><li>▪ All other subjects.</li></ul> <p>The county attorney and juvenile court have access through the portal. For reports placed on the Central Abuse Registry only, provide the summary to the mandatory reporter who made the report upon completion of a request for child abuse information.</p>
Data	<p>If information has been entered into STAR, the following items are generated by the STAR Assessment module in JARVIS:</p> <ul style="list-style-type: none"><li>▪ Report Information. List case names, address, phone numbers, incident number, completion date, addendum date (if applicable), intake date, child protection worker, and county name/county number.</li></ul>

- Assessment Findings
- Safety Assessment Findings. The safety assessment findings are pulled from the **Safety Assessment** completed through the Safety Assessment tab of the STAR Assessment module in JARVIS. If the child is Safe with a plan, enter the date the Safety Plan was completed. If Unsafe, enter the date of removal and whether all children were removed or if some remained in the home.
- Household Composition
- Non-Custodial Parent
- Others Involved in the Assessment – Not in Household
- Person Determined Responsible for the Abuse. Completed only if abuse is confirmed.
- Intake Allegation Type
- Concerns Reported
- Summary of Previously Confirmed or Founded Reports Concerning Person Alleged Responsible. If the victim on a prior report is not a subject of the current report, the victim's name will be displayed as "confidential."

When parental rights have been terminated and a child abuse incident occurred before the termination, the parents' names will be displayed as "biological parents."

- Summary of Assessment Process. Enter the dates in which the child or children were observed, as well as, a justification explanation if child observed outside of assigned timeframes. Also enter:
  - The dates the custodial and non-custodial (if applicable) parents were interviewed,
  - The date the evaluation of the home environment was completed, and
  - The dates the safety assessments, safety plans (if applicable), and risk assessment were completed.

Provide additional information regarding:

- ICWA/Native American heritage information,
- Dates and time contacts were attempted if there is difficulty in meeting observation timeframes,

- Supervisory approval if contact is delayed, and
- The date and time of supervisory safety decision check back.
- Summary of Contacts. Include in this section:
  - Whether confidential access was used and your rationale and justification according to policy for using confidential access (if applicable).
  - A list of people you contacted in conducting the assessment (subjects, family members, and other collateral sources) and their role or position with the child or family.
  - Date, time, and type of contact and the contact name, location, and phone.
  - The date and time you observed the child subject or your efforts to observe the child.
  - Your rationale for delaying observation of the child beyond the assigned timeframe or for not observing the child (if applicable).
  - 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 assessment.
  - Documents requested and examined pertaining to the abuse allegations.
  - Relevant information from any previous Department contact with the child or family, including information obtained from child abuse Registry checks and Department case files.
  - Findings from other states, if the family has lived elsewhere.
  - If denial of critical care, physical abuse, or presence of illegal drugs in a child's body is founded, the last contact must include a determination of child death or serious injury. Document whether the abuse DID or DID NOT result in the death or serious injury of a child based on the credible evidence available. This determination impacts whether or not the name of the person responsible is eligible for removal from the registry after five years.

- 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 when additional information is received. This field appears only if an addendum is in progress.

If denial of critical care, physical abuse, or presence of illegal drugs in a child’s body is founded, the last contact must include a determination of child death or serious injury. Document whether the abuse DID or DID NOT result in the death or serious injury of a child based on the credible evidence available. This determination impacts whether or not the name of the person responsible is eligible for removal from the registry after five years.

- 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 not confirmed, confirmed, or founded.
  - If denial of critical care, physical abuse, or presence of illegal drugs in a child’s body is founded, the last contact must include a determination of child death or serious injury. Document whether the abuse DID or DID NOT result in the death or serious injury of a child. This determination impacts whether or not the name of the person responsible is eligible for removal from the registry after five years.
- Findings and Determination of Abuse Allegation Addendums. This field will appear only if an addendum is in progress.
  - List the factors that must be proven for the type of abuse and state your conclusions and rationale.
  - Enter your finding of not confirmed, confirmed, or founded.
  - If denial of critical care, physical abuse, or presence of illegal drugs in a child’s body is founded, the last contact must include a determination of child death or serious injury. Document whether the abuse DID or DID NOT result in the death or serious injury of a child. This determination impacts whether or not the name of the person responsible is eligible for removal from the registry after five years.

- **Placement on Registry and Justification.** For Registry placement, you must document the existence of one or more necessary circumstances that require placement of the report on the Registry.

For confirmed reports that are not placed on the Registry, document the justification for nonplacement by describing how the information supports that the finding was minor AND isolated AND unlikely to reoccur.

NOTE: Reports that may be confirmed but not placed on the Registry are confirmed reports of denial of critical care through lack of supervision or lack of adequate clothing, or physical abuse that has been determined to be minor, isolated, and unlikely to reoccur according to policy.

For not confirmed reports, document what factor of abuse was not evidenced.

- **Safety Assessment Summary.**

Provide a narrative description of the current factors influencing child vulnerability (conditions resulting in a child being more vulnerable to danger).

Provide a narrative description of the current danger indicators you identified (behaviors or conditions that describe a child being in imminent danger of serious harm). If no danger indicators were identified, please provide your rationale.

Provide a narrative description of the caretaker's capacities and safety interventions that have been taken and how each protected or protects the child from the identified danger indicators.

- **Summary and Analysis of Safety/Risk Assessments.**
- Provide a narrative description of the family strengths and how they can be used to ensure child safety and well-being.
- **Addendum to Safety Assessment Summary.** Use this section to update or edit the Safety Assessment Summary, based off the last Safety Assessment completed. This field appears only in addendum status.
- **Addendum to Analysis of Safety/Risk Assessments.** Use this section to update or edit the assessment after completion of the original report. This field appears only if in addendum status.

- **Final Risk Level.** The neglect, abuse, and scored risk levels are pulled in from the **Family Risk Assessment** completed through the Family Risk Assessment tab of the STAR Assessment module in JARVIS. If the **Family Risk Assessment** has not been completed, levels will not appear in these three sections.

The final risk level is used to determine what the client's service eligibility is in based on findings, age, and risk.

Review and consider information gathered from child and family interviews, collateral contacts, Department service records, and all prior assessments.

- **Recommendation for Service.** The finding of the child abuse assessment and the family risk score determine the family's eligibility for information or information and referral, non-agency voluntary services, or Department services.

When the family is being referred to non-agency voluntary services, document the actions developed jointly with the family to address identified needs. The plan of action should relate directly to the presenting problems and your analysis of family functioning:

- Consider if there are current resources, services, and supports available to the family that can meet the family's needs and increase protection for the child.
- Identify services and supports provided to the family that have failed to prevent the child's abuse or reabuse.
- Consider if caretakers refuse needed services or supports despite protective concerns, increasing children's risk.
- Document your recommendation for services.

When the family is eligible for non-agency voluntary services, but is not being referred, indicate the exception reason.

When the family is being referred for Department services, document whether a prevention plan already exists for the family. If no, document the prevention plan start date, all children the prevention plan applies to, all youth who are currently pregnant or parenting, identify the prevention services to meet the foster care prevention strategy, and describe what that prevention strategy is.

When the family is eligible for Department services, but is not being referred, indicate the exception reason.

Document any additional service information that is needed.

- Recommendations for Court Involvement. Enter your recommendations for juvenile or criminal court involvement.
  - If you recommend juvenile court involvement, include:
    - A summary of the status of any current juvenile court involvement if the child is already adjudicated or adjudication is pending.
    - Your specific recommendations to the county attorney on the initiation or continuation of juvenile court action.
    - Your rationale to support that recommendation (e.g., family with founded abuse has refused offer of Department services).
  - If you do not recommend juvenile court involvement, include under “Type of Action Requested” your rationale to support that recommendation (i.e., court is not recommended as abuse was not confirmed, 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.
- Approval/Signature Line. Sign off by the CPW and Supervisor required.

## Child Protective Services Family Assessment Summary, Form 470-5371

Purpose	<p>Form 470-5371 provides identifying information about the child subject and the household in which the child subject resides. This summary addresses abuse reported and assigned to the Family Assessment pathway.</p> <p>The form assesses the child subject's safety when an evaluation of the reported incident is conducted. The form also documents the assessment of the family's needs and strengths, and recommendations for services or court intervention as indicated.</p>
Source	<p>This form 470-5371 is available on the STAR Assessment module in JARVIS. In the event of issues with accessing the form in JARVIS, it is available in this manual or in SharePoint, under Employee Manual/Forms.</p>
Completion	<p>The child protection worker completes this form in JARVIS with approval and sign-off by the supervisor.</p>
Distribution	<p>After supervisory approval in JARVIS, the form is mailed via Central Printing with the <b>Notice of Family Assessment Recommendation</b> to:</p> <ul style="list-style-type: none"><li>▪ The child being assessed and</li><li>▪ The child's custodial and noncustodial parents or guardian.</li></ul> <p>The county attorney and juvenile court do not have access to the <b>Family Assessment Summary</b> through the portal. The <b>Family Assessment Summary</b> may be provided upon request for a Child In Need of Assistance petition or upon written request, in accordance with Iowa Code section 217.30.</p>
Data	<p>If information has been entered into STAR, the following items are generated by the STAR Assessment module in JARVIS:</p> <ul style="list-style-type: none"><li>▪ Report Information. List case names, address, phone numbers, incident number, child protection worker, county name/county number, intake date, and completion date.</li><li>▪ Safety Assessment Findings. The safety assessment findings are pulled from the <b>Safety Assessment</b> completed through the Safety Assessment tab of the STAR Assessment module in JARVIS.</li><li>▪ Household Composition</li><li>▪ Non-Custodial Parent</li><li>▪ Others Involved in the Assessment – Not in Household</li></ul>

- Concerns Reported
- Summary of Assessment Process. Enter the dates in which the child or children were observed, as well as, a justification explanation if child observed outside of assigned timeframes. Also enter:
  - The dates the custodial and non-custodial (if applicable) parents were interviewed,
  - The date the evaluation of the home environment was completed, and
  - The dates the safety assessments, safety plans (if applicable), and risk assessment were completed.

Provide additional information regarding:

- ICWA/Native American heritage information,
- Dates and time contacts were attempted if there is difficulty in meeting observation timeframes,
- Supervisory approval if contact is delayed, and
- The date and time of supervisory safety decision check back.
- Whether confidential access was used and your rationale and justification according to policy for using confidential access, if applicable.
- Assessment of Family Functioning Domain Criteria. The **Family Functioning Domain Criteria** form makes up the main content of the Family Assessment Summary. The family's strengths and needs are identified using the family functioning domains:
  - Child Well-Being
  - Parental Capabilities (includes use of drugs or alcohol)
  - Family Safety (includes domestic violence)
  - Family Interactions
  - Home Environment

Provide general narrative documenting observations of strengths and needs or challenges under each specific subsection that applies to the family. It is not necessary to address every item listed. Address items that are relevant to the given situation. You are not limited to only the items listed.

Protected sections that can be suppressed before printing are available to list any child specific statements or information regarding parent's physical health, mental health, or substance abuse.

Also identify in this section:

- Whether confidential access was used and your rationale and justification according to policy for using confidential access (if applicable).
  - A list of people you contacted in conducting the assessment (subjects, family members, and other collateral sources) and their role or position with the child or family.
  - Date, time, and type of contact and the contact name, location, and phone.
  - The date and time you observed the child subject or your efforts to observe the child.
  - Your rationale for delaying observation of the child beyond the assigned timeframe or for not observing the child, if applicable.
  - 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 assessment.
  - Relevant information from any previous Department contact with the child or family, including information obtained from Child Abuse Registry checks and Department case files.
  - Findings from other states, if the family has lived elsewhere.
- Safety Assessment Summary.

Provide a narrative description of the current factors influencing child vulnerability (conditions resulting in a child being more vulnerable to danger)

Provide a narrative description of the current danger indicators you identified (behaviors or conditions that describe a child being in imminent danger of serious harm).

If no danger indicators were identified, please provide your rationale.

Provide a narrative description of the caretaker's capacities and safety interventions that have been taken and how each protected or protects the child from the identified danger indicators.

- Summary and Analysis of Safety/Risk Assessments

Provide a narrative description of the family strengths and how they can be used to ensure child safety and well-being.

- Final Risk Level. The neglect, abuse, and scored risk levels are pulled in from the **Family Risk Assessment** completed through the Family Risk Assessment tab of the STAR Assessment module in JARVIS. If the **Family Risk Assessment** has not been completed, levels will not appear in these three sections.

The final risk level is used to determine what the client's service eligibility is in based on findings, age, and risk.

Review and consider information gathered from child and family interviews, collateral contacts, Department service records, and all prior assessments.

If the risk level is safe with a plan or unsafe at the end of a family assessment, the report is required to be reassigned as a child abuse assessment.

- Recommendation for Service. The family risk score determines the family's eligibility for information or information and referral, or non-agency voluntary services. Family assessments are not eligible for Department services.

When the family is being referred to non-agency voluntary services, document the actions developed jointly with the family to address identified needs. The plan of action should relate directly to the presenting problems and your analysis of family functioning:

- Consider if there are current resources, services, and supports available to the family that can meet the family's needs and increase protection for the child.
- Identify services and supports provided to the family that have failed to prevent the child's abuse or reabuse.
- Consider if caretakers refuse needed services or supports despite protective concerns, increasing children's risk.
- Document your recommendation for services.

When the family is eligible for non-agency voluntary services, but is not being referred, indicate the exception reason.

- Recommendations for Court Involvement. Enter your recommendations for juvenile or criminal court involvement.  
If you recommend juvenile court involvement, include:
  - A summary of the status of any current juvenile court involvement if the child is already adjudicated or adjudication is pending.
  - Your specific recommendations to the county attorney on the initiation or continuation of juvenile court action.
  - Your rationale to support that recommendation (e.g., family with founded abuse has refused offer of Department services).
  - If you do not recommend juvenile court involvement, include under “Type of Action Requested” your rationale to support that recommendation (i.e., court is not recommended as abuse was not confirmed, or was confirmed or founded but low risk).
- Approval/Signature Line. Sign off by the CPW and Supervisor required.

**Child Protective Services Intake, Form 470-0607**

Purpose	Form 470-0607 documents information provided in a report of suspected child abuse and the Department's response to the report. It may also be used to gather information for a CINA intake.
Source	The form is available on the STAR Intake module in JARVIS.
Completion	The intake worker who receives the initial report of suspected child abuse or CINA intake completes this form on each referral, whether or not the referral is accepted for assessment.
Distribution	<p>The intake is maintained on the STAR Intake module in JARVIS. If accepted, send a copy to the appropriate service area for assignment and to any Department personnel who needs the information.</p> <p>If rejected, send to any Department personnel who needs the information. If a criminal act harming a child is alleged, send to the appropriate law enforcement agency.</p> <p>The county attorney and juvenile court have access through the portal.</p>
Data	<p><b>Date:</b> Enter the date you received the report of suspected child abuse or CINA.</p> <p><b>Time:</b> Enter the time you received the report of child abuse or CINA intake using a 12-hour clock with "A.M." or "P.M." as needed.</p> <p><b>County Name/County #:</b> Enter the county name and number.</p> <p><b>Intake Person:</b> Enter the name or worker number of the person conducting the intake.</p> <p><b>Assigned Worker:</b> Enter the name or worker number of the person assigned to complete the assessment if accepted.</p> <p><b>Incident #:</b> Enter the number assigned by the STAR system.</p> <p><b>Household Name and Address:</b> Enter the address for the residence of the child subject's family, whether or not the child currently resides there. Enter the zip code and county, if known.</p> <p>If the child has no family, enter the child's most recent address, if known.</p> <p>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 child has no family, enter the child's most recent address, if known. If the location of the household is unknown or unavailable at intake, enter "unknown." Out-of-state addresses may be entered.

**Telephones:** Enter household telephone numbers including area code and any other contact phone numbers.

**Current Location of Child Subject:** If a child named as a subject is living outside the home, enter the name and address of the family or institution where the child is residing at the time of intake. If you gave the child's placement address as the household address, you need not reenter it.

**Household Composition:** Enter the name of each person residing in the household with the child subject. Complete this section as fully as possible, using the codes provided. STAR requires a numeric entry in the social security field.

**Non-Custodial Parent:** Enter the name, date of birth of noncustodial parent, relationship of the noncustodial parent, social security number, FACS ID, address, phone number, and name of the noncustodial parent's child.

Use the "Comments" section to indicate the parent's workplace or any other information determined to be pertinent to the intake. Access ICAR as necessary.

**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 type and reporter notification. Enter the date of notice.

**Person Reported as Responsible for Alleged Abuse:** Enter the name, date of birth, relationship to child, social security number, FACS ID, address, and phone numbers.

Use the "Comments" section to indicate the person's workplace or any other information determined to be pertinent to the intake. **NOTE:** This information is not required on a CINA intake.

**Collateral Sources:** Enter the name, phone number, relationship of the collateral source to the child, and address of collateral sources identified by the reporter or the intake worker.

**Allegations Abuse Type:** Check all applicable abuse types alleged.

**Narrative Description/Child 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 justify a child protective assessment or a CINA assessment. All cases accepted for a child protective assessment must clearly state that the three criteria have been met.

**Additional Information:** Include information learned from the results of checks of the databases in this section. Provide as much information as is known about the list of additional questions/topics as well as any other additional information that may be relevant to the assessment. Include information from additional reporters.

**Preliminary Decision From Intake Worker Provided to Reporter:** Check the appropriate preliminary decision box and advise the reporter of the preliminary decision. Call the reporter back if the final decision is different.

**Intake Screening Tool – Determining the Assessment Type:** Check the box for all statements that are known to be true. Check the appropriate assessment type box based on whether or not any criteria apply.

**Supervisory Decision:** Enter the name of the supervisor who completed the verbal consult. Check the applicable box and indicate the date and time the intake was accepted and assigned, or the date and time the report was rejected and the reason for the rejection. Check the appropriate boxes to identify all further action taken.

If there is an open assessment or service case, add the name of the worker. If the addendum is being accepted, add the incident number for the addendum. Provide any additional comments.

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

**NOTE:** The CINA intake decision period for the intake supervisor is one business day from the date and time of intake to make the decision and to refer an accepted CINA intake to the supervisor to assign the CINA assessment.

**Case Assignment:** Check the appropriate assessment type and the date and time that it was assigned.

**Supervisor Assignment of Response Time for Observation of the Child:** Check either the 1-hour, 24-hour, 96-hour, or 72-hour period for response time.

**NOTE:** Only a Family Assessment can be assigned with a 72-hour timeframe.

**System Checks Completed:** Include history from:

- STAR (for all household members),
- CINA (for all household members),
- DARES (if applicable),
- FACS (for all victims),
- WISE (for all household members),
- ICAR (NCP information from CHILD2 screen and REFER2 screen),
- CRIMINAL (from Iowa Courts Online),
- KINDERTRACK (if applicable), and
- SOR (Sex Offender Registry from the National Sex Offender public website, if applicable).

**Child Study, Form 470-3698 or 470-3698(S)**

Purpose	Form 470-3698 provides a specific guide for completing the written child study report for each child whose parental rights have been terminated.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.
Completion	<p>Within 30 days of issuing the child’s termination of parental rights order, the child’s foster care worker or adoptive worker completes the <b>Child Study</b>. The worker completing the study is determined by service area protocol. (Remember to update FACS on the termination as well, to notify the Foster Care Recovery Unit.)</p> <p>Get an updated copy of the <b>Social History, form 470-3615</b> if the worker responsible for completing the <b>Child Study</b> is different from the past worker.</p> <p>Update the <b>Child Study</b> annually for children with termination of parental rights who have not been placed for adoption.</p>
Distribution	Keep one copy in the child’s adoption record and guardianship file. Also give a copy to the child’s foster care provider and prospective adoptive parents along with a copy of the child’s case permanency plan.
Data	<p>Attachments to the child study shall include:</p> <ul style="list-style-type: none"><li>▪ Hospital birth records</li><li>▪ A current photo of the child</li><li>▪ Current case plan</li><li>▪ Immunization record</li><li>▪ Current physical, psychiatric, psychological, school, and provider reports</li></ul>

Revised July 19, 2024

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**Child Welfare 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>
Source	<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 keeps one copy, sends 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>

**Child Welfare Services Referral Face Sheet, Form 470-5150**

Purpose	The <b>Child Welfare Services Referral Face Sheet</b> is used by the Department worker to make referrals.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms. Supplies of this form may also be printed from the manual or SharePoint as needed.
Completion	The Department worker, as the “referral worker,” completes the form before making a referral for Department (Agency) Child Welfare Services – Solution Based Casework (SBC), SBC – QRTP post discharge services, family preservation services, SafeCare, parent partners, kinship navigator services, recruitment, retention, training, and support (RRTS), or for a Solution Focused Meeting (SFM) or YTDM meeting.
Distribution	Keep the original form in the child or youth’s case file.
Data	<b>Referral Type:</b> Select the appropriate service or support referral. You may select more than one box if referring to multiple services or supports: <ul style="list-style-type: none"><li>▪ Agency (Department) Child Welfare Services –SBC</li><li>▪ SBC – QRTP Post Discharge Services</li><li>▪ Family Preservation Services</li><li>▪ SafeCare</li><li>▪ Parent Partners</li><li>▪ Kinship Navigator Services</li><li>▪ Recruitment, Retention, Training, and Support (RRTS)</li><li>▪ SFM or YTDM Meeting</li></ul>

I. Case Information

Complete all fields in this section of the referral including:

- **Referral Date:** Enter the date of referral.
- **Case ID, State ID, FACS ID:** Enter the respective identification numbers of the identified youngest child victim.
- **Youngest Child Victim Name:** Enter the name of the identified youngest child victim (billing child) for the case being referred for child welfare services.

- **Race:** Select the race from the drop down box:
  - W White
  - B Black or African American
  - A Asian
  - I American Indian or Alaska Native
  - N Native Hawaiian or Other Pacific Islander
- **Ethnicity:** Select the ethnicity from the drop down box.
  - H Hispanic or Latino or Spanish Origin
  - N Not Hispanic or Latino or Spanish Origin
- **Date of Birth (DOB):** Enter the youngest child victim's date of birth.
- **County of Residence:** Enter the county name or number.
- **Financial County:** Enter the county name or number.
- **Cultural Needs or Special Accommodations:** Check yes or no if there are any cultural needs or special accommodations that the contractor should be made aware. If yes, enter the identified needs or accommodations.
- **Translator or Interpreter:** Check yes or no if there is a need for a translator or interpreter. If yes, enter the specific language or interpretation needed.
- **Reason for Referral, Family Safety Concerns, Individual Parent/Caretaker Concerns:** Enter the reason for referral including any family safety concerns and individual parent or caretaker concerns.

For family safety concerns, consider the following:

- Given the child or children's level of vulnerability, what are the concerns and/or threats of danger in everyday life of the family?
- What everyday family life issues need to be better managed (i.e., new plans for discipline, safe home environment, more rigorous supervision, proper nutrition, etc.) to ensure child safety and well-being?

For individual parent/caretaker concerns, consider the following:

- Describe what individual issues parents or caretakers have that need to be better managed or replaced so that the family tasks can go better (i.e., new plans for managing anger and control issues, improving emotional stability, stopping or limiting use of substances, managing sexual behavior, etc.).
- Describe what kind of new plan needs to be in place to ensure child safety and well-being.

- **Family consensus regarding safety concerns.** Check full, partial, or none identifying the level of consensus with the family regarding safety concerns and/or threats of danger.

II. HHS Referral Worker, HHS Social Work Case Manager (SWCM), and Supervisor Information

Complete all fields in this section of the referral including:

- **Referral Worker Name, Contact Number with area code, Email Address:** Enter the name and contact information of the Department referral worker.
- **Assigned SWCM Name, Address, Contact Number with area code, and Email Address:** Enter the name and contact information of the assigned Department social worker case manager (SWCM).
- **SWCM Supervisor Name, Contact Number with area code, and Email Address:** Enter the name and contact information of the Department SWCM's supervisor.
- **Dates/Times SWCM and Child Protection Worker (CPW) Available for Case Handoff/Transition Meeting.** Enter dates and times for when SWCM and CPW are available for case handoff.

III. Family Information

Complete all fields in this section of the referral including:

- **Name of Parents, FACS IDs, Race, Ethnicity, and Cultural Needs/Interpreter/Translator:** Enter the name of the parents and their assigned FACS IDs. Select the race and ethnicity from the drop down boxes. Refer to the codes listed above.

Check yes or no if there are any cultural needs or special accommodations or a need for a translator/interpreter that the contractor should be made aware. If yes, enter the identified needs or accommodations and the specific language or interpretation needed.

- **Family Address and Contact Number with area code:** Enter the address and contact number with area code for the parents listed.
- **Out-of-Home Placement, Date of Removal, Name and Address of Placement, Family Interaction Plan, Type of Placement, Contact Person, and Number of Placement:** Check yes or no if the youngest child victim is placed out of the home by order of the court. Check yes or no if the youngest child victim is temporarily out of the home through a Safety Plan.

If yes is checked for either of these, enter the date of removal from the home and date of placement. Check yes or no if there is a current family interaction plan. Enter the name, address, type, and contact information of the placement.

#### IV. Family Composition

Complete all fields in this section of the referral including:

Last, First Name of Household and Family Members, Date of Birth (DOB), Race/Ethnicity, Relationship to Youngest Child Victim, Address and Contact Number with area code: Enter all of the identified information in this section.

**If making a referral for Department (Agency) child welfare services - Solution Based Casework (SBC):** In addition to completing the sections on case information; referral worker, SWCM, and supervisor information; family information; and family composition, you must complete the section specific to Department (Agency) child welfare services -SBC.

- **QRTP and Court Involvement:** Enter the dates for the most recent and next scheduled court date, as well as, county of court jurisdiction.

If the referral is for QRTP post discharge services, enter the QRTP contact information and QRTP discharge date.

- **Current Services and Supports:** Check any of the applicable services and supports. Enter the name and contact information of the person connected to the service or support. If known, enter the dates that the services or supports began.

**If making a referral for family preservation services:** In addition to completing the sections on case information; referral worker, SWCM, and supervisor information; family information; and family composition, you must complete the section specific to family preservation services.

Describe the threats of danger placing the child or children at imminent risk of removal.

- Check yes or no if there is a current open child abuse assessment.
- Check yes or no if there is a current open CINA assessment.
- Check yes or no if there is an open ongoing department (Agency) service case.

**If making a referral for SafeCare:** In addition to completing the sections on case information; referral worker, SWCM, and supervisor information; family information; and family composition, you must complete the section specific to SafeCare.

Check yes or no to the following before making a referral. If parents or caretakers reside in separate households and SafeCare is referred for both, check yes or no for both households. Do any of the following concerns exist about the parent or caretaker's ability to:

- Engage/bond with their infant?
- Structure daily activities that stimulate their child?
- Manage the toddler's behaviors?
- Maintain a safe home?
- Make good health decisions for the child?

**If making a referral for parent partners:** In addition to completing the sections on case information; referral worker, SWCM, and supervisor information; family information; and family composition, you must complete the section specific to parent partners.

- **Participant Family Information:** Enter the last and first name of the referred participants and the county of court jurisdiction.
- Check yes or no if the participants have been involved with child protective services in the past.
- Check yes or no if the participants are aware a referral was made.

**NOTE:** When making a referral to parent partners, the referral worker should send the completed referral form to both the local coordinator and service area contact.

There is no need for a signed release of information due to having a business associate agreement (BAA) with the parent partner contractor.

**If making a referral for a SFM or YTDM meeting:** In addition to completing the sections on case information; referral worker, SWCM, and supervisor information; family information; and family composition, you must complete the section specific to SFM or YTDM meetings.

- Enter the dates for the most recent and next scheduled meeting by type.
- **Type of Meeting:** Check the appropriate box for the type of meeting during the life of the case that the referral is being made.

For SFM, this includes:

- Initial SFM (within 45 calendar days from the date of referral to services)
- Subsequent SFM Six months from the date of referral to services
- 12 months from the date of referral to services and every six months the case remains open
- Upon family request
- Prior to case closure
- Other
- When the family agreement/service plan is complete and action plans need the assistance of others (between milestone 2 and milestone 3)
- When the family is in mid milestone 3 and tasks are stalled
- When ready to acknowledge and recognize change and brainstorm specific ways to measure change
- When the family is in milestone 4 to recognize and celebrate change and identify what is left to accomplish

If making a referral for a subsequent SFM, document what changes occurred with the family since the prior SFM. Check the box for the correct milestone the family is in at the time of the referral. Specify the desired outcome of the meeting by checking the options listed.

For YTDM meetings, this includes:

- On or after the youth's 16th birthday
- Within 90 days prior to youth's 18th birthday
- **Contact:** Check yes or no if the family or youth are aware that the facilitator will be contacting them.
- **Court Involvement:** Check yes or no if there is court involvement. If yes, enter the date, time, and type of next hearing.
- **No Contact Order (NCO):** Check yes or no if there is a NCO in place. If yes, enter who the NCO is between. Check yes or no if separate meetings are required.
- **Cultural Needs or Special Accommodations:** Check yes or no if there are any cultural needs or special accommodations that the facilitator should be made aware. If yes, enter the identified needs or accommodations.

- **Translator or Interpreter:** Check yes or no if there is a need for a translator or interpreter. If yes, enter the specific language or interpretation needed.
- **Family Interaction Plan:** Check yes or no if there is a current **Family Interaction Plan** developed and in place.

V. Potential Team Members

Enter the name, email address, and phone number with area code of the potential team members invited to the SFM or YTDM meeting.

**Attachments:** Check the appropriate box for any attachments that will be included with the referral form. Be sure to include the appropriate attachments with the referral form.

**CINA Services Assessment Summary, Form 470-4135**

Purpose	Form 470-4135 is used during a CINA assessment when intake accepts a request for a CINA assessment.
Source	Complete this form online using the template available on the Case Flow home page.
Completion	The child protective worker or SW II completes this form during the CINA assessment process. The form must be completed within 20 business days of receipt of an accepted referral for a CINA assessment.
Distribution	<p>A copy of the <b>CINA Services Assessment Summary</b> must be printed and kept in the case file.</p> <ul style="list-style-type: none"><li>▪ If CINA action is recommended, refer to the local service area protocols as to whether the county attorney in that area requests a copy of the assessment form with the affidavit or petition.</li><li>▪ If CINA action is not recommended, the form is not distributed.</li></ul>
Data	<p>The client name, address, home phone, other phone, intake date, CINA assessment worker, county, and household composition fields are automatically filled from the STAR system.</p> <p><b>Non-Custodial Parent:</b> Enter the name, date of birth, address, and phone number of the non-custodial parent.</p> <p><b>Concerns Reported:</b> Provide a description of the CINA intake concerns reported.</p> <p><b>Summary of Previously Confirmed or Founded Reports concerning Family Members:</b> Enter the date, incident number, type of reports, victim, and findings of any previous reports.</p> <p><b>Summary of Previously Confirmed or Founded Report concerning Subjects as found in ACAN:</b> Enter the date, incident number, person responsible, type, victim, and finding of any previous reports.</p> <p><b>Summary of Assessment Process:</b> Use the Additional process information box to enter:</p> <ul style="list-style-type: none"><li>▪ The dates in which the child or children were observed, as well as, a justification explanation if child observed outside of assigned timeframes.</li></ul>

- The dates the custodial and non-custodial (if applicable) parents were interviewed,
- The date the evaluation of the home environment was completed, and
- The dates the safety assessments, safety plans (if applicable), and risk assessment were completed.

Provide additional information regarding:

- ICWA/Native American heritage information,
- Dates and time contacts were attempted if there is difficulty in meeting observation timeframes,
- Supervisory approval if contact is delayed, and
- The date and time of supervisory safety decision check back.

**Summary of Contacts:** Enter date, time, contact name, and contact summary.

**Summary of Observations, Findings and Determination of CINA Criteria:** Use this area to refine and analyze the information gathered during the assessment to determine if the child meets the criteria for filing a CINA.

**CINA Assessment Summary:** Use this area of the form to summarize the family's strengths and needs and to document any recommendations on filing a CINA petition and the identified services needed.

**Foster Care Prevention Strategy.** In the event CINA adjudication occurs, document whether a prevention plan already exists for the family. If no, document the prevention plan start date, all children the prevention plan applies to, all youth who are currently pregnant or parenting, select all applicable prevention services to meet the foster care prevention strategy. Document the foster care prevention strategy identified for the family in the event CINA adjudication occurs on the case.

**Family Functioning Domain:** Complete this area of the form only if a CINA petition is being recommended. This area organizes the findings regarding the family's strengths and needs into family functioning domains that will be used in the **Family Case Plan**.

**Case Disposition:** This area is for referring the case for types of service. Based on the recommendation for services, check the box for the type of service recommended. Enter the date of referral to services.

**Approval:** The assigned worker must sign and date the form. Upon review and approval, the worker's supervisor must also sign and date the **CINA Services Assessment Summary**.

**Communicable Diseases General Agreement, Form 470-3226 or 470-3226(S)**

Purpose	Form 470-3226 or 470-3226(S) verifies a foster parent's willingness to care for a child who is at risk of HIV or has the HIV-positive diagnosis, or has Hepatitis or Meningitis.
Source	Complete the English version of this form using the template available in SharePoint under Employee Manual/Forms.  Print supplies of the English and Spanish versions of this form from the manual or SharePoint.
Completion	The home study worker and the foster parent complete the form: <ul style="list-style-type: none"><li>▪ At initial application for foster home license.</li><li>▪ At each renewal.</li></ul> <p><b>NOTE:</b> If the family refuses to sign this form, enter a statement in the family's record, e.g., Family refuses to accept a child who is: at risk or tests positive for HIV, has Hepatitis or Meningitis. Sign and date the form on the contractor home study worker line.</p>
Distribution	The recruitment and retention contractor: <ul style="list-style-type: none"><li>▪ Sends the original to the Department for the licensing file.</li><li>▪ Gives a copy to the foster parent.</li><li>▪ Keeps a copy for its file.</li></ul>
Data	Enter the family's name.  Have the family: <ul style="list-style-type: none"><li>▪ Check which conditions the family will or will not accept and whether the family has or will have training on care of children who are HIV-infected.</li><li>▪ Sign and date the form.</li></ul>

**Complex Youth Care Assessment Referral, Form 470-0015**

Purpose	<b>Complex Youth Care Assessment Referral</b> is used to refer youth to the University of Iowa Complex Youth Care Clinic for a Complex Youth Care Assessment.
Source	Print supplies of Form 470-015 from SharePoint or the manual as needed.
Completion	The social work case manager completes this referral form when requesting a Complex Youth Care Assessment on a youth experiencing complex medical care needs.
Distribution	When the referral is completed, send this form to the centralized email inbox. Helpdesk staff will manage the inbox and send a prioritization list as well as the referral forms to the University of Iowa.

**Consent for Routine and Emergency Medical Care, Form 470-0172**

Purpose	The <b>Consent for Routine and Emergency Medical Care</b> form is used by the Department worker to delegate consent to routine and emergency medical care to a licensed foster parent or approved kinship caregiver.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms. Supplies of this form may also be printed from the manual or SharePoint as needed.
Completion	The Department worker completes the form before delegating consent to routine and emergency medical care to a licensed foster parent or approved kinship caregiver. HHS may delegate the Department's right, as custodian, to consent to emergency medical care and routine medical care on behalf of the child under section 232.2, paragraph "c", to the individual licensee or approved kinship caregiver. The delegation of consent is valid from the date of signing and remains in effect throughout the child's placement with the named caregiver unless revoked in writing by Iowa HHS.
Distribution	Keep the original form in the child or youth's case file.

**Consent to Adoption, Form 470-0755 or 470-0755(S)**

Purpose	The Department uses the <b>Consent to Adoption</b> to file consent to the adoption of a child by an adoptive family.
Source	Complete the English version of this form using the template available in SharePoint under Employee Manual/Forms. Print supplies of the Spanish form from the manual or SharePoint.
Completion	The child's adoption worker prepares two copies of this form when: <ul style="list-style-type: none"><li>▪ A child has resided in the home 180 days, or</li><li>▪ The waiting period has been waived.</li></ul> The service area manager signs the form on behalf of the Department. The form must be notarized.
Distribution	Send one copy to the family's attorney and keep one copy in the child's case file.
Data	Insert the child's name as "minor" and insert the adoptive parent's names as "petitioner."

**Consent to Obtain and Release Information, Form 470-0429 or 470-0429(S)**

Purpose	<p>Form 470-0429 is designed to get the permission of the client or the client's legally authorized representative to:</p> <ul style="list-style-type: none"><li>▪ Release information about the client to a third party.</li><li>▪ Obtain information needed to provide service to the client.</li></ul> <p>The Department uses this form to secure or release non-health-related information for purposes of determining a client's eligibility for services. See <a href="#">Authorization to Obtain or Release Health Care Information, Form 470-3951 or 470-3951(S)</a> for information used to authorize exchange of health care information.</p> <p>Staff from a county case management or central point of coordination office (a county worker) may also use this form.</p>
Source	<p>Department workers may complete the English or Spanish form using the template available in SharePoint under Employee Manual/Forms.</p>
Completion	<p>The Department or county worker prepares the form and secures the signature of the client or the client's representative:</p> <ul style="list-style-type: none"><li>▪ At the initial request for services.</li><li>▪ When the current authorization expires.</li><li>▪ When new services are added to the client's plan.</li></ul>
Distribution	<p>File the original in the case record. Give a copy to the client or the client's representative. Provide a photocopy to each person or agency authorized to share information.</p>
Data	<p>Enter the requested identifying information at the top of the form. Check the applicable box to identify whether a Department worker or a county worker is preparing the form. For a county worker, also enter the name of the county.</p> <p>List each person or agency authorized to share information with or receive information from the Department or the identified county. In the box to the right of the list, enter the name, phone number, and address of the Department or county worker who is to receive the information.</p> <p>Describe any exceptions or limitations under <b>Other</b>. Sample entry: HHS may obtain information from but not release information to Heartland AEA.</p> <p>Enter the expiration date if it is other than "<b>upon termination of services.</b>"</p>

If the client **withdraws** authorization to share information with a listed person or agency, cross out the entry and secure the date and initials of the client or the client's legally authorized representative.

**[CPW to SWCM Transfer Packet Face Sheet, Form 470-5562](#)**

Purpose	The <b>CPW to SWCM Transfer Packet Face Sheet</b> assists in the handoff from the Child Protection Worker (CPW) to the Social Work Case Manager (SWCM). This form is used as a tool to identify the required documents that need completing before handoff from the CPW to the SWCM.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.
Completion	<p>Complete the <b>CPW to SWCM Transfer Packet Face Sheet</b> as part of the transfer packet. The CPW must provide the transfer packet to their supervisor within five business days from completion of the assessment.</p> <p>All documents listed in this form are linked to the state approved forms. By checking the boxes to the left of the task required, the CPW is verifying that the task was completed and uploaded to the File Manager tab within the STAR Assessment Module of JARVIS.</p> <p>CPWs will want to create a system to save the forms and information gathered throughout the assessment process to upload together into File Manager before transferring the case to the SWCM.</p> <p>The SWCM and the SWCM's supervisor sign and date the form.</p>
Distribution	Upload a copy of this form into File Manager within the STAR Assessment Module of JARVIS. Keep a copy in the case file.
Data	Refer to the <b><u><a href="#">CPW to SWCM Transfer Packet Face Sheet Guidance, RC-0140</a></u></b> .

**Criminal History Record Check Request Form, DCI-77**

Purpose	The <b>Criminal History Record Check Request Form, DCI-77</b> is used to request a check for criminal records on persons who work in a childcare center. The Division of Criminal Investigations also uses this form to report the results of the check.
Source	Supplies of this form may be printed from the manual or SharePoint under Employee Manual/Forms.
Completion	The licensed childcare center completes this form for each person working or applying for employment in the center: <ul style="list-style-type: none"><li>▪ Upon application for employment.</li><li>▪ Every two years after hire.</li><li>▪ When there is reason to believe there is a transgression.</li></ul>
Distribution	<p>The center sends the completed form to the Iowa Department of Public Safety.</p> <p>The Iowa Division of Criminal Investigation (DCI) returns the form to the requestor. The center needs to keep this form in its personnel records to verify the record check occurred.</p> <p>When a criminal record is found, notify the childcare consultant supervisor responsible for making the Department's decision regarding involvement with childcare.</p>
Data	The form contains a waiver from the current or prospective employee, identifies the employee, and identifies "child day care" as the purpose for the check. DCI indicates the results of the check and attaches the record if one is found.

**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 HHS when there is an allegation of abuse of a dependent adult.
Source	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms.
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" if there are other actions or data that need to be made available to HHS.

**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.
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 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 a copy in the investigation file.
Data	Enter: <ul style="list-style-type: none"><li>▪ The person's name and address.</li><li>▪ The date.</li><li>▪ An explanation of the specific information you are requesting.</li><li>▪ Your name and address.</li></ul>

**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 the report of dependent adult abuse.
Source	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 <b>Dependent Adult Protective Services Intake, form 470-0657</b> . Destroy rejected intakes and notices after three years.
Data	<p>Enter:</p> <ul style="list-style-type: none"><li>▪ The date of notification.</li><li>▪ The name of the reporter.</li><li>▪ The reporter's address.</li><li>▪ The name of the county office making the decision.</li><li>▪ The date the report was received.</li><li>▪ The name of the dependent adult named in the report.</li></ul> <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 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>

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**[Dependent Adult Alleged Person Responsible Contact Attempt Letter, Form 470-5794](#)**

Purpose	<p>The Dependent Adult Alleged Person Responsible Contact Attempt Letter is used to:</p> <ul style="list-style-type: none"><li>▪ Notify the alleged person responsible for Dependent Adult Abuse that HHS is attempting to contact them for an interview.</li><li>▪ Engage the alleged person responsible to contact the Adult Protective Worker to schedule an interview.</li><li>▪ To document efforts made to offer an interview to the alleged person responsible.</li><li>▪ To notify the alleged person responsible of HHS' statutory requirements and how HHS will proceed should they not respond to attempts to contact them.</li></ul>
Source	<p>Complete this form using the template available in SharePoint under Employee Manual/ Forms.</p> <p>Supplies of this form may be printed from the manual or SharePoint.</p>
Completion	<p>The protective services worker completes this form after unsuccessful attempts have been made to contact the alleged person responsible by other means, such as face-to-face and phone calls. The letter should be sent as soon as other attempts of contact do not appear successful. The letter can be sent multiple times throughout the assessment process.</p>
Distribution	<p>Mail the completed form to the alleged person responsible from whom you are attempting to contact. Upload each copy of the request into DARES file manager within JARVIS.</p>
Data	<p>Enter:</p> <ul style="list-style-type: none"><li>▪ The Date</li><li>▪ Name of the Alleged Person Responsible</li><li>▪ Worker Name</li><li>▪ Date the Alleged Person needs to contact worker by.</li><li>▪ Worker Phone Number</li><li>▪ Again, the date indicated above as to when the alleged person responsible needs to contact the worker by (The two dates should be the exact same date.)</li></ul>

- Worker Name
- Worker County Office
- Worker Mailing Address
- Worker City, State, and Zip
- Worker Email Address
- Worker Phone Number
- Select which attempt letter this is, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> .....final

### [Dependent Adult Assessment Tool, Form 470-4841](#)

Purpose	<p>Form 470-4841 is a three-part tool used to assess a dependent adult's <b>degree of dependency</b>, 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.</p>
Source	<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 <b>Safety Assessment</b> portion:</p> <ul style="list-style-type: none"><li>▪ Within 24 hours of the first contact with the adult subject, and</li><li>▪ Before closing the adult protective evaluation or assessment.</li></ul> <p>The adult protective worker must complete the <b>Dependency Assessment</b> portion before the end of the dependent adult protective evaluation or assessment.</p> <p>The adult protective worker must complete the <b>Risk Assessment</b> portions before the end of the dependent adult protective evaluation or assessment.</p>
Distribution	<p>The <b>Dependent Adult Assessment Tool</b> is not distributed as part of the <b>Dependent Adult Protective Services Evaluation or Assessment Summary</b>. Print the <b>Dependent Adult Assessment Tool</b> and keep it in the case file.</p>
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>Safety Assessment (Initial and Final)</p> <p>If any of 2 through 6 are <b>No</b> or 7 through 14 are <b>Yes</b>, assist the adult subject, caretaker, service providers, and support system to take steps to alleviate the safety issues. This may be done by:</p> <ul style="list-style-type: none"><li>▪ Obtaining medical care or placement,</li><li>▪ Engaging additional formal and informal supports,</li><li>▪ Safety planning,</li></ul>

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

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

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

#### Initial Safety Decision

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

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

#### Dependency Assessment

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

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

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

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

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

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

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

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

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

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

**Lawton – Brody Instrumental Activities of Daily Living Scale**

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

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

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

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

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

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

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

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

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

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

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

#### Summary and Analysis of Safety Constructs Narrative

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

### Policy Overrides

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

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

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

**Date:** Enter the date.

**Dependent Adult Financial Information Request, Form 470-5696**

Purpose	Form 470-5696 requests information from financial institutions necessary to assess allegations of dependent adult abuse.
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 protective services worker completes this form whenever the worker wants to request financial information from a financial institution.
Distribution	Mail, fax or scan the completed form to the institution from whom you are requesting information. Upload a copy of the request into DARES file manager within JARVIS.
Data	Enter: <ul style="list-style-type: none"><li>▪ The date.</li><li>▪ Name of the financial institution.</li><li>▪ Your Name.</li><li>▪ Customer's Name and Date of Birth.</li><li>▪ Start date and end date of requested records.</li><li>▪ Check the type of record you are requesting.</li><li>▪ Identify the type of format you wish to receive the records</li><li>▪ Your Name.</li><li>▪ Your Title.</li><li>▪ Your Contact Information.</li></ul>

**Dependent Adult Investment Information Request, Form 470-5697**

Purpose	Form 470-5697 requests information from investment institutions necessary to assess allegations of dependent adult abuse.
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 protective services worker completes this form whenever the worker wants to request investment information from an investment institution.
Distribution	Mail, fax or scan the completed form to the institution from whom you are requesting information. Upload a copy of the request into DARES file manager within JARVIS.
Data	Enter: <ul style="list-style-type: none"><li>▪ The date.</li><li>▪ Name and address of the financial institution.</li><li>▪ Your Name.</li><li>▪ Client's Name.</li><li>▪ Last 4 Numbers of the Client's Social Security Number.</li><li>▪ Client's Date of Birth.</li><li>▪ Account Owner.</li><li>▪ Account number or Other Unique Identifier (if known).</li><li>▪ Start date and end date of requested records.</li><li>▪ Check the type of record you are requesting.</li><li>▪ Date by which you are requesting the records.</li><li>▪ Identify the type of format you wish to receive the records</li><li>▪ Your Signature.</li><li>▪ Your Name.</li><li>▪ Your Title.</li><li>▪ Your Agency.</li><li>▪ Your Contact Information.</li></ul>

**Dependent Adult Medical Information Request, Form 470-5698**

Purpose	Form 470-5698 requests information from medical providers necessary to assess allegations of dependent adult abuse.
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 protective services worker completes this form whenever the worker wants to request medical information from a medical provider.
Distribution	Mail, fax or scan the completed form to the institution from whom you are requesting information. Upload a copy of the request into DARES file manager within JARVIS.
Data	Enter: <ul style="list-style-type: none"><li>▪ The date.</li><li>▪ Name and address of the medical provider.</li><li>▪ Name of medical provider</li><li>▪ Patient's Name.</li><li>▪ Patient's Date of Birth.</li><li>▪ Identify the type of format you wish to receive the records</li><li>▪ Your Contact Information.</li><li>▪ Your Name.</li><li>▪ Your Title.</li><li>▪ Your Contact Information.</li></ul>

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**[Dependent Adult Multidisciplinary Team \(MDT\) Agreement, Form 470-5737](#)**

Purpose	<p>The purpose of form 470-5737 is to formulate an agreement between the Department and various individuals and agencies for consultation of dependent adult abuse assessments/evaluations to discuss diagnosis, limitations, coordination of services, possible referrals, and disposition of an adult subject.</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>
Source	<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 470-5737.</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 keeps one copy, sends 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>

**Dependent Adult Notice of POA Termination, Form 470-5699**

Purpose	Form 470-5699 provides notice of an agent's authority under a financial power of attorney terminated in accordance with Iowa Code 633B.110.
Source	Complete this form using the template or print from the manual or SharePoint.
Completion	<p>The protective services worker completes this form whenever the worker finds a dependent adult abuse evaluation and the perpetrator is an agent under a financial power of attorney.</p> <p>NOTE: The protective services worker will need to manually address envelopes to all persons/entities listed in the "Copies To:" section and mail to the persons/entities listed. These letters will not be sent from Central Print.</p>
Distribution	Mail the completed form to the perpetrating caretaker and send copies to all persons/entities listed. Upload a copy of the notice into DARES file manager within JARVIS.
Data	<p>Enter:</p> <ul style="list-style-type: none"><li>▪ The date.</li><li>▪ Name of Perpetrator.</li><li>▪ Address of Perpetrator.</li><li>▪ Name of Perpetrator.</li><li>▪ Date of Report.</li><li>▪ Name of Adult Subject/Victim.</li><li>▪ Your Name.</li><li>▪ Your Address.</li><li>▪ Your Contact Information.</li><li>▪ Copies To: Adult Subject/Victim</li><li>▪ Copies To: All Adult Subject/Victim's Financial Holding Institutions, including any of the following:<ul style="list-style-type: none"><li>• Bank</li><li>• Credit Union</li><li>• Savings Association</li><li>• Broker-Dealer</li><li>• Investment Provider</li><li>• Financial Advisor</li><li>• Securities Administrator or</li><li>• other Financial Institution</li></ul></li></ul>

- Copies To: Care Facility where Adult Subject/Victim resides(if applicable)
- Copies To: Guardian of Adult Subject/Victim (if applicable)
- Copies To: Conservatory of Adult Subject/Victim (if applicable)

**Dependent Adult POA Record Request, Form 470-5700**

Purpose	Form 470-5700 request information from an agent assigned as financial power of attorney necessary for an assessment of dependent adult abuse allegations.
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 protective services worker completes this form whenever the worker requires a financial power of attorney agent's records.
Distribution	Mail the completed form to financial power of attorney agent. Upload a copy of the request into DARES file manager within JARVIS.
Data	Enter: <ul style="list-style-type: none"><li>▪ The date.</li><li>▪ Name of the Power of Attorney.</li><li>▪ Address of the Power of Attorney.</li><li>▪ Your Name.</li><li>▪ Adult Subject's Name.</li><li>▪ Start and End date of your record request.</li><li>▪ Your Name.</li><li>▪ Your Address.</li><li>▪ Your Email.</li><li>▪ The format you wish to receive records.</li><li>▪ Your Name.</li><li>▪ Your Title.</li></ul>

**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>
Source	<p>This form may be completed online, 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>* <b>Report Information:</b> The intake date, adult protection worker, county name or county number are pulled from the DARES data entry.</p> <p>* <b>Assessment Findings:</b> Findings are pulled from the "Determination" screen after completion of assessment and data entry.</p> <p>The safety assessment findings are generated by the "Safety Assessment" page for the incident using subsequent findings from worker entry into DARES.</p>

\* **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 displays 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 their 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 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.

### **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.

### [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.
Source	Intake workers can complete this form using the: <ul style="list-style-type: none"><li>▪ DARES module, or</li><li>▪ Printable template is located in <a href="#">SharePoint Forms</a>. Transferring the data to the DARES module later.</li></ul>
Completion	The intake worker who receives the initial report of suspected dependent adult abuse completes this form on each referral whether the referral is accepted or rejected for assessment or evaluation.
Distribution	Upon completion of the intake, the form is electronically auto-distributed to the appropriate identified recipients.
Data	<p><b>Date and Time:</b> The date and time the intake supervisor accepts or rejects the report of dependent adult abuse will auto-populate in the DARES intake module.</p> <p><b>County Name/County #:</b> Enter the county name and number.</p> <p><b>Intake Person:</b> The DARES intake module will auto-populate the name of the intake worker conducting the intake.</p> <p><b>Assigned Worker:</b> If accepted, the APW assigned to complete the evaluation or assessment will be assigned by the APW Supervisor and will auto-populate in DARES.</p> <p><b>Incident (Registry) Number:</b> The DARES system assigns this number.</p> <p><b>Household Name and Address:</b> 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> <p><b>Directions to Home:</b> 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.</p>

**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. If the adult subject is residing in a congregate care setting, only the adult subject may be listed in the household composition.

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

**Narrative Description/Adult Subject Safety Concern:** Enter the reported information in this section. Whenever possible, use the words of the reporter. Summarize all allegations and other information needed to determine whether the referral provides information sufficient to determine abuse or neglect did not occur. Check the box whether the alleged person responsible has, or does not have, 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, Role, Perpetrator Relationship, and Substitute Decision Maker to Adult Subject, Social Security Number, FACS ID (if applicable), Address, and Phone Number. DARES will generate personal ID Number, 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.

**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.

**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, IoWANS, 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:

- A reasonable belief does not exist that the adult subject is a dependent adult
- Alleged perpetrator is not a caretaker
- Not in HHS jurisdiction OR not in state’s jurisdiction. A reasonable belief does not exist to suspect abuse or neglect occurred
- Duplicate to prior report. [Incident number that addressed current allegations]
- Addendum/Additional information to prior report. [Incident number to be reassigned]

Additional populated Actions Taken in DARES for accepted and rejected intakes are as follows:

- Referral to DIAL
- Referral to Law Enforcement
- Referral to community services
- Referred Addendum/Additional info to Prior Report to Local Office
- Referred to HHS Home and Community Based Services Regulatory Authority
- Referred to APW with current open assessment
- Referred to APW with open periodic visits
- Referred to Iowa Medicaid Urgent Member Unit

- Referred to HHS Services Worker (open services)
- Referred to HHS CPW with Open Assessment

**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 including information obtained during an in-depth intake.

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 through 7 to gather information from the caller. Use questions 8 through 11 if they apply. All questions are to assist in determining a reasonable belief of the adult subject's dependency status.

**Supervisory Decision:**

For a rejected dependent adult abuse intake, document the following:

- Indicate the reasons for the rejection
- Rejecting supervisor's name
- The date and time of rejection.

For an accepted dependent adult abuse intake, document the following:

- Accepting supervisor's name
- The date and time of acceptance.
- Accepted, or
- Accept to Current Assessment [Linked Incident Number]
- Assigned worker [select worker]
- Timeframe for assuring adult safety [Check one]:
  - 24 hours [Alleged Perp has access to adult subject]
  - 72 hours [Alleged Perp does not have access to adult subject]

**Determination Not Eligible for Five-Year Removal: Notice of Addendum, Form 470-5443**

Purpose	<p>Form 470-5443, <b>Determination Not Eligible for Five-Year Removal: Notice of Addendum</b>, was created as a temporary form to address a backlog of incidents impacted by a law change on January 1, 2014. The law requires the Department to determine whether the person responsible for the abuse on a founded child abuse assessment should be placed on the Central Abuse Registry for ten years or become eligible to have their name removed after five years.</p> <p>The form provides notice to individuals who had founded assessments of denial of critical care, physical abuse, or presence of illegal drugs on or after January 1, 2014. The form explains that their name does not qualify for removal from the Central Abuse Registry after five years. Addendum and right to appeal information is also provided.</p>
Source	<p>The form is not available to field staff.</p>
Completion	<p>Identified staff complete the form following a review of the incident and a determination that the person named responsible does not qualify for removal after five years.</p>
Distribution	<p>A copy of the completed form is sent to the person named responsible. A copy of the completed form is maintained in the File Manager specific to the incident number.</p>
Data	<p>If information has been entered into STAR, the following items are generated by the STAR Assessment module in JARVIS:</p> <ul style="list-style-type: none"><li>▪ The date the form is sent.</li><li>▪ The name and address of the person to whom the form is sent.</li><li>▪ The incident number referenced in the form.</li><li>▪ The name of the person responsible for the abuse.</li><li>▪ <b>Report Information:</b> Intake date, child protection worker, household address, completion date, incident #, addendum date, and county.</li><li>▪ <b>Household Composition:</b> Name, DOB, sex, role, FACS ID, and comments.</li><li>▪ <b>Non-Custodial Parent.</b> Name, phone, address, parent of, and comments.</li></ul>

- **Person Determined Responsible for Abusive Incident:** Name, DOB, FACS ID, relationship, address, phone, comments, and work phone.
- Original Concerns Reported
- Addendum to Summary of Contacts
- Addendum to Findings and Determination
- Rights to Appeal This Action

### Determination of Eligibility for Five-Year Removal, Form 470-5444

Purpose	<p>Form 470-5444, <b>Determination of Eligibility for Five-Year Removal</b>, was created as a temporary form to address a backlog of incidents impacted by a law change on January 1, 2014. The law requires the Department to determine whether the person responsible for the abuse on a founded child abuse assessment should be placed on the Central Abuse Registry for ten years or become eligible to have their name removed after five years.</p> <p>The form provides notice to individuals who had founded assessments of denial of critical care, physical abuse, or presence of illegal drugs on or after January 1, 2014. The form explains that their name will be removed from the Central Abuse Registry after five years unless they have additional founded child abuse against them.</p>
Source	<p>The form is not available to field staff.</p>
Completion	<p>Identified staff complete the form following a review of the incident and a determination that the person named responsible does qualify for removal after five years.</p>
Distribution	<p>Send a copy of the completed form to the person named responsible. Keep a copy of the completed form in the File Manager specific to the incident number.</p>
Data	<p>If information has been entered into STAR, the following items are generated by the STAR Assessment module in JARVIS:</p> <ul style="list-style-type: none"><li>▪ The date the form is sent.</li><li>▪ The name and address of the person to whom the form is sent.</li><li>▪ The incident number referenced in the form.</li><li>▪ The incident number reviewed.</li><li>▪ The original assessment date.</li></ul>

**Discovering Connections, Form 470-5648 or 470-5648(S)**

Purpose	Forms 470-5648 and 470-5648(S), <b>Discovering Connections</b> are used to assist children and youth with identifying potential family and other positive adult connections.
Source	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms as needed.
Completion	Any professional may complete the Discovering Connections tool with a child or youth throughout the life of the case.
Distribution	The child protection worker or social work case manager should utilize the information obtained from the completed tool to assist in Diligent Search activities and to engage informal supports. Ensure that you have signed releases from the child's parents before releasing information to identified supports.
Data	Using the tool: <ul style="list-style-type: none"><li>▪ Pick a setting that promotes conversation and openness and matches the youth's interests. For example, take a walk outside, do an art project, etc.</li><li>▪ Be honest about the purpose of the questions and with whom the information will be shared.</li><li>▪ Not all questions need to be asked, or asked exactly as written. Strive to make this a conversation.</li><li>▪ Record as much information as possible about people the youth identifies and ensure that the youth is okay with these people being contacted.</li><li>▪ Give specific details about the next steps in the process. Do not over-promise but be sure the next steps are reached.</li><li>▪ Be sure to thank the youth for their willingness to share.</li><li>▪ If youth are unable to name anyone, have a conversation about opportunities to build new relationships and connections while acknowledging the youth's resilience in the absence of these connections.</li></ul>

**Eco-Map, Form 470-4086 or 470-4086(S)**

Purpose	Form 470-4086 or 470-4086(S) is used to help families assess the balance between the stress and support they have and whether foster care and or adoption is right for them.
Source	Print supplies of the English or Spanish version of this form from the manual or SharePoint under Employee Manual/Forms as needed.
Completion	The foster or adoptive parent applicants complete the form during PS-MAPP.
Distribution	<p>The family shares this self-evaluation with their home study worker during family consultations.</p> <p>The recruitment and retention contractor:</p> <ul style="list-style-type: none"><li>▪ Submits a copy to the Department with the home study.</li><li>▪ Keeps a copy in the family's file.</li></ul>
Data	<p>Page 1 of the form includes sections for the applicant to:</p> <ul style="list-style-type: none"><li>▪ Draw a central circle with names of all the people who live in the household.</li><li>▪ Draw circles outside the central circle representing systems that give and take away energy.</li><li>▪ Describe the relationships between the outside systems and the family.</li><li>▪ Describe the flow of energy: Is this system a source of support or stress for the family?</li></ul> <p>Page 2 of the form includes sections for the applicant to:</p> <ul style="list-style-type: none"><li>▪ List five additional "systems" that will likely be added to the family if they become a foster or adoptive family.</li><li>▪ Develop preventive strategies to reduce the stresses and increase the support.</li></ul>

**Evaluation and Recommendation for Approval to Operate a Control Room, Form 470-0700**

Purpose	Form 470-0700 is used to evaluate a foster group care facility's request to operate a control room.
Source	Department workers may complete the form using the fillable PDF available in SharePoint under Employee Manual/Forms.  Supplies of this form may also be printed from the manual or SharePoint.
Completion	The licensing worker and the executive director of the facility complete the form when an applicant for a comprehensive residential facility, comprehensive residential facility for children with an intellectual disability, or detention home wishes to operate a control room. Complete the form at each subsequent licensing renewal.
Distribution	Send the completed form to the Bureau of Child Welfare and Community Services, which makes photocopies.  Return a copy to the agency. Send a copy to the licensing manager and the service area office where the facility is located. Keep the original copy for the Bureau of Child Welfare and Community Services' records.
Data	The licensing worker completes the checklist by placing an "X" in the appropriate column. The executive director of the facility completes the commitment section including signature and date. The licensing worker signs and dates the form.

**Evaluation and Recommendation for Approval to Operate a Locked Cottage, Form 470-0701**

Purpose	Form 470-0701 is used to evaluate a foster group care facility's request to operate a locked cottage.
Source	Department workers may complete the form using the fillable PDF available in SharePoint under Employee Manual/Forms.  Supplies of this form may also be printed from the manual or SharePoint.
Completion	The licensing worker and the executive director of the facility complete the form when an applicant for a comprehensive residential facility, comprehensive residential facility for children with an intellectual disability, or detention home wishes to operate a locked cottage. Complete the form at each subsequent licensing renewal.
Distribution	Send the completed form to the Bureau of Child Welfare and Community Services, which makes photocopies.  Return a copy to the agency. Send a copy to the licensing manager and the service area office where the facility is located. Keep the original copy for the Bureau of Child Welfare and Community Services' records.
Data	The licensing worker completes the checklist by placing an "X" in the appropriate column. The executive director of the facility completes the commitment section including signature and date. The licensing worker signs and dates the form.

**Evaluation and Recommendation for Approval to Use Mechanical Restraints, Form 470-0703**

Purpose	Form 470-0703 is used to evaluate a foster group care facility's request to use mechanical restraints.
Source	Department workers may complete the form using the fillable PDF available in SharePoint under Employee Manual/Forms.  Supplies of this form may also be printed from the manual or SharePoint.
Completion	The licensing worker and the executive director of the facility complete the form when an applicant for a comprehensive residential facility, comprehensive residential facility for children with an intellectual disability, or detention home wishes to use mechanical restraints. Complete the form at each subsequent licensing renewal.
Distribution	Send the completed form to the Bureau of Child Welfare and Community Services, which makes photocopies.  Return a copy to the agency. Send a copy to the licensing manager and the service area office where the facility is located. Keep the original copy for the Bureau of Child Welfare and Community Services' records.
Data	The licensing worker completes the checklist by placing an "X" in the appropriate column. The executive director of the facility completes the commitment section including signature and date. The licensing worker signs and dates the form.

**Exchange Referral of Family, Form 470-0752**

Purpose	Licensed child-placing agencies or certified adoption investigators may use form 470-0752 to register an approved family on the Iowa Adoption Exchange System. (HHS staff can register a family through the FACS system.)
Source	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms.
Completion	<p>The child-placing agency worker or adoption investigator prepares two copies of this form when the agency or investigator wishes to have the Department place an approved family on the Exchange, instead of accessing the system directly.</p> <p><b>NOTE:</b> A family can be listed on the exchange only if the family has a current home study and has indicated on the <b>Application for Adoption</b> the intent to adopt a child with special needs.</p>
Distribution	The agency or investigator keeps one copy and submits the original to a Department field office.
Data	<p>The top area is self-explanatory except for registration status codes. Insert A2 for an original active case.</p> <p><b>Sections I, II, and IV.</b> These sections are self-explanatory.</p> <p><b>Section III.</b> Enter an X next to the number of children the family wishes to adopt. From one to three selections can be entered under race. At least one selection must be made under sex and under mental, physical, behavior or emotional disability.</p> <p>Under age range, enter the youngest and the oldest age that a family feels they can best parent. Indicate whether the family would accept a child whose termination of parental rights is under appeal and whether the family would allow contact with the child's birth relatives.</p> <p><b>Section V.</b> Enter the licensed child-placing agency worker or the certified adoption investigator's name and data.</p>

**Facility Assessment Checklist for Child Care Centers, Form 470-3853**

Purpose	Form 470-3853 summarizes tasks to meet policy requirements and recommended practice when responding to a report of abuse in a licensed childcare center.
Source	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms as needed.
Completion	Child protective workers may use this form to assist them in completing individual facility assessments.
Distribution	If the checklist is completed, file it in the assessment file.
Data	Workers may check or enter dates on each item to record completion.

**Facility Assessment Checklist for Child Care Homes, Form 470-3854**

Purpose	Form 470-3854 summarizes tasks to meet policy requirements and recommended practice when responding to a report of abuse in a registered or unregistered child-care home.
Source	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms as needed.
Completion	Child protective workers may use this form to assist them in completing individual facility assessments.
Distribution	If the checklist is completed, file it in the assessment file.
Data	Workers may check or enter dates on each item to record completion.

**Facility Assessment Checklist for Foster Family Homes, Form 470-3855**

Purpose	Form 470-3855 summarizes tasks to meet policy requirements and recommended practice when responding to a report of abuse in a licensed foster family home.
Source	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms as needed.
Completion	Child protective workers may use this form to assist them in completing individual facility assessments.
Distribution	If the checklist is completed, file it in the assessment file.
Data	Workers may check or enter dates on each item to record completion.

**Facility Assessment Checklist for Group Care, Form 470-3856**

Purpose	Form 470-3856 summarizes tasks to meet policy requirements and recommended practice when responding to a report of abuse in a group care facility, such as: <ul style="list-style-type: none"><li>▪ A residential group care facility</li><li>▪ A shelter care facility</li><li>▪ A detention facility</li><li>▪ A psychiatric medical institution for children</li><li>▪ A state juvenile institution</li><li>▪ An ICF/ID for children</li><li>▪ A hospital</li><li>▪ A nursing facility</li><li>▪ A licensed substance abuse treatment facility</li></ul>
Source	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms as needed.
Completion	Child protective workers may use this form to assist them in completing individual facility assessments.
Distribution	If the checklist is completed, file it in the assessment file.
Data	Workers may check or enter dates on each item to record completion.

**Family Case Plan, Form 470-3453 or 470-3453(S)**

Purpose	<p>The <b>Family Case Plan</b>, form 470-3453, is the official record of the Department's involvement with the family. It serves to:</p> <ul style="list-style-type: none"><li>▪ Help document the child and family conditions and concerns that caused the family to become involved with the child welfare system.</li><li>▪ Help determine and document the most appropriate services and supports needed to assure and promote child safety, permanency, and well-being. The family's plan includes a description of:<ul style="list-style-type: none"><li>• A plan to keep children safe.</li><li>• Individual family strengths, supports, and needs.</li><li>• How the strengths and family supports can be used to assist the family in self-directed change.</li><li>• How the Department and others will assist the family in overcoming the needs.</li></ul></li><li>▪ Document compliance with applicable state and federal laws and regulations.</li></ul>
Source	<p>These forms are all accessed and completed in the HHS Case Flow system at: <a href="http://dhsintranet/cwis_caseflow/">http://dhsintranet/cwis_caseflow/</a></p> <ul style="list-style-type: none"><li>▪ Family Case Plan Face Sheet, Part A</li><li>▪ Family Case Plan, Part B</li><li>▪ Child Placement Plan, Part C</li><li>▪ <b>Family Functioning Domain Criteria</b>, form 470-4138 (also located on SharePoint under Employee Manual/Forms), which explains what information, child/family issues, and assessment criteria should be considered in each of the five domain areas</li><li>▪ Family Risk Reassessment, form 470-4134</li></ul>
Completion	<p>The HHS social work case manager assigned to the child and family is responsible for preparing the case plan to provide a comprehensive assessment view of the child and family that focuses on the major needs of the child, the parents, and, if applicable, the foster parents related to child safety, permanency, and well-being.</p> <p>The case plan must be completed within 60 calendar days from the date the Department opens a HHS child welfare service case.</p>

The case plan must be reviewed and updated:

- At a minimum, every six months thereafter while the case remains open, or
- More frequently if there are significant changes or if required by the court.

Information on the child and family entered in the FACS system automatically completes the case plan. Information not entered in FACS will not appear in the case plan. The worker must enter this information when the case plan is prepared.

#### Distribution

Obtain the necessary signatures on the plan and indicate which persons participated in developing or reviewing the plan:

- Distribute the **Family Case Plan**, including the **Family Case Plan Face Sheet**, when it is first developed to all of the persons listed on the “Signatures and Notifications” page.
- Distribute copies of any altered or revised case plan, including Part A, Part B, and Part C, if applicable, and the completed review section, to all of the persons listed on the “Signatures and Notifications” page.
- Print a copy of all initial and reviewed case plans, including Part A, Part B, and Part C, if applicable, and the completed review section and place the copy in the case file.

#### Data

##### A. Family Case Plan Face Sheet

The face sheet includes identification, statistical, historical, service summary, and placement information for the family.

- **Identifying information:** Enter information on the child’s name, FACS ID, date of birth, address, and family members is automatically entered from the FACS system.
- **Service History and Placement History:** Enter information about services opened for the child and family in the FACS system is automatically entered from the FACS system.
- **Additional Services Provided:** The social work case manager completes this section. (This data is not contained in the FACS system.) Once entered, this information will be saved and become part of the case plan history over the life of the case.

- **Court Involvement:** The social work case manager enters information on any court involvement into FACS on the Court Detail screen. This information then fills the Court Involvement section of the **Family Case Plan Face Sheet**, Part A.

Information shown in green on Part A may be suppressed for safety reasons, such as when the safety of a foster child or foster parent could be jeopardized by printing the address or there are domestic violence issues or a restraining order between the child's parents.

To suppress all the information shown in green, click on the box "Suppress All Sensitive Data." Individual lines may also be highlighted and removed. Suppressed information reappears when the Case Flow form is reopened.

## **B. Family Case Plan**

- **Identifying information:** The child's name and FACS ID and the HHS worker's name are automatically completed from information in the FACS system.
- **Family Plan Participants:** The worker fills in the list of participants involved in developing the case plan.
- **Date of Initial Plan and Family Team Meeting:** The worker must enter dates in these fields.
- Anticipated date of case closure: The worker enters the date.
- **Household Composition:** This information is automatically completed based on information entered in FACS about the child's family members living in the home. Information in FACS about the child's parents not living in the home will be filled into this section as well.

### Family Functioning Domains

HHS uses the **Family Functioning Domains** to provide a consistent format for collecting, considering, and analyzing information about children and families. This consistency ensures that functioning areas most critically impacting safety, permanency, and well-being are addressed and targeted for service intervention.

Use of the domains creates a common, consistent language as information about children and families flows from child protective workers to ongoing workers and service providers.

The domains provide a “common lens” through which the strengths and needs of the child and family can be assessed, discussed, and used in planning and service provision.

The family functioning domains consist of the following broad areas of functioning (each domain area has related subcategories):

- **Child Well-Being:** Child’s mental health behavior, relationship with peers, school performance, motivation and cooperation, relationship with caregivers, and relationship with siblings
- **Parental Capabilities:** Parental supervision of children, mental health, disciplinary practices, physical health, developmental and enrichment activities, and use of drugs or alcohol
- **Family Safety:** Physical abuse, neglect, sexual, or emotional abuse of child; and domestic violence
- **Family interactions:** Bonding with child, expectations of child, relationship between parents or caregivers, mutual support within the family
- **Home environment:** Housing stability, financial management, income and employment, safety in community, personal hygiene, habitability, transportation, food and nutrition, learning environment
- **Other:** Additional issues or concerns about the child or family

Become familiar with the family functioning domain categories and criteria. Consider the child and family’s strengths, concerns, and needs in the various domain areas as you have discussions with the family and gather and analyze information about them.

- Information gathered in a family team may be helpful in evaluating the domain categories.
- Evaluate each individual’s functioning through the common “lens” of the domain areas when:
  - There are multiple children in the family,
  - There is a noncustodial parent or stepparent, or
  - A relative is caring for the child.

Complete the family functioning domain section of the case plan by working through each domain category (the subcategories for each domain category automatically appear as you complete the domain sections) and:

- Fill in the **Narrative** section of each domain with a specific description of any strengths or needs identified within that domain.

Needs in any domain should be related to and discussed within the context of how the needs affect child safety, permanency, or well-being.

Remember that families may have strengths in some domain areas that can be used to address needs in other domains.

- Establish a **Goal** for each domain area where a need is identified in the narrative. It is critical that goals be developed in partnership with the family.

Goal statements should be strength-based and focused on achieving the outcomes essential for safety, permanency, and well-being.

- If no needs are identified for a family within a domain category, but strengths are noted, you may establish a goal for that domain that focuses on using family strengths to help meet needs in other domain areas.
- After reviewing the strengths, needs, and goals for each domain area, identify the strategies, services, and informal supports that may be helpful to achieving the goals.
- In each domain 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 for each step and
  - The dates for beginning and completing the necessary actions.

Update revisions to or completion dates for the steps throughout the life of the case plan.

- Discuss and review the case plan information on domain areas, proposed goals, and action steps with the family before making final entries to the plan.
- Use the **Comments** section in each domain area to enter updated information on the family's progress and functioning level in that domain.

When the child is residing with the child's parents, the case plan shall state whether the child would be at "imminent risk of removal" from the home if in-home services were not provided.

"Imminent risk" means there is an immediate threat or likelihood that the child will suffer maltreatment.

When assessing "imminent risk," consider the three safety constructs of threats of maltreatment, child's vulnerability to maltreatment, and the caretaker's protective capacities to determine if the child would be unsafe without in-home services in place.

Cases that meet this standard are eligible for federal Title IV-E funding as candidates for foster care.

In the comments section of the most applicable family functioning domain area, document whether HHS would ask the court to consider the removal of the child if the family refused or terminated in-home services and why.

#### Review Section

Use the **Family Case Plan** review section when reviewing family progress and making further recommendations for actions and services on the case.

- Indicate the date of the plan review and whether this review was conducted through a family team meeting.
- When completing the review, consider the family's current functioning, level of goal achievement, and completion of necessary steps within each domain area.
- Identify family achievements, progress toward safe case closure, remaining concerns, and your current recommendations in the review section.
- At least once every six months, review the status of any child who has been previously determined to be at "imminent risk of removal" if in-home services are not provided. Document if services should continue and why in the **Review Summary and Recommendations** box.

Reference **Other Comments** if an evaluation determines that the location of the foster home is suppressed and review this determination every six months or less.

### Signatures and Notifications

- Document and obtain signatures from those persons that participated in development of the plan and thank all persons who contributed to the planning process for the child and family.
- Set a date for future meeting with the family to review and revise the plan as needed. The **Other Comments** section of this page can be used for this purpose.

Every six months or less, evaluate and review the decision to suppress the location of the foster home to determine if suppression continues or the need for suppression no longer is applicable.

- The **Other Comments** section may be used to include information concerning:
  - Case child abuse and criminal record histories;
  - Whether the Indian Child Welfare Act applies to the case;
  - Evidence of a direct or indirect threat to harm the foster child or foster family or credible third-party information of a threat of harm to the foster child or foster family as listed in [18-D\(4\)](#). This information is needed if there has been a decision to suppress the address and contact information of the foster home.
- Distribute copies of the plan to those that should receive them.

### C. Child Placement Plan

In combination with the face sheet and the family plan, the out-of-home placement section is a written document that includes all the federal required elements. The family plan and the out-of-home placement section include:

- A description of the placement and the appropriateness of the placement.
- The permanency goal for the child including any concurrent permanency goals.
- A plan for ensuring that the child and family receive services designed to facilitate the return of the child to a safe home or to another permanent placement.
- The health and educational status of the child.
- When applicable, a description of the programs and services that will facilitate the child's transition from foster care to adulthood.

This form is necessary to provide information mandated by state and federal laws and regulations regarding each child placed in an out-of-home setting in which the Department has custody, or when foster care is being provided under a voluntary placement agreement.

The HHS social work case manager responsible for the child should complete the **Child Placement Plan** when the child is placed in an out-of-home setting and HHS has custody or the child is placed under a voluntary placement agreement.

For these children, this section is in addition to Parts A and B of the case plan. The **Child Placement Plan, Part C**, should be updated every 90 days just like Parts A and B.

The **Child Placement Plan** is distributed as part of the case plan for children who are in placement. Print a copy of the **Child Placement Plan** and keep it in the child's HHS service record along with the other sections of the case plan.

Based on available case information and your own discussions with the family, make narrative entries for all applicable items on the **Child Placement Plan** where no auto-filled information appears. Enter sufficient narrative information to explain and give detail about the categories contained in the form.

- The child's name and FACS ID will be automatically completed.
- Enter the following:
  - Child's date of birth
  - Anticipated date of child's return home
  - Date of family plan development
  - Date of initial out-of-home placement
  - Placement authority (court or voluntary placement)
  - Date of current placement
  - Whether "contrary to welfare" language is in the appropriate court order (yes or no)
  - Whether "reasonable efforts" language is in the appropriate court order (yes or no)
- **Permanency Goal:** Select and enter the current permanency goal for the child.
- **Concurrent Goal Assessment:** Assess and answer the two questions concerning the child. **NOTE:** If you answer "no" to either question, you must enter a concurrent goal in the next section.

- **Concurrent Goals:** Complete this section if the answer to either question in “Concurrent Goal Assessment” is “no.” Describe concurrent goal planning underway for the child.
- **Child Well-Being Domain:** Review information about the child entered in the family domain criteria “child well-being” area and indicate whether each of the domain subcategories is currently a strength (S) or need (N) for the child.
- **Placement Status Information:** Assess and answer the six questions pertaining to the characteristics of the current placement for the child. **NOTE:** If you answer “no” to any question, you must enter an explanation in the adjacent box.
- **Efforts Made by DHS to Support the Placement and Prevent Disruption:** Check the boxes to indicate the HHS efforts to support the placement and prevent disruption.
- **Placement History:** Enter information about the child’s out-of-home placement history. Start with the current placement and then list all previous out-of-home placements, including any hospitalizations, institutional, or PMIC placements.
- **Permanency (ASFA):** Answer the four questions in this section. **NOTE:** If you answer “yes” to any question, you must enter an explanation in the adjacent box. If termination of parental rights is not indicated, explain this by selecting a reason provided or by citing other compelling reasons in the space provided.
- **Visitation:** Make the appropriate entries to describe the child’s visitation situation. Include any necessary narrative to explain the visitation arrangements.
- **Documentation:** Indicate whether the child has a certified birth certificate and a Social Security card and number. Describe plans to obtain if the child currently does not.
- **Health and Health Records:** Answer the question whether the child was able to retain known care providers. If not, explain efforts to do so and reasons why continuity of care was not possible.  
  
Document whether the child is a victim of sex trafficking. If yes, explain services provided. If the youth is pregnant or has a child, check “yes” in the final question.  
  
In the table provided, enter any known health examinations and treatments the child has received. If possible, indicate this information for at least the last two years of the child’s life.

Indicate the provider, dates of service, and date the information on these services was given to the child's current caregiver and current service provider.

**NOTE:** Do not record HIV status or risk of HIV infection anywhere in the case plan. File any such information in the medical record section of the case file and mark it "Confidential."

- **Mental Health/Psychological/Psychiatric Records:** Describe any known mental health, psychological, or psychiatric evaluations or treatment the child has received.

Indicate the provider, dates of services, and date the information on these services was given to the child's current caregiver and current service provider.

- **Education Records:** Complete this section to provide information on the child's current educational stats. Contact educational partners at the local school district or Area Education Agency (AEA) if needed to obtain this information.

If the child was not able to remain in the school the child was attending upon entry or change in foster care placement, explain efforts to keep the child's educational placement stable and why the change was best for the child.

### **Transition Plan**

"Transition planning" is the process of assisting the child in foster care to prepare to be a self-sufficient adult.

This process includes an assessment of life skills, strength and concerns, services and supports, and outcomes to be accomplished for successful transition.

Planning for transition to adulthood for children in foster care with special needs may need to begin before age 14 to ensure needed funding and services are available.

Service area transition planning specialists (TPS) can provide ongoing consultation and information regarding transition planning for adolescents.

For a child who may be eligible for services as an adult, the assessment and plan of services must be developed with someone who can reasonably be expected to fund those services or be a service provider when the child becomes an adult.

This section is required for a child in foster care of any type who is age 14 years of age or older. The plan shall be updated at required intervals with the **Case Permanency Plan**. In addition, the **Transition Plan** needs to be updated within 90 days of the child turning 18, and if the child remains in care past the age of 18, in the 90 days before discharge.

Organization of a youth-centered planning team is required for every child age 14 and older in foster care. Ask the child to select members of the team. Include specific names of formal and informal supports in the box that asks about membership.

A referral to transition planning specialist (TPS) may be needed for more challenging needs, such as transition planning for a child in long-term foster care or a child needing adult services. If a referral has been made to a TPS, select "yes."

Include the date the Case Life Skills Assessment was completed. It must be done at least once after the child in foster care's 14th birthday. Replace with the new date if it is done again throughout the child's time in foster care.

If the child is interested in pursuing higher education, the plan shall provide for the child's participation in the College Student Aid Commission's program or assistance in applying for federal and state aid.

Indicate whether the child has a driver's license or non-operator ID. If the child does not have at least one or the other, provide steps to obtain one or both.

Review and explain form 470-5337, **Rights of Youth in Out-of-Home Placement**, to a child age 14 and older. Have the child sign and date the form indicating you have reviewed the rights so the child understands and have answered any questions about their rights. After the form has been signed, give the child the original rights document and provide a copy to all legal parties on the child's case. Document the date the form was most recently given to the child in the **Case Permanency Plan**.

Before the child reaches age 17½, present the completed **Transition Plan** to the transition committee for the service area that applies to the child. The local transition committee must review and approve the **Transition Plan**. When a child enters foster care at age 17½ or older, the local transition committee shall be involved in reviewing and approving the child's transition plan within 30 days of completion.

There are six domain areas in the **Transition Plan** and a box for each. Follow the instructions for each section below:

- **Education:** Include information about the child's current education status and plans, including steps that still need to be taken, dates, and who will assist.
- **Employment and Workforce Supports:** Include information about the child's current work status and plans, including steps that still need to be taken, dates, and who will assist. This section needs to show the child has a clean credit report and banking experience, or it should provide plans or activities to achieve.
- **Health and Health Insurance:** Include information about the child and the child's health insurance status and plans.
- **Housing:** Describe the child's housing and housing plans.
- **Supportive Relationships and Services:** Describe relationships and opportunities for social and developmentally appropriate activities. Describe efforts to repair relationships or help child reconnect. Refer child age 17 to aftercare and include the date. If aftercare has not been contacted, leave the box blank.
- **Youth with Special Needs:** Relevant information about any special needs of the child should be included here, as well as referrals to SSI and adult services. The connections to SSI or adult services must be made before the Transition Planning Committee review, which typically occurs when the child is age 17. The date the plan was reviewed should be included in the last box of this section.

### **Child Signature**

Obtain the child's and guardian's signatures as appropriate.

**Family Foster Care Referral, Form 470-5508**

Purpose	The <b>Family Foster Care Referral</b> , form 470-5508, provides demographic, medical, behavioral, mental health, educational, and other relevant information about a child in need of foster family care to the contractor responsible for matching activities.
Source	Complete this form using the fillable PDF available in SharePoint under Employee Manual/Forms.
Completion	When time and circumstances allow, the Department caseworker as the “referral worker” completes the form when seeking a foster family home for a child.
Distribution	Submit this form electronically to the contractor responsible for matching responsibilities. Keep a copy in the child’s case file.
Data	<p><b>Referral Information.</b> Enter the date of the referral, the time of the referral, and the date and time the foster family is needed.</p> <p><b>Referring Worker Information.</b> Enter the name, email, office phone, city, county, and cell phone information of the child’s Department caseworker.</p> <p><b>Referring Worker Supervisor Information.</b> Enter the name, email, and cell phone information of the child’s Department caseworker’s supervisor.</p> <p><b>FSRP Care Coordinator Information.</b> Enter the name, email, and cell phone number of the child’s FSRP Care Coordinator if the child is receiving FSRP services.</p> <p>Child Information at the Time of Referral. Enter the child’s:</p> <ul style="list-style-type: none"><li>▪ Name,</li><li>▪ Gender,</li><li>▪ Date of birth,</li><li>▪ State identification number,</li><li>▪ Race,</li><li>▪ Language,</li><li>▪ ICWA eligibility,</li><li>▪ Current address including city, state, and zip code,</li><li>▪ Financial county,</li><li>▪ Discussion of the child’s strengths and needs,</li><li>▪ Child’s special interests or activities, and</li><li>▪ Continued contact with siblings on every child referred.</li></ul>

Enter if youth has a driver's license, school information, church attendance, sexual identity, and sexually active when applicable.

**Physical Health and Medical Concerns:** Using the scale on the form, complete as applicable for each known medical or health need of the child and explain or describe the severity. Leave items blank if not applicable to the child.

**Mental Health Diagnosis:** Using the scale on the form, complete as applicable for each known diagnosis of the child and explain or describe the severity. Leave items blank if not applicable to the child.

**Serious Behavioral Issues:** Using the scale on the form, complete as applicable for each known behavior of the child and explain or describe the severity. Leave items blank if not applicable to the child.

**Current Formal Information.** Provide the child's current mental health or medical diagnosis, the medication the child is taking, and the reason for the medication.

**Transportation Needs.** Check yes or no for all items.

**Risk Management.** Complete all items as applicable providing as detailed information as is known.

**Form Prepared By.** Enter the name of the person who completed the form.

### Family Functioning Domain Criteria, Form 470-4138

Purpose	Form 470-4138 is used to assist with assessment of the strengths and needs of the child, and of the child's parent(s)/caretaker(s), home, and family. It is an example of statements regarding areas of strengths and needs.
Source	This form is available on the STAR Assessment module in JARVIS. In the event of issues with accessing the form in JARVIS, it is available in this manual or in SharePoint, under Employee Manual/Forms.
Completion	<p>The child protection worker uses this tool during the child protective assessment process to aid in the assessment of strengths and needs.</p> <p>Strengths and needs are identified using the family functioning domains:</p> <ul style="list-style-type: none"><li>▪ Child well-being</li><li>▪ Parental capabilities (includes use of drugs or alcohol)</li><li>▪ Family safety (includes domestic violence)</li><li>▪ Family interactions</li><li>▪ Home environment</li></ul> <p>Identify domains as a strength or need. Address in the narrative section strengths and needs under each specific subsection that applies to the child, family, or home. It is not necessary to address every item listed. Address items that are relevant to the given situation. You are not limited to only the items listed.</p> <p>The child protection worker completes this form in JARVIS with approval and sign-off by the supervisor.</p>
Data	Family functioning domains are applicable throughout the life of a case beginning with the safety assessment, strengths and needs identification during a child protective assessment or CINA assessment, and developing a family plan.

**Family Interaction Plan General Roles and Responsibilities, Form 470-5148 or 470-5148(S)**

Purpose	The <b>Family Interaction Plan General Roles and Responsibilities</b> , form 470-5148 and 470-5148(S), is the official family interaction plan developed for children placed out of the home. All children who are placed out of the home need to have a family interaction plan in place to ensure interactions occur in safe and healthy ways. The family interaction plan should be tailored to meet the safety needs of the family.
Source	Complete the English or Spanish version of this form using the template available in SharePoint under Employee Manual/Forms. This form may also be printed from the manual or SharePoint.
Completion	The most effective way of developing or reassessing a family interaction plan is during a warm hand-off or Solution Focused Meeting. The written family interaction plan may be incorporated as part of the Solution Focused Meeting notes or identified separately on the family interaction plan form. However, not all children placed out of the home will have a Solution Focused Meeting but family interaction planning should still occur.
Distribution	Give a copy of the completed family interaction plan to the identified team members. Keep the original form in the child's case file.
Data	<b>Background Information.</b> Enter the following information: <ul style="list-style-type: none"><li>▪ <b>Children's names:</b> If multiple children have different needs or safety concerns, the family's team may want to consider a separate plan for each child.</li><li>▪ <b>Date of plan:</b> This is the date the plan was developed.</li><li>▪ <b>Placed with:</b> Document where the child is placed and with whom. If multiple children are in different places, indicate the type of placement (i.e., resource family, relative, residential placement, etc.).</li><li>▪ <b>Placement date for children:</b> This is the date the child was removed and placed out of the home.</li><li>▪ <b>Permanency goal:</b> Document the identified permanency goal.</li></ul>

**Safety Concerns/Required level of supervision.** Utilizing the Family Interaction Planning Tool (Comm. 649) provide explanations for questions A-F of the Interaction Supervision Decision Tree.

**Family Interaction Plan.** Family interaction should begin as soon as possible after removal from parental custody. At a minimum, interactions should occur within 24 hours of placement, be regular, and of increasing frequency and duration.

- **Types of Interaction:** Document the type of interaction approved. Creativity in defining interactions should be supported. Every opportunity needs to be considered such as doctor appointments, school activities, meetings, and other functions in which the family would have participated if the children were in the home. This should be documented in the Attendance at Child Centered Appointments/Events section of the plan.

Interactions should be built around meaningful activities including:

- Mealtimes,
- Bathing,
- Grooming,
- Naptimes,
- Homework time,
- Grocery shopping,
- Doctors' appointments,
- School activities (i.e., conferences, plays, band and choir concerts, family nights, carnivals, graduation, etc.),
- Sports activities, and
- Should be geared towards the child's developmental abilities.

Creative planning should not only support face-to-face time but also other methods, such as calls, letters, texting, emails, and other electronic methods of communication. Families should be encouraged to explore other ways to connect and interact with one another.

- **Frequency and Length of Interaction:** Document the frequency and length of interaction. In determining how often and how long interactions should be, consider the following:
  - The age of the children.
  - The severity and chronicity of the abuse.

- The potential for abduction or continued abuse of the children.
- The progress of the parent in learning new skills or managing inappropriate behaviors, protective capacities displayed by the parent.
- **Locations:** Document the locations where the interactions will occur. Utilize the Planning Tool to aid in decision making around interaction locations.

Family interaction should occur in the least restrictive, most homelike setting that allows for natural interaction and appropriate to meet the child's needs for safety. Generally, the parental, relative, or resource family home will provide the best environment. When safety is an issue, a more secure setting should be chosen and a safety plan developed for the interactions to continue.

Consider the type of interaction as you document the location. For example, if an interaction is built around school activities, sport activities, or doctors' appointments, you would document the location of the event (i.e., school, gymnasium, ball field, doctor office, etc.).

- **Types of Supervision:** Document the type of supervision for the identified interaction. Types of supervision include fully supervised, relaxed supervision, semi or partially supervised, or no supervision necessary. Supervision can be provided by a professional or other person identified by the family's team.
- **Supervised By:** If supervision is required, document who is responsible to provide supervision during interaction. This will be determined by the family's team. Consideration should be given based on the safety concerns and the developmental needs of the child.

Family interactions are most "natural" when interactions are supported by those with a relationship with the child, such as other family members versus professionals. Family supports can be relied on to assist with all aspects of services including attendance at meetings, role modeling, transportation, observing interactions, etc.

**Family Routines to Practice During Family Interaction.** Document the goals to be accomplished during family interaction. Family interaction should focus on allowing the most natural parent-child interactions, such as:

- Cooking and eating a meal,
- Reading stories,
- Cleaning a room,
- Playing a game,
- Bath time,
- Naptime, or
- Bedtime routines.

The focus is on maintaining ties between the parent and child and assessing the parent's capacity to care for the child. Primary routines should reflect the family's SBC outcomes.

Goals are the family routines to target during the family interaction. These behavioral changes are most likely related back to the safety concerns as identified by the team.

- **Family Routines to Target:** Document the routines to practice during family interaction.
- **Family Members Involved:** Document who is expected to be involved in the routines.
- **Date Reviewed or Revised:** Document the date when the goal was reviewed or revised.

Family interaction needs to be reviewed during a Solution Focused Meeting or by those the family's team identifies, at a minimum, when:

- There are changes in behavioral patterns demonstrated by the parents or children.
- Protective provisions that may be a safety concern change or arise.
- There is a change in family supports.
- There is a change in legal issues or court requirements (change in custody or guardianship) that may impact family interaction planning.
- Agreed upon behavioral changes are accomplished or not.

**Transportation.** Describe how transportation will be provided once individuals who are available to assist in transportation are identified. Transportation is a key component for interactions to be successful.

Resource family and other relative caregivers should be encouraged to transport children at least one way. Parents and extended family members should be expected to arrange their own transportation, though they may be given temporary support when necessary to ensure there is not a gap in family interaction; however, this will likely be accomplished by public transportation. Children in placement may have to be transported by a provider or HHS staff, one or both ways to interactions.

**Other Planning Notes.** Considerations when setting expectations could include, but are not limited to, the following:

- Expectations of what parents should bring to the interaction.
- Activities that parents should plan or consider doing during the interaction.
- Behaviors that provide an unsafe situation may terminate the interaction. It is important that there is a follow up with the parents in order to reduce the risk for another unsafe situation.
- The use of physical discipline or threats towards others.
- Negative comments about others, which includes the children, family members, HHS worker, contractor or provider, and other professionals part of the family's team.
- Possession or bringing any drug paraphernalia, illicit substances, or alcohol to the interaction.
- All legal decisions or documents regarding contact, including No Contact Orders, etc. will be abided by all parties.
- Obtain approval before bringing any additional individuals to family interactions. Approvals are determined by the HHS case manager or the family's team.

**Family Interaction Calendar.** Utilize the calendar to document the initial plan for family interactions. Include any events, appointments or activities which the parent may also attend.

**Family-Life Home Placement Agreement, Form 470-0634**

Purpose	The <b>Family-Life Home Placement Agreement</b> is a contract between the client, the family, and the Department. The purpose of the contract is to ensure there is understanding and agreement between everyone concerning the rights and responsibilities of each party.
Source	Print this form from the manual or SharePoint under Employee Manual/Forms.
Completion	The worker prepares this form, except for the effective date, when the client and the family agree to the living arrangement. The client and the family sign the form. The worker signs and dates the form after the service area manager approves the family-life home.
Distribution	Send the form to the service area manager for approval along with: <ul style="list-style-type: none"><li>▪ 470-0616, Certificate of Approval</li><li>▪ 470-0583, Individual Service Plan</li><li>▪ 470-0640, State Supplementary Assistance Certification or Termination</li></ul> Give a copy of the form to the client and to the family. Keep a copy in the client's case file.
Data	The form lists the conditions governing the placement and has room for negotiated conditions unique to the client.

**Family Map, Form 470-4087 or 470-4087(S)**

Purpose	Form 470-4087 or 470-4087(S) is used to help families explore the relationships in their family and the possible changes that may take place in those relationships should they decide to become a foster or adoptive family.
Source	Print supplies of this form from the manual or SharePoint as needed.
Completion	The foster or adoptive parent applicants complete the form during PS-MAPP.
Distribution	The family shares this self-evaluation with their home study worker during family consultations.  The recruitment and retention contractor: <ul style="list-style-type: none"><li>▪ Submits a copy to the Department with the home study.</li><li>▪ Keeps a copy in the family's file.</li></ul>
Data	The form includes sections for the applicant to report: <ul style="list-style-type: none"><li>▪ Circles representing all of the people who live in the household.</li><li>▪ Connecting lines between the household members representing the relationships between the members.</li><li>▪ Ways they might manage their family's relationships with the addition of a child to their home.</li><li>▪ Strategies for managing changes in family relationships.</li></ul>

### [Family Risk Assessment, Form 470-4133](#)

Purpose	<p>Form 470-4133 is used to identify risk factors during an assessment. The <b>Family Risk Assessment</b> is composed of two scales that measure the level of risk regarding neglect and abuse.</p>
Source	<p>Complete this form on the Family Risk Assessment tab on the STAR Assessment module in JARVIS.</p>
Completion	<p>The child protection worker completes the <b>Family Risk Assessment</b> during the assessment process. This form must be completed before the assessment is approved.</p> <p><b>Exception:</b> When abuse occurred or is alleged in an out-of-home setting and child protective concerns do not exist in the child's household, the safety assessment and risk assessment is not required.</p> <p>Only <b>one</b> household can be assessed on the <b>Family Risk Assessment</b> form. Assess the child's primary residence. When the alleged perpetrator resides in the household of the noncustodial parent, assess the household of the noncustodial parent. If the child moves to a different household because of the crisis, complete the risk assessment on the household in which the child will remain.</p> <ul style="list-style-type: none"><li>▪ If the child will remain in the new household, complete the risk assessment on the new household.</li><li>▪ If the plan is to reunify the family, complete the risk assessment on the household <b>from which the child was removed</b>.</li></ul> <p>Upon completion of the form, a Total Neglect Risk Score and Abuse Risk Score are automatically calculated to the highest of either risk score. Use this information in the analysis of the family's strengths, needs, and recommendation for services.</p> <p>The final risk level is populated on the Child Protective Services Child Abuse Assessment Summary or the Child Protective Services Family Assessment Summary. Reassess the case whenever you determine that an adjustment in the risk score is warranted (either up or down).</p>
Distribution	<p>The form is maintained within JARVIS and is considered assessment data.</p>

Data

Review information obtained from systems checks, Department records including service history, not confirmed assessments, and any previous or current court involvement. Review the risk assessment definitions and complete the **Family Risk Assessment** form by checking the most applicable response.

On items involving caregivers, **select one or two** parents or substitutes based on physical and emotional proximity to the children. Do not rate more than two caregivers in a home.

Only one primary caregiver can be identified. The “primary caregiver” is the adult living in the household who assumes the most responsibility for child care.

When two adults are present and you are in doubt over which one assumes the most childcare responsibility, select the adult with custody or guardianship or the caregiver responsible for the child involved in the incident as the primary caregiver.

Ms. X and her partner Mr. Y live together and appear to share caregiver responsibilities for Ms. X’s children equally. Because Ms. X has legal custody of the children, select her as the primary caretaker.

If this does not resolve the question, select the legally responsible adult who was a perpetrator or alleged perpetrator.

Mr. and Mrs. Z live together and appear to share caregiver responsibilities for their children equally. Mrs. Z is the alleged perpetrator of abuse, so she is selected as the primary caretaker.

When both parents are in the household, equally sharing care giving responsibilities, and both have been identified as perpetrators or alleged perpetrators, select the parent demonstrating the more severe behavior.

The “secondary caregiver” is defined as an adult living in the household who has routine responsibility for childcare, but less responsibility than the primary caregiver. A partner may be a secondary caregiver even though the partner has minimal responsibility for care of the children.

If an item relates to all caregivers and the household has more than one caregiver, **rate the caregiver with the more severe behavior.**

The risk assessment form is composed of two scales: the neglect scale and the abuse scale. For detailed guidance, see [Family Risk Assessment Guidance, RC-0123](#).

After scoring all items in each scale, total the score for each scale and determine the risk level by checking the appropriate boxes in the risk level section.

#### Overrides

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

**Discretionary Override:** 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.

**Family Risk Reassessment, Form 470-4134**

Purpose	Form 470-4134 is used to identify risk factors and assist in assessing the impact of services provided to the family during a particular timeframe and whether certain events in the family have occurred during the period being measured.
Source	Complete this form on the Risk Reassessment tab on the Child Services module in JARVIS.
Completion	<p>The social work case manager completes the <b>Family Risk Reassessment</b>:</p> <ul style="list-style-type: none"><li>▪ During case permanency planning reviews and</li><li>▪ Before case closure.</li></ul> <p>The social work case manager will receive an alert to complete the <b>Family Risk Reassessment</b> a minimum of 180 days from the initial risk assessment or risk reassessment. The rating on the formal risk reassessment reflects changes in family functioning and provides a framework to identify critical factors that indicate changes in a child's risk maltreatment.</p>
Distribution	<p>The risk reassessment completed and contained within JARVIS is part of the case management service file.</p> <p>When the case permanency plan is updated:</p> <ul style="list-style-type: none"><li>▪ Document information from the <b>Family Risk Reassessment</b> in the comment section of the most applicable domain, and</li><li>▪ Incorporate the results into the case planning process.</li></ul>
Data	Refer to <b><u>Family Risk Reassessment Guidance, RC-0124</u></b> .

**Final Strengths/Needs Worksheet, Form 470-4022 or 470-4022(S)**

Purpose	Form 470-4022 or 470-4022(S) is used to collect information for the completion of the home study process.
Source	Print supplies of the English and Spanish versions of this form from the manual or SharePoint as needed.
Completion	The foster or adoptive parent applicants complete the form at the end of the PS-MAPP training process.
Distribution	The family returns the worksheet to the home study worker. The recruitment and retention contractor: <ul style="list-style-type: none"><li>▪ Gives a copy to the Department as part of the home study.</li><li>▪ Keeps a copy in the contractor's file on the family.</li></ul>
Data	The form includes sections for the applicants to report: <ul style="list-style-type: none"><li>▪ What role they are ready to commit to and why</li><li>▪ What are their strengths</li><li>▪ Where they will need help</li><li>▪ What special needs they can handle</li><li>▪ Their preferences regarding children to be placed</li><li>▪ What has kept them involved with the program</li><li>▪ What support they will need to remain committed</li><li>▪ What other ways they might help children</li></ul>

**Firearms Safety Plan, Form 470-4657 or 470-4657(S)**

Purpose	Form 470-4657, <b>Firearms Safety Plan</b> , is a written safety plan to keep firearms secure from children in the foster home who are in the guardianship or custody of the Department.
Source	The foster parent can print this form from the online policy manual or the contractor home study worker can provide a copy of the form to the foster parent to complete.
Completion	<p>The foster parent who has a permit to carry a firearm or does not have a permit but has firearms:</p> <ul style="list-style-type: none"><li>▪ Completes the form, and</li><li>▪ Attaches a copy of their current, valid permit to carry firearms.</li></ul> <p>The safety plan describes how children will not have access to firearms, the gunlock, and key to the gun safe. The form also describes how the foster parent will monitor.</p>
Distribution	The foster parent completes the <b>Firearms Safety Plan</b> and gives it to the home study worker. The recruitment and retention contractor includes the form in the home study provided to the Department.
Data	The form documents the type of permit or lack of permit, the permit number, and the safety plan.

**Floor Plan, Form 470-5097 or 470-5097(S)**

Purpose	Form 470-5097 provides a specific guide for completing the floor plan of a foster family home.
Source	Print supplies of this form from the manual or SharePoint as needed.
Completion	The recruitment and retention contractor completes the floor plan with the foster family.
Distribution	The recruitment and retention contractor: <ul style="list-style-type: none"><li>▪ Puts the floor plan in the foster home licensing packet.</li><li>▪ Sends the packet to the Department licensing social worker for the foster family.</li></ul>
Data	<p>Check the box indicating either an initial or revised floor plan.</p> <p>Use one floor plan page per floor of the home. Enter the family name and date on each page of the floor plan.</p> <p>Show all rooms on each floor and label accordingly, i.e., kitchen, bathroom, etc. Include all exits to the outside and include stairs from one level to another.</p> <p>Use the icons to label smoke detectors, carbon monoxide detectors, and fire extinguishers on each floor.</p> <p>When drawing the bedrooms (including the foster parents' bedroom) in the floor plan:</p> <ul style="list-style-type: none"><li>▪ Number each bedroom (MBR #1, BR #2, etc.).</li><li>▪ Write the first names of the foster family's own children in the bedrooms they sleep in.</li><li>▪ Draw each of the beds in the bedroom.</li><li>▪ Draw where the closet and dresser are located.</li><li>▪ Draw the bedroom door and the way it swings (in or out).</li><li>▪ Indicate which bedrooms will be used for foster children.</li><li>▪ Draw each bedroom window</li><li>▪ Indicate the window's opening height and width measurements.</li></ul>

- Show how the window opens.
- Label the type of window (single- or double-hung, slider, casement, hopper, awning, bay or bow windows, louvered, or fixed [picture] window).

At the bottom of each page indicate what floor it represents. Number each page of the floor plan and staple the pages together.

**Foster Care and/or Subsidized Adoption Information Exchange, Report S472N111-01**

Purpose	Report S472N111-01, <b>Foster Care and/or Subsidized Adoption Information Exchange</b> , provides IV-E workers information that is needed to determine IV-E and Medicaid eligibility for children in foster care and adoption assistance programs.
Source	The FACS system generates this report nightly.
Completion	<p>The FACS system automatically generates this form on foster care and adoption subsidy cases when:</p> <ul style="list-style-type: none"><li>▪ There is a start date recorded on FACS (labeled as “new placement” on the report).</li><li>▪ There is an end date recorded on FACS (labeled as “exit placement” on the report). (A move from one placement to another generates two reports.)</li><li>▪ The FACS case is transferred to a new service worker.</li></ul> <p>The IV-E worker examines the report to determine whether the change affects IV-E or Medicaid eligibility (or if additional information is needed).</p>
Distribution	<p>If there is an open Medicaid case with an FBU of 19, the report is issued to the IV-E worker responsible for that case. If there is no open case with a 19 FBU, the report is issued to worker number CM00 in the office where the service worker is located.</p> <p><b>Exception:</b> For PMIC placements, the form is generated to the IM unit in the county where the facility is.</p> <p>File the report in the IV-E case record.</p>
Data	<p>Data reported includes:</p> <ul style="list-style-type: none"><li>▪ Identification of the workers and the reason for the report.</li><li>▪ Information about the child.</li><li>▪ Information about the child’s parents.</li><li>▪ Information about the child’s placement.</li></ul> <p><b>NOTE:</b> Do not use the PLACEMENT IV-E field or the SERVICE IV-E field to evaluate IV-E eligibility.</p>

**Foster Care Clothing Allowance, Form 470-1952**

Purpose	Form 470-1952, <b>Foster Care Clothing Allowance</b> , is used for children in foster family care to document purchases made with the foster care clothing allowance for authorization of reimbursement.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.
Completion	<p>The social work case manager completes the form in conjunction with the foster parent, using the clothing receipts submitted by the foster parent. The worker obtains the foster parent's signature and submits the form to the worker's supervisor.</p> <p>The supervisor checks the receipts against the clothing items listed and the cost of the items, the total, tax, and total costs for accuracy before approving and signing the form.</p>
Distribution	Keep the original in the child's case file.
Data	Complete all items on the form.

**Foster Care Escrow Account Transaction, Form 470-3725**

Purpose	Form 470-3725 is used to request escrow withdrawal and escrow account closing for children in foster care who have escrow accounts.
Source	Complete this form using the template available in SharePoint.
Completion	<p>The service worker prepares the form when:</p> <ul style="list-style-type: none"><li>▪ A child leaves foster care, or</li><li>▪ A child in foster care has funds in escrow that are needed to meet current needs of the child that are not covered by foster care payments.</li></ul> <p>Service area manager approval is required on this form.</p>
Distribution	Send the original copy to the Foster Care Accounting Unit in the Bureau of Purchasing, Payments, Receipts and Payroll. Make a copy to file in the child's case record.
Data	<p>Complete all items. When the child leaves foster care, the escrow funds are paid either:</p> <ul style="list-style-type: none"><li>▪ To the custodial parents or guardian of a minor child, or</li><li>▪ To the child when the child has attained the age of majority, unless a guardian has been appointed.</li></ul>

**Foster Care Private Water Supply Survey, Form 470-0693 or 470-0693(S)**

Purpose	Form 470-0693 is used to collect information on private water supplies.
Source	Print supplies of this form from the manual or SharePoint as needed.
Completion	The recruitment and retention contractor home study worker completes this form when a foster family applicant does not obtain water from a public water supply system at initial license and change in address.
Distribution	The recruitment and retention contractor: <ul style="list-style-type: none"><li>▪ Sends the original to the Department for the licensing file.</li><li>▪ Keeps a copy in the contractor's file.</li></ul>
Data	Complete Items A through D for the initial evaluation and a change in address.  A sketch showing location of house, well, garage, septic tank, roads, ponds, streams, and any other items is needed only: <ul style="list-style-type: none"><li>▪ At initial evaluation.</li><li>▪ When any changes are made to the well area.</li></ul>

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**Foster Care Reimbursement Request for Child Care Assistance Gap Funding, Form 470-5796**

Purpose	The CCA Foster Care Gap Form is used to document the difference between the state Child Care Assistance (CCA) reimbursement rate and the rate the provider would typically charge a private-pay family. Additionally, the form would be used to request reimbursement for absent days beyond the six that they are authorized.
Source	The form is generated from 18-Appendix.
Completion	Resource parents who have been charged amounts beyond what Child Care Assistance will pay or absence days beyond six per month may submit this completed form along with a copy of the written agreement between the provider and resource family regarding the additional charges to receive reimbursement. The form must be sent to <a href="mailto:fc-ccagap@dhs.state.ia.us">fc-ccagap@dhs.state.ia.us</a> .  The approved amount will be entered into the SPIL screen in FACS.
Distribution	The payment will be generated through the FACS system and sent to the Resource Parent.
Data	The social work case manager completes the required data fields in FACS through SPIL payment screen.

**Foster Care Provider Medical Letter, Form 470-2747 or 470-2747(S)**

Purpose	Form 470-2747 or 470-2747(S) provides information to the foster care provider regarding the Department's responsibility for providing medical coverage to children in foster care when the medical card has not been issued.
Source	Department staff may complete the English version of this form using the template available in SharePoint under Employee Manual/Forms.  Department staff may print and manually complete the Spanish version of this form from the manual or SharePoint.  Juvenile court staff should print the form from the online manual and complete it manually.
Completion	The service worker or juvenile court officer assigned to the case completes the form when a child enters a foster care placement.
Distribution	Give the original to the foster care provider and make a photocopy to file in the child's case record.
Data	The child's state identification number will eventually become the medical ID number after the Medicaid case is opened (if the child was not on Medicaid before entering placement).

**Foster Care Review Notice, Form 470-0714 or 470-0714(S)**

Purpose	Form 470-0714 or 470-0714(S) is a letter used to invite parents, foster parents, and other persons not covered under interagency agreements to attend a meeting of the foster care review committee.
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	Designated local office staff prepare the form when a case is scheduled to be presented to the foster care review committee.
Distribution	Mail the form at least five working days before the scheduled review date. Send the original to the addressee. File the copy in the child's case record.
Data	If the person notified is not the social worker, list the person's name and phone number. If the case plan or any other case information is sent along with the letter, add a sentence explaining this.

**Foster Child Behavioral Assessment, Form 470-4401 or 470-4401(S)**

Purpose	<p>The <b>Foster Child Behavioral Assessment</b> checklist serves two purposes.</p> <ul style="list-style-type: none"><li>▪ It may be used in the development of the case plan as a tool to identify the needs of the child. Every behavioral need of a foster child identified in this tool should be outlined when completing the case plan, along with the corresponding actions and responsibilities of the resource family.</li><li>▪ Since this tool identifies need and responsibilities, it is also the tool used to determine level of care and corresponding foster care payment.</li></ul>
Source	<p>Complete the English version of this form using the template available in SharePoint under Employee Manual/Forms.</p> <p>Print the Spanish version of this form from the manual or SharePoint.</p>
Completion	<p>Complete the <b>Foster Child Behavioral Assessment</b>:</p> <ul style="list-style-type: none"><li>▪ Within the first 30 days of a child's initial entry into foster care.</li><li>▪ Whenever the child's behavior changes significantly.</li><li>▪ When the child's placement changes.</li><li>▪ After termination of parental rights, in preparation for negotiating an adoption subsidy or presubsidy.</li><li>▪ Before a court hearing on guardianship subsidy. <b>Note:</b> The highest guardianship subsidy is limited to Level 2, basic rate plus level 2.</li></ul> <p>If a child comes out of group care or PMIC, the child's payment in the foster family home is the basic foster care maintenance rate. It is anticipated that the family team meeting, with the new foster parents participating, will be part of the discharge planning. Complete the <b>Foster Child Behavioral Assessment</b> within the first 30 days of placement.</p> <p>If a child leaves foster family care and goes to shelter care and then returns to the same foster family home, the payment rate remains the same as the rate received by the foster family before the child goes to shelter care. Complete an assessment within 30 days of placement with a new foster family.</p>

To authorize payment to the resource family at a higher level than the basic rate, this form shall be signed by the worker and the worker's supervisor.

After supervisory approval, the difficulty of care payments shall begin the first day of the month **following** the month in which the form was completed. Do not enter the new assessment rate into FACS until the supervisor has signed off and approved the assessment and rate.

Distribution

Keep the original form in the child's case file. Give a copy to the resource family upon the family's request.

Data

When completing the checklist, use all available information about the child for a thorough assessment of the child. This may include evaluations, school and provider reports, and home studies, as well as input from parents and the resource family.

Check only behavior that is severe enough to be outside the norm for a child of the same age. Do not check behavior that is typical for a child that age (e.g., "temper tantrums" for a 2-year-old).

In order to have a valid assessment, check each item that applies in **every** category ("minimal" and "moderate" and "intensive").

The template calculates the basic rate once the child's birth date is entered, and automatically calculates the level of care and the total daily rate. The form is designed so that checking all the applicable boxes will result in the proper calculation for the behaviors.

See [18-D\(2\), Maintenance Payment](#).

**Foster Family Assurances Agreement, Form 470-5610 or 470-5610(S)**

Purpose	Form 470-5610 is used to make sure the family has a clear understanding of the family's expected behavior before approved as a foster family home.
Source	Complete this form using the template in SharePoint under Employee Manual/Forms.
Completion	The recruitment and retention contractor home study worker reviews the form with the family applying for a foster family home license during the initial evaluation or reevaluation. The home study worker also reviews the agreement with the foster parent when a child is placed in the foster parent's care.
Distribution	Forward a copy to the HHS licensing worker.  Return a copy to the contractor after the service area manager makes the licensing decision. Keep the original in the HHS licensing file.
Data	Applicants must initial each numbered item and sign the agreement indicating that the applicant and all household members will comply with the roles and responsibilities when a child is placed in the family's care.

**Foster Family Home License Application, Form 470-0689 or 470-0689(S)**

Purpose	Form 470-0689 or 470-0689(S) is used to apply for a license to operate a foster family home for children. The form gives the retention and recruitment contractor the right to study and evaluate the home and to conduct necessary record checks.
Source	<p>Print supplies of this form from the manual or SharePoint under Employee Manual/Forms.</p> <p>The form is normally issued by the recruitment and retention contractor at orientation. Local offices that are asked to issue the form can print the form from the manual or SharePoint.</p>
Completion	<p>The prospective foster parents and any adults living in the home complete the form when a family decides to apply for a license or re-apply for a license. Each applicant and any other adult living in the home signs the form.</p> <p>If a person over the age of 14 (other than a foster child) moves into the home during the licensing year, that person must complete this form in order to authorize the necessary record checks. Have the person:</p> <ul style="list-style-type: none"><li>▪ Sign the original form on the appropriate line,</li><li>▪ Enter the date by the person's signature,</li><li>▪ Enter any out-of-state residence locations in the last five years, and</li><li>▪ Specify the state and the crime and abuse that occurred.</li></ul> <p><b>NOTE:</b> If a child who has been living in the home turns 14, child abuse and criminal history record checks are not completed.</p> <p>Complete applications for license renewal at least 30, but no more than 90 days before the license expires.</p>
Distribution	<p>The applicant family normally returns the form to the recruitment and retention contractor, but may submit the form to any Department office. If so, forward the form to the recruitment and retention contractor.</p> <p>The applicant keeps the pink copy of the form. Discard the gold copy, if any.</p> <p>The contractor:</p> <ul style="list-style-type: none"><li>▪ Submits the original to the Department with the home study so that a decision can be issued on the application, and</li><li>▪ Keeps the yellow copy in the family's record.</li></ul>

Data

Check the box for “new” when a family applies for a license in Iowa for the first time. Check the box for “renewal” when renewing a current license, or when a previously held license has not been renewed and the family again wishes to be licensed.

The applicants are requested (but cannot be required) to provide social security numbers. They help identify people for record checks.

A person who has resided outside of Iowa in the last five years must report the locations of those out-of-state residences. This information will be used to check the records in those states for convictions and founded child abuse in other states.

**Foster Family Placement Contract, Form 470-0716 or 470-0716(S)**

Purpose	Form 470-0716 or 470-0716(S) is the formal contract between the Department and the foster parents stating the terms of the placement.
Source	<p>Department staff may complete the English version of this form online either through the FACS system or using the template available in SharePoint under Employee Manual/Forms.</p> <p>Department staff may print the Spanish version of this form from the manual or SharePoint.</p> <p>Juvenile court staff should print the form from the online manual and complete it manually.</p>
Completion	<p>The Department worker prepares the form when HHS has financial responsibility for the placement. Juvenile court services completes the contract with the foster parents when they are responsible for the placement.</p> <p>Complete the form when:</p> <ul style="list-style-type: none"><li>▪ A child is placed in a foster family home that will be supervised directly by the Department or by juvenile court services.</li><li>▪ There is a change in any of the terms of the placement (e.g., rate of payment).</li></ul> <p>The contract is approved by the worker's supervisor, or if the contract involves a difficulty of care payment, by the service area manager. The sequence of signature depends on local office procedures.</p>
Distribution	After the form is completed, make a photocopy to file in the child's case record and give the original to the foster parents.
Data	<p>The child's name and birth date corresponds to the information entered in FACS.</p> <p>The effective date is the date of placement or the date the revised terms become effective.</p> <p>Special provisions include any specific obligations either for the worker or the foster parents, such as transportation for counseling, arrangement for home visits, etc. Each foster parent signs the contract.</p>

The special provision section also needs to include the entry of all applicable names and phone numbers. The social work case manager responsible for the placement of a child in family foster care enters their home phone number as an after-hours emergency number.

Any additional emergency numbers that the foster parents may need are entered in this section.

**Foster Family Record Check Letter, Form 470-2369**

Purpose	Form 470-2369 explains the process for evaluating criminal convictions and founded child and dependent adult abuse reports on members of the foster family household.
Source	Complete this form using the template in SharePoint under Employee Manual/Forms.
Completion	The HHS licensing worker completes this cover letter any time form 470-2310, <b>Record Check Evaluation</b> , is provided to a person after a foster family licensing record check.
Distribution	Send the original to the person to whom the criminal conviction or founded child abuse applies. File a copy in the licensing record.
Data	In the space between the second and third paragraph, list the specific criminal convictions (e.g., OMVI or founded child abuse reports, physical abuse) identified in the record check, and the dates for each.

**Foster Family Removal Letter, Form 470-0718 or 470-0718(S)**

Purpose	Form 470-0718 or 470-0718(S) is used to inform a foster family when a placement is terminated. It contains all the information needed to meet the legal requirements for this action.
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	When the removal is instigated by the placing agency, the placing worker prepares the form ten days in advance of the planned removal date, unless there is evidence of child abuse.  In placements supervised by the Department, the placing worker is the Department worker. In placements supervised by a private agency, the placing worker is the private agency worker.  When there is evidence of abuse, or when the placement is terminated through action of some other party (the court, the parent, or the child), prepare the form when the decision is made that the placement is terminated.
Distribution	Make a copy of the completed form. Give or send the original to the foster parents. File a copy in the child's case record.
Data	The form is self-explanatory.

[Resource Family Survey Report, Form 470-0695 or 470-0695\(S\)](#)

Purpose	<p>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.</p>
Source	<p>Complete this form using the template in SharePoint under Employee Manual/Forms.</p>
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, <b>Recommendation for Provisional License</b>, or form 470-0704, <b>Recommendation for Denial of a Foster Family License</b>.</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 HHS licensing worker (along with a copy of forms 470-0698, <b>Provisions for Alternate Water Supply</b>, 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 HHS 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>

### Foster Home Licensing Corrective Action Plan, Form 470-5404

Purpose	The <b>Foster Home Licensing Corrective Action Plan</b> is a form used to document the corrective action plan. Its purpose is to assist the foster family in meeting all licensing standards and to prevent the denial, revocation or suspension of their foster family home license.
Source	Complete this form using the template in SharePoint under Employee Manual/Forms.
Completion	<p>Complete the <b>Foster Home Licensing Corrective Action Plan</b> when:</p> <ul style="list-style-type: none"><li>▪ The Department licensing worker engages the foster family and other team members in developing this action plan,</li><li>▪ The foster family does not meet licensing standards, or</li><li>▪ Has issues that may negatively impact foster children.</li></ul> <p>Take into consideration the circumstances, the foster family's history, their willingness to take responsibility and make adjustments, and other relevant factors when deciding whether or not to complete a corrective action plan (CAP).</p> <p>The foster family may document their responses to the corrective action plan on the form.</p>
Distribution	<p>Keep the original. File the signed form in the licensing case file. Give a copy of the signed form to:</p> <ul style="list-style-type: none"><li>▪ The foster parents,</li><li>▪ The recruitment and retention provider and,</li><li>▪ To other team members, as needed.</li></ul>
Data	<p>Complete the:</p> <ul style="list-style-type: none"><li>▪ Names of the licensees.</li><li>▪ Date.</li><li>▪ Address and phone number of the home.</li><li>▪ License renewal month.</li><li>▪ Licensed capacity of the foster family home.</li><li>▪ Start and end date of the corrective action plan.</li><li>▪ Concerns that led to the corrective action plan.</li><li>▪ Legal references.</li><li>▪ Conditions that need to change.</li><li>▪ Action steps.</li></ul>

**Foster Home Property Fund Notice of Loss, Form 470-5659**

Purpose	The <b>Foster Home Property Fund Notice of Loss</b> is a form that the foster family can use to provide information on damages to property resulting from foster child action.
Source	The form is available from the HHS website, this manual, and is available for Department staff to print from SharePoint and provide to families.
Completion	This form may be completed by the foster parent by hand.
Distribution	Once completed, the form should be submitted to EMC Risk Services Foster Care Property Damage Fund PO BOX 9399 Des Moines, IA 50306
Data	Questions on the form are self-explanatory.

**Foster Parent Post-Adjudication Hearing Report, Form 470-4614**

Purpose	The <b>Foster Parent Post-Adjudication Hearing Report</b> is a form that the foster family can elect to fill out to provide information to the court about the welfare of the foster child in their care. Foster parents have a right to attend court hearings but are not required to attend.
Source	The Department licensing worker may print the form from the manual or SharePoint under Employee Manual/Forms.  Give the form to the recruitment and retention contractor. The recruitment and retention contractor gives the form to a foster parent who does not have Internet access to print the form.
Completion	This form is elective for the foster parents and is not mandated to be completed. A foster parent may complete this form by hand or type in the responses and may add attached pages for any narrative that does not fit on the form.
Distribution	The foster parent may submit the report to the foster child's attorney, the child's Department social work case manager, the juvenile court judge, and other attorneys who are a part of the case, as all parties are entitled to a copy. Keep a copy in the child's case file.
Data	If the foster parents attend the court hearing, they may be called to testify about the information in this report.

**Foster Parent Training Application, Form 470-2541 or 470-2541(S)**

Purpose	Form 470-2541 is prepared to facilitate the request for foster parent training approval and to document the service area's decision.
Source	The English version of the form is printed in two-part self-carbon sets. Order supplies from Iowa Prison Industries at Anamosa.  Print supplies of the Spanish version of the form from the manual or SharePoint.
Completion	A representative of a licensed child-placing, child-caring agency, a local HHS licensing worker, or an agency, institution, or association with expertise in any of the approved content training areas may submit applications for approval of training.  Submit the application at least 30 days before the training. Since the Department has 30 days to approve or deny the training, it is recommended that applications be submitted 60 days before the training.
Distribution	When the training is offered statewide: <ul style="list-style-type: none"><li>▪ Send the form to the foster family program manager in Central Office at: HHS Division of Adult, Children and Family Services 5th floor, 1305 E Walnut St Des Moines, IA 50319-0114</li><li>▪ Upon approval or denial of the request, the program manager returns one copy to the applicant and keeps the original with the attached detailed description.</li></ul> When the training is offered within one service area: <ul style="list-style-type: none"><li>▪ Send the form to the Department office for that service area.</li><li>▪ Upon approval or denial of the request, the Department office that received the form returns one copy to the applicant and keeps the original with the attached detailed description.</li></ul>

Data

The person (applicant) submitting the form:

- Completes:
  - The title of the training.
  - The provider of the training.
  - The dates of the training.
  - The number of credit hours requested.
  - The name and title of the requester.
  - The address and phone number of the requester.
- Attaches:
  - The training description,
  - The names of the training instructors,
  - Their qualifications to provide the training, and
  - The agenda for the training.

**NOTE:** Credit is not given for introductions of the trainers, break times, and meal times.

The program manager or the local Department office where the form was submitted completes Part C, Decision, within 30 days of receipt of the application and training material attachments.

If the applicant of the training objects in writing within seven days after the notification of the Department's decision to deny approval, the social work administrator reviews the decision to determine if the original decision stands. The decision of the social work administrator is final and is not subject to appeal.

**Foster Parent Training Compliance Letter, Form 470-5656 or 470-5656(S)**

Purpose	<p>The <b>Training Compliance Letter</b> is used to:</p> <ul style="list-style-type: none"><li>▪ Notify licensed foster parents that they are out of compliance with Iowa Code regarding their renewal foster parent training hours.</li><li>▪ Provide licensed foster parents the opportunity to submit any documents for completed trainings or contact their licensing worker to discuss a training plan.</li><li>▪ Advise licensed foster parents that if not completed by a specified date on the letter, their foster care license will be denied.</li></ul>
Source	<p>The Department licensing worker may print the form from the manual or SharePoint under Employee Manual/Forms.</p>
Completion	<p>The foster care licensing worker or their supervisor completes this form when a licensed foster parent has not completed six hours of annual in-service training within the 12-month period beginning on the effective date of the foster parent's renewal license.</p>
Distribution	<p>The letter will be sent by certified mail through the Iowa Postal Service to the licensed foster parent's home address.</p>
Data	<p>This letter will be uploaded into the CareMatch system in the foster parents file.</p>

### Foster Parent Training History, Form 470-2080

Purpose	Form 470-2080 provides each individual foster parent a log of training completed during the licensing year.
Source	<p>Print supplies of this form from the manual or SharePoint under Employee Manual/Forms.</p> <p>The recruitment and retention contractor gives the form to each individual foster parent at the time of the start of their training year.</p>
Completion	A foster parent enters information on the training history each time training is completed to document compliance with in-service training requirements.
Distribution	<p>At each renewal, the foster parent:</p> <ul style="list-style-type: none"><li>▪ Gives the completed form to the home study worker.</li><li>▪ Keeps a copy with the license.</li></ul> <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></ul>
Data	<p>The foster parent entries include:</p> <ul style="list-style-type: none"><li>▪ The title and content of the training.</li><li>▪ The number of hours.</li><li>▪ The instructor.</li><li>▪ The date the training was received.</li><li>▪ The expenses claimed for the training.</li></ul>

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**Foster Parent Training Plan, Form 470-3341**

Purpose	Form 470-3341 is used to assist and guide foster parents as they assess and identify their training needs.
Source	This form is printed in pads of four three-part self-carbon sets. Order sets from Iowa Prison Industries at Anamosa.  You can also print supplies of this form from the manual or SharePoint under Employee Manual/Forms.
Completion	Complete this form for every licensing year. The contractor and the foster parents jointly review this form annually to identify: <ul style="list-style-type: none"><li>▪ Training needs in relation to the age and needs of children the family intends to care for, and</li><li>▪ Options for obtaining training during the licensing year.</li></ul>
Distribution	The recruitment and retention contractor: <ul style="list-style-type: none"><li>▪ Sends the original to the Department for the licensing file,</li><li>▪ Gives a copy to the foster parent, and</li><li>▪ Keeps a copy for its file.</li></ul>
Data	This form is self-explanatory.

**Foster Parent Training Report, Form 470-2540 or 470-2540(S)**

Purpose	Form 470-2540 or 470-2540(S) provides: <ul style="list-style-type: none"><li>▪ Documentation of the foster parent's in-service training.</li><li>▪ An idea of the usefulness of the particular training obtained.</li></ul>
Source	Complete this form using the fillable PDF in SharePoint under Employee Manual/Forms.  Print the Spanish version of this form from the manual or SharePoint.
Completion	Each foster parent completes the form within 30 days of the completion of the training activity and before the expiration date of the license.
Distribution	The foster parent submits the report to the recruitment and retention contractor. The contractor: <ul style="list-style-type: none"><li>▪ Sends the original to the Department for the licensing file.</li><li>▪ Gives a copy to the foster parent.</li><li>▪ Keeps a copy for its file.</li></ul>
Data	The form contains four sections: <ul style="list-style-type: none"><li>▪ Identification of the foster parent.</li><li>▪ Identification of the training.</li><li>▪ Evaluation of the training.</li><li>▪ Audio-visual media or book reviews.</li></ul>

**Foster/Adoptive Parent Preparation Training Certificate of Completion, Form 470-2066**

Purpose	Form 470-2066 shows that the prospective foster or adoptive parent has completed the 30-hour training requirement for initial licensure or approval.
Source	The recruitment and retention contractor issues the certificate.
Completion	<p>The recruitment and retention contractor issues the training certificate after the applicant has completed all 30 hours of training.</p> <p>If an applicant misses part of the 30-hour training program, the certificate is issued only after the person has made up the training hours missed.</p>
Distribution	The recruitment and retention contractor mails the original certificate directly to the applicant. The Department keeps a copy in the licensing file.
Data	<p>Check the applicable box on the certificate for the type of training.</p> <p>The certificate shows the:</p> <ul style="list-style-type: none"><li>▪ Foster parent's name,</li><li>▪ Location of the training,</li><li>▪ Date the training was completed,</li><li>▪ County,</li><li>▪ Service area, and</li><li>▪ Training coordinator.</li></ul>

**Founded Abuse in Nonregistered Child Care Parent Letter, Form 470-4384 or 470-4384(S)**

Purpose	Form 470-4384 or 470-4384(S) is used to provide written notification to parents of non-victim children enrolled in a nonregistered child care home in which founded abuse has occurred.
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 worker doing the assessment completes the form and mails the form to the parents of non-victim children at the conclusion of the assessment.
Distribution	Send one copy to the parents. Keep a copy in the case file.
Data	Enter: <ul style="list-style-type: none"><li>▪ The date of notification</li><li>▪ Parent's name and address</li><li>▪ Type of abuse</li><li>▪ The name of the provider of nonregistered child care</li><li>▪ The name of the child enrolled or previously enrolled at the nonregistered child care</li><li>▪ Worker phone number</li><li>▪ Worker signature</li></ul>

**Future Needs Adoption Subsidy Professional Documentation, Form 470-4311**

Purpose	Form 470-4311, <b>Future Needs Adoption Subsidy Professional Documentation</b> , serves as a tool to document a child's risk of having special needs in the future and being eligible for adoption subsidy and IV-E funding.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.
Completion	The adoption worker sends the form to the medical, mental health, or mental retardation professional. The professional evaluating the child completes this form before the adoption court hearing date to finalize the adoption of the child.
Distribution	Keep the original in the child's case file. Give a copy to the resource family upon their request.
Data	When completing the form, provide all available information about the child for use by the professional person for a thorough assessment of the child. This may include evaluations, school reports, provider reports, and home studies, as well as input from parents and the resource family.

## General Accounting Expenditure, GAX

Purpose	<p>The <b>General Accounting Expenditure</b> is used to authorize payment for a variety of expenses. These instructions relate to:</p> <ul style="list-style-type: none"><li>▪ Obtaining reimbursement for photographs, X-rays, other physical or mental examinations or tests, and costs directly associated with these services when performed at public expense as medically indicated for child abuse reports;</li><li>▪ Claiming the following foster care and adoption expenses:<ul style="list-style-type: none"><li>• Medical expenses for children in presubsidy that cannot be covered by the Medicaid program.</li><li>• Respite care of over 24 days per year.</li><li>• Life books.</li><li>• Funeral expenses for children under the guardianship of the Department.</li></ul></li></ul>
Source	<p>Complete this form using the template available in SharePoint under Employee Manual/Forms.</p>
Completion	<p>The Department worker or designated clerical staff prepare the form when expenses are incurred which require issuance of a special warrant. The person or agency making the claim must sign it and may be asked to complete the description section, but Department staff should do the coding.</p> <p>Four copies are essential. In addition, local procedures may require a copy for the claimant or a control copy for the service area file.</p> <p>For <b>child abuse assessment</b> expenses, the person or agency taking the photographs or X-rays or performing the tests or examinations is “the claimant.” The claimant must submit:</p> <ul style="list-style-type: none"><li>▪ A cover letter in duplicate.</li><li>▪ A <b>General Accounting Expenditure</b> in triplicate for each child.</li><li>▪ Invoices when available.</li></ul> <p>The cover letter contains the following information:</p> <ul style="list-style-type: none"><li>▪ The child’s name, age, and address</li><li>▪ The name of the worker or child protective assessment unit to whom the services, reports, photographs, X-rays or test results were provided</li></ul>

- The date the photographs or X-rays were taken
- A statement by the claimant indicating agreement to keep documentation of the services provided for five years, or agreeing to provide them to the Department for retention

Distribution

Send the original GAX with original signatures along with original receipts or verification and two copies of the whole packet, as follows:

- For child abuse assessment expenses, send both copies of the cover letter and the form to:  
  
HHS Central Abuse Registry  
PO Box 4826  
Des Moines, IA 50309-4826
- For funeral expenses, send the material to the service area manager for approval and then to the Bureau of Purchasing, Payments, Receipts and Payroll.
- For other expenses, send the material to the service area manager for approval and then to the foster care or adoption program manager in the Division of Adult, Children and Family Services.
- For medical expenses, also send a memo explaining what the charges are and why they cannot be billed to Medicaid.

Always keep a control copy in the child's case record.

Data

Complete the form as follows:

- **BUDGET FY:** Enter the last two digits of state fiscal year in which the expense is incurred. Claims cannot overlap fiscal years. The state fiscal year ends on June 30. A new fiscal year begins on July 1. Claims cannot be made for June and July together, because these months are not in the same fiscal year.
- **DATE:** Enter the date that the form is initiated.
- **I/3 VENDOR CUSTOMER NUMBER:** The I/3 vendor number is a number the state accounting system assigns to identify vendors. It is associated in the I/3 system with the federal EIN (tax identification number) or the SSN (social security number).
- **AGENCY NAME:** Enter "Department of Human Services."
- **VENDOR NAME AND ADDRESS:** Enter the name and mailing address of the person being reimbursed. The warrant will be made out to this name and mailed to this address.

- **FOB:** For foster care or adoption expenses, enter the name and state identification number of the child for whom the expenses were incurred. Leave blank for multiple life books.
- **ORDER APPROVED BY:** For foster care or adoption expenses, enter the original signature of the service area manager or authorized designee and the date signed. (If a stamp is used, the person approving the claim must initial the entry.)
- **DESCRIPTION:** Enter an itemized list of expenses claimed. Specify what service was provided (i.e., X-rays, medical examination, photographs, drug tests, etc.) and the date the expense was incurred. Example:

02-04-00	Slide film
02-04-00	Processing of slides
03-30-00	20 duplicate X-rays copied at \$5 each
- **UNIT PRICE:** Enter the unit price for each type of item billed if applicable. For example, the unit price for X-ray copies is \$5.
- **TOTAL PRICE:** Enter the total price for this bill.
- **CLAIMANT'S CERTIFICATION:** The form must be signed by the person to whom the reimbursement will be made (or a representative of the agency, if applicable). This must be an original signature. The use of a name stamp or a faxed signature is not sufficient. The date the claimant signed is also needed.
- **AGENCY CERTIFICATION:** Leave blank for sign-off by Bureau of Purchasing, Payments, Receipts and Payroll.
- **LINE:** Multiple lines are needed only if more than one type of claim is combined on one form.
- **FUND:** Enter "0001."
- **AGENCY:** Enter "413."

- **UNIT:** Enter the code for the child's type of care.

<u>Code</u>	<u>Type of Care</u>
DAL3	Legal fees
F003	Child abuse assessment expenses
NAPE	All other expenses for IV-E-eligible child receiving adoption presubsidy or subsidy
NAPS	All other expenses for <b>non</b> -IV-E-eligible child receiving presubsidy or subsidy
NFME	All other expenses for IV-E-eligible child receiving family foster care
NFMS	All other expense for <b>non</b> -IV-E-eligible child receiving family foster care

- **SUB UNIT:** Enter the decategorization project number, if applicable.
- **DEPARTMENT OBJECT:** Enter the four-digit Department object code, if applicable.
- **OBJECT:** Enter the code for the type of claim made.

<u>Code</u>	<u>Type of Claim</u>
2213	Life books
2349	Counseling services
2355	Child abuse expert witness or review
2447	Child abuse medical and laboratory fees
2453	Court reporters or transcription
2455	Sheriff fees
2462	Legal fees
4240	Funeral expenses
4334	Noncovered medical care
4355	Foster care respite over 24 days
4518	Noncovered medical supplies and equipment

- **AMOUNT:** Enter the amount payable for each line.
- **DOCUMENT TOTAL:** Enter the total of the amounts from each line. This will be the amount of the warrant.

### **Guardian's Initial/Annual/Final Report for Protected Person**

Purpose	<p>The <b>Guardian's Initial/Annual/Final Report for Protected Person</b> forms are used by:</p> <ul style="list-style-type: none"><li>▪ A guardian in a guardianship proceeding to complete the required initial, annual, and final reports for the juvenile court.</li><li>▪ The judge to enter an order either to continue the guardianship or to set a hearing on the guardianship.</li></ul>
Source	<p>Forms are available at <a href="https://www.iowacourts.gov/for-the-public/court-forms/">https://www.iowacourts.gov/for-the-public/court-forms/</a></p>
Completion	<p>A guardian may complete any of these reports online at the URL address above. The forms can be used as guides for guardianship reports filed through the juvenile court.</p>
Distribution	<p>File the reports directly with the designated court.</p>
Data	<p>These forms report on:</p> <ul style="list-style-type: none"><li>▪ The ward's living arrangement and current condition,</li><li>▪ The services provided to the ward, and</li><li>▪ The guardian's activities on behalf of the ward.</li></ul>

**Guardianship Authorization, Form 470-0738**

Purpose	Form 470-0738 is used to record authorization for a child under the guardianship of the Department to get medical care, enlist in the military, marry, or get a driver's license.
Source	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms as needed.
Completion	<p>The social worker or facility staff member prepares the form when a child under the guardianship of the Department:</p> <ul style="list-style-type: none"><li>▪ Is placed in foster care or pre-adoptive care (to authorize emergency care only);</li><li>▪ Needs major medical, psychiatric, or surgical (before requests are submitted to hospitals or physicians); or</li><li>▪ Is seeking to operate a motor vehicle, to enlist in the armed forces, or to marry.</li></ul> <p>The form is valid for one authorization only. Keep pre-signed forms in each office for emergency medical situations only.</p>
Distribution	<p>Submit the unsigned original to the service area manager or designee or to the facility superintendent. After the form has been signed, sent it back to the originator for distribution as follows:</p> <ul style="list-style-type: none"><li>▪ Send the original:<ul style="list-style-type: none"><li>• To the medical provider in medical cases;</li><li>• To the recruiter in enlistment cases; or</li><li>• To the child for marriage or operation of a motor vehicle.</li></ul></li><li>▪ Send one copy to the court with jurisdiction over the child.</li><li>▪ When the child has parents with residual parental rights, send one copy to the parents.</li><li>▪ File a copy in the child's case record.</li><li>▪ When the child is in a facility, keep one copy in the institutional record.</li></ul>
Data	The form identifies the child, the Department's authority, and the purpose of the authorization.

**Guardianship Information, Form 470-2989**

Purpose	Form 470-2989 is used to notify the service area manager or designee when the court has placed a child under the guardianship of the Department and when the child is no longer under guardianship of the Department.
Source	Department staff can complete this form using the template available in SharePoint under Employee Manual/Forms.
Completion	The social worker who is assigned to the child prepares the form when the social worker receives information that the child has been placed under the guardianship of the Department or has been removed from the Department's guardianship.
Distribution	Send the original to the service area manager or designee. File a copy in the child's case record.
Data	<p>The form is self-explanatory.</p> <p>Complete all items in the "Court Venue" section of the form when the child is placed under guardianship of the Department.</p> <p>Complete all items in the "Discharge" and "TYPE OF DISCHARGE" sections of the form when the child is no longer under the guardianship of the Department.</p>

**Guardianship Subsidy 17.5 Eligibility Letter, Form 470-0057 or 470-0057(S)**

Purpose	<p>The <b>Guardianship Subsidy 17.5 Eligibility Letter</b> is used to:</p> <ul style="list-style-type: none"><li>▪ Notify a youth's guardians of the possibility their guardianship youth may be eligible for continued guardianship subsidy to the age of 21</li><li>▪ Inform a youth's guardians of the documentation needed for the youth to continue to be eligible for continued guardianship subsidy to the age of 21</li><li>▪ Provide the process information on how to make application for continued guardianship subsidy to the age of 21</li></ul>
Source	<p>The form is housed in Appendix 18 and on SharePoint.</p>
Completion	<p>The guardianship subsidy social work case manager completes the required fields in the letter and mails the letter to the identified youth and/or guardian family.</p>
Distribution	<p>The is sent and a copy is housed in the youth's guardianship subsidy file.</p>
Data	<p>The guardianship subsidy social work case manager completes the process for guardianship subsidy approval or denial or documents the lack of response and application for continued guardianship subsidy.</p>

**Guardianship Subsidy Agreement, Form 470-3631 or 470-3631(S)**

Purpose	Form 470-3631 serves as the agreement between the Department and a child's guardian.
Source	Department staff can print the form from the manual or SharePoint under Employee Manual/Forms.
Completion	<p>The Department worker prepares a separate agreement for each child. Each guardian, the worker, and the worker's supervisor must sign the agreement.</p> <p>Payments cannot be made before the application is completed and the agreement is signed by the Department and the guardians, and guardianship has been transferred by the court.</p> <p>The agreement for subsidy is prepared initially at the time of the transfer of guardianship, and whenever the terms of the agreement are modified.</p>
Distribution	<p>After obtaining all signatures, distribution is as follows:</p> <ul style="list-style-type: none"><li>▪ Keep a copy in the child's file.</li><li>▪ Give a copy to the guardian.</li><li>▪ Provide a copy to the court.</li></ul>
Data	<p>The form identifies:</p> <ul style="list-style-type: none"><li>▪ The parties to the agreement (the Department and the guardian).</li><li>▪ The terms of the agreement.</li><li>▪ A successor guardian if named.</li><li>▪ A summary of the benefits agreed to:<ul style="list-style-type: none"><li>• The guardianship subsidy maintenance payment.</li><li>• Non-recurring expenses related to finalizing the guardianship.</li><li>• Any agreed upon special services and the reason for special services.</li></ul></li></ul> <p>Each agreement must be signed and dated by the guardian, the Department worker, and the service area manager or designee. Enter the date a copy of the agreement was provided to the guardian.</p>

**Guardianship Subsidy Application, Form 470-3632 or 470-3632(S)**

Purpose	Form 470-3632 serves as the agreement between the Department and the guardian.
Source	Department staff can print the form from the manual or SharePoint under Employee Manual/Forms.
Completion	<p>When an individual or couple wishes to become a guardian for a child through the Department, the worker is responsible for having the form completed and signed by the applicants and the child. The worker may need to assist the family in completing the application.</p> <p>Complete the application before the hearing to finalize the guardianship. The guardian signs the form. The adoption worker signs the bottom portion to record receipt of the application.</p>
Distribution	Make a copy for the guardian after obtaining all signatures. Keep the original in the child's subsidy case record.
Data	<p>The applicants complete the sections on:</p> <ul style="list-style-type: none"><li>▪ Identifying information.</li><li>▪ Factual information about the applicants.</li><li>▪ Acknowledgements and signature.</li></ul>

**Health Report for Resource Families, Form 470-0720 or 470-0720(S)**

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 HHS 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.

## ICJ Form IA/VI

Purpose	Form IA/VI is part of the initial out-of-state placement referral packet.
Source	Form IA/VI is available as a template at <a href="http://juvenilecompact.org">juvenilecompact.org</a> .
Completion	<p>The probation officer prepares the form when a juvenile court, state agency or institution, voluntary agency, or any other juvenile facility in Iowa determines that an out-of-state placement should be considered in an aftercare program of a delinquent juvenile.</p> <p>The judge or ICJ commissioner (parole cases only) must sign the form before a transfer of supervision occurs. If the youth is unable to sign the form before the transfer request is made, the receiving state can assist in getting this signature.</p>
Distribution	Complete the original in the electronic database or complete the PDF and upload it to the electronic database and then route to the deputy compact administrator.
Data	<p>Form IA – Application for Compact Services</p> <p><b>TO (Receiving State):</b> Enter the state in which the juvenile is residing or will reside.</p> <p><b>FROM (Sending State):</b> Enter the state of probation, parole, or adjudication; the requesting state.</p> <p><b>I, (blank):</b> Print the juvenile’s name here.</p> <p><b>In view of the above,...:</b> Check either “parole” or “probation” and fill in the name of the receiving state.</p> <p>Form VI – Memorandum of Understanding and Waiver</p> <p><b>I, (blank):</b> Enter the juvenile’s name. Select “parole” or “probation.” Fill in the name of the state under whose jurisdiction the juvenile is placed and the name of the state in which the juvenile is residing or will reside.</p> <ol style="list-style-type: none"><li>1. Enter the name, relationship, and address of the home where the juvenile is residing or will reside.</li><li>2. Check either “parole” or “probation.”</li><li>3. Check either “parole” or “probation.” The juvenile and witness must sign and date the form.</li></ol> <p><b>Pursuant to...:</b> Enter the state in which the juvenile resides or will reside.</p>

**Signature:** If the juvenile is on probation, the sending state's judge or court designee signs here. If the juvenile is on parole, the sending state's Interstate Compact on Juveniles official or designee signs here.

### ICJ Form III

Purpose	Form III is used to obtain the consent for voluntary return by a runaway, escapee, or absconder.
Source	Form III is available at <a href="http://juvenilecompact.org">juvenilecompact.org</a> .
Completion	When a known or purported juvenile is absconded from another state's probation, parole or institution supervision and is placed in an Iowa detention facility, the juvenile probation officer uses this form to immediately notify the interstate compact office. Complete an original and submit it to the court for approval.
Distribution	The court keeps one copy. Give one copy to the juvenile. Send one certified copy electronically to the interstate compact office through the electronic database.
Data	This form is self-explanatory.

## ICJ Form VIII

Purpose	Form VIII is used as a legal social evaluation to determine if placement in a proposed and specified resource home or place is in the best interest of the child or juvenile and the community.
Source	Form VIII is available as a template at <a href="http://juvenilecompact.org">juvenilecompact.org</a> .
Completion	The receiving state completes this form to inform the sending state of any placements that have been investigated and whether placement is recommended.
Distribution	Complete the form in the electronic database or complete the PDF and upload it to the electronic database. Send the form to the deputy compact administrator through the electronic database after the form is completed.
Data	<p>Complete as follows:</p> <ul style="list-style-type: none"><li>▪ <b>Sending State:</b> Enter the state of probation, parole, or adjudication; the state requesting cooperative supervision services.</li><li>▪ <b>Receiving State:</b> Enter the state in which the juvenile is residing or will reside.</li><li>▪ <b>Juvenile's Name, etc.:</b> Enter the juvenile's name and vital information as indicated.</li></ul> <p>Check either "Supervision recommended" or "Supervision not recommended."</p> <ul style="list-style-type: none"><li>▪ <b>Proposed Residence Evaluated:</b> Complete the:<ul style="list-style-type: none"><li>• Parent or guardian's name;</li><li>• Relationship;</li><li>• Address, including street, city, state, and zip code; and</li><li>• Primary and secondary telephone numbers, including area codes.</li></ul></li><li>▪ <b>Home/Neighborhood/Peers:</b> Provide a detailed statement about the home, the neighborhood, or peers, including physical descriptions, criminal or gang activity, etc.</li><li>▪ <b>Family Status:</b> Provide a detailed statement about family composition, interactions, at-risk family members, attitude, support capabilities, etc.</li></ul>

- **Family Employment/Financial Resources:** Provide a detailed statement about the family's employment and who will supervise the juvenile.
- **Legal History of Family:** Provide a detailed statement about the family's history with the legal system, such as current charges, probation or parole status.
- **Proposed Plan:** Provide a specific statement about the proposed plan for the juvenile once placed with this family or to continue placement with the family.
- **Other Comments:** Explain any other instructions that pertain to the juvenile that have not already been addressed, give any recommendations, and list any questions or concerns.
- **Reporting Instructions:** Complete this section, which includes the name and agency of the investigating worker and the investigating worker's supervisor.

## ICJ Form VII

Purpose	<p>Depending on whether Form VII is used by the sending state as a provisional or temporary travel form, the form is used when a parolee or probationer is:</p> <ul style="list-style-type: none"><li>▪ Traveling to establish residence in a member state before formal acceptance.</li><li>▪ Visiting a member state.</li></ul> <p>Form VII is also used when a juvenile is being placed into a residential facility in a receiving state. The juvenile shall possess a copy of the approved form signed by the guardian when traveling outside of Iowa.</p>
Source	<p>Form VII is available as a template at <a href="http://juvenilecompact.org">juvenilecompact.org</a>.</p>
Completion	<p>Complete this form when a child is given permission to travel out of state for more than 24 hours but less than 30 days. The exception is if the form is used for a residential facility placement.</p>
Distribution	<p>Complete the form as a PDF and upload it to the electronic database. Send the form to the deputy compact administrator through the electronic database after the form is completed.</p>
Data	<p>The form is self-explanatory.</p>

### ICJ Form IV

Purpose	Form IV is used when requesting placement of a juvenile in another state under Article VII of the Interstate Compact on Juveniles.
Source	Form IV is available at <a href="http://juvenilecompact.org">juvenilecompact.org</a> .
Completion	The probation officer completes this form at the time of the initial request. Complete the form in the electronic database or complete the PDF and upload it to the electronic database.
Distribution	The requesting person sends this form through the electronic database to their state's Interstate Compact Office.
Data	<p>Complete as follows:</p> <ul style="list-style-type: none"><li>▪ <b>Date:</b> Enter the date the form is completed.</li><li>▪ <b>TO (Receiving State):</b> Enter the state in which the juvenile is residing or will reside.</li><li>▪ <b>FROM (Sending State):</b> Enter the state of probation, parole, or adjudication; the requesting state.</li><li>▪ <b>Name of Juvenile, etc.:</b> Enter the juvenile's name and vital information as indicated.</li><li>▪ <b>Status:</b> Select parole or probation.</li><li>▪ <b>Sending State File #:</b> Enter the case number given to the juvenile's file or case.</li><li>▪ <b>To reside with or Is residing with:</b> <u>Check one</u>. Enter the name of the person or persons with whom the juvenile will reside or does reside in the receiving state. Complete the information regarding full address, including phone number with area code, and relationship to the juvenile.</li><li>▪ <b>Reason for Adjudication/Commitment:</b> Enter the adjudication or pending offenses for which the juvenile is to be supervised.</li><li>▪ <b>Date of Adjudication:</b> Enter the date of court-ordered supervision of the juvenile.</li><li>▪ <b>Date of Commitment:</b> Enter the date of court-ordered commitment of the juvenile.</li><li>▪ <b>Minimum Parole/Probation Expiration Date:</b> Enter the earliest date the juvenile could be released from supervision.</li></ul>

- **Maximum Parole/Probation Expiration Date:** Enter the latest date the juvenile could be released from supervision.
- **Anticipated Placement Date:** Enter the approximate date the juvenile is anticipated to arrive in the proposed home.
- **Present Location:** Enter the current location of the juvenile (at the time this request for supervision is being transmitted to the ICJ office).
- **We desire to transfer this juvenile:** Select parole or probation. If the juvenile's parent or legal guardian resides in the state, select the appropriate box. If the juvenile will be living with someone other than a parent or legal guardian, complete the "for the following reasons" section.
- **The following materials are enclosed:** Check the appropriate boxes that apply to the enclosures submitted with the referral packet. **All** applications **should** have a cover letter. Include at the very minimum:
  - Form IV and Form IA/VI,
  - Petitions and arrest reports,
  - Orders of adjudication and disposition, and
  - Parole or probation conditions (agreement).

If a social history is available, it must be included as well. All other items are helpful to the successful investigation and supervision of this case by the proposed new state of residency.

- **Referred by:** **Print** the name of the caseworker or the officer making the request for supervision.
- **Referring Agency:** **Print** the name of the requester's agency.

### ICJ Form A

Purpose	Form A is used by the parent, agency, or probation officer having legal custody of a child who has run away.
Source	Form A is available at <a href="http://juvenilecompact.org">juvenilecompact.org</a> .
Completion	<p>The legal custodian prepares this form with the assistance of a Department worker, a probation officer, or county attorney when a child has run away to another state. Use this form when requesting the return of a child refusing to return voluntarily under Article IV of the Interstate Compact on Juveniles.</p> <p>Complete two originals. Attach verification and documentation that the petitioner is the rightful legal custodian.</p>
Distribution	Present this form to the juvenile court in the jurisdiction of the custodian's legal residence. Provide a copy of this form to the Iowa Interstate Compact Unit through the electronic database.
Data	This form is self-explanatory.

### ICJ Quarterly Report, Form IX

Purpose	Form XI is a report of services and violation/absconder information provided by the receiving state at the request of the sending state.
Source	Form IX is available as a template at <a href="https://www.juvenilecompact.org/forms">https://www.juvenilecompact.org/forms</a> .
Completion	The juvenile court services officer completes this form at the end of every three months detailing the progress a youth has made at the new placement. This form is also completed if the youth absconds from placement or if the Juvenile Court Officer needs to report a violation.
Distribution	Complete the form in the electronic database or complete the PDF and upload it to the electronic database. Send the form to the deputy compact administrator through the electronic database after the form is completed.
Data	<p>Check at the top if the report is a quarterly report, a violation report, or an absconder report.</p> <ul style="list-style-type: none"><li>▪ <b>Sending State:</b> Enter the state of probation, parole, or adjudication; the state requesting cooperative supervision services.</li><li>▪ <b>Receiving State:</b> Enter the state in which the juvenile is residing.</li><li>▪ <b>Case #:</b> Complete the sending state's case number in the first blank and the receiving state's case number in the second blank.</li><li>▪ <b>Juvenile's Name, etc.:</b> Enter the juvenile's name and vital information as indicated.</li><li>▪ <b>Supervision Level:</b> Enter the juvenile's level of supervision.</li><li>▪ <b>Exp. Date:</b> Enter the expiration date.</li><li>▪ <b>Juvenile's Last Personal Contact with Supervising Agent:</b> Enter the date of the last face-to-face meeting with the juvenile.</li><li>▪ <b>Progress Topic:</b> Select a rating that best describes how the juvenile is doing in the following topics:<ul style="list-style-type: none"><li>• Adjustment in the home</li><li>• School and education performance</li><li>• Compliance with orders</li><li>• Family and peer relationships</li><li>• Employment performance</li><li>• Treatment and counseling</li><li>• General attitude</li></ul></li></ul>

- **Summary of Progress Since Last Report:** Provide a brief detailed statement regarding any progress made by the juvenile since the last report. List any citations or violation, if any, and any information about the juvenile absconding.
- **Court Appearances or Pending Charges in the Receiving State:** Check the appropriate box that indicates whether the juvenile has made any court appearances since the last report and if there are any pending charges. If you select yes to either of these questions, provide a description in the box below.
- **Efforts or Interventions to Redirect Behavior:** Provide a detailed description of any interventions needed for the juvenile.
- **Sanctions, if Applicable:** Provide any sanctions given to the juvenile.
- **Status/Disposition and Date of Citation or Violation:** Provide the status or disposition of any charges. Provide the date of any citation or violation if it applies.
- **Recommendation:** Check the box that indicates whether the recommendation is to continue supervision, request discharge, or request revocation. The juvenile worker, the worker's supervisor, and the compact administrator signs and dates the form.

## ICJ Form V

Purpose	<p>Form V is used to notify the state that has approved placement that a youth is being transferred to their jurisdiction for supervision. The form provides information concerning travel.</p> <p>Do not transfer supervision to another state without verbal or written approval from the Interstate Compact on Juveniles office in the receiving state. Follow up all verbal approvals with a written approval within ten working days of the date the verbal approval was granted.</p>
Source	Form V is available as a template at <a href="http://juvenilecompact.org">juvenilecompact.org</a> .
Completion	Complete this form and acknowledge the receipt of the form.
Distribution	Complete the original in the electronic database or complete the PDF and upload it to the electronic database and then route to the deputy compact administrator.
Data	<p>Complete as follows:</p> <ul style="list-style-type: none"><li>▪ <b>TO (Receiving State):</b> Enter the state in which the juvenile is residing or will reside.</li><li>▪ <b>DATE:</b> Enter the date the form is completed.</li><li>▪ <b>FROM (Sending State):</b> Enter the state of probation, parole or adjudication; the state requesting cooperative supervision services.</li><li>▪ <b>RE (Name of Juvenile, etc.):</b> Enter the juvenile's name and vital information as indicated.</li><li>▪ <b>Select the appropriate box:</b> Select "will depart" or "has departed" the sending state. Enter the mode of transportation. Enter the date of departure. Select either "in person" or "by telephone" or "by letter."</li></ul> <p>Complete the reporting instructions as indicated on the receiving state's report.</p> <p>Check any enclosures if they apply.</p> <ul style="list-style-type: none"><li>▪ <b>Signed:</b> The sending state's caseworker or parole or probation officer signs the form. Enter the title and agency of the signer as requested.</li></ul>

### ICJ Form II

Purpose	Form II is used when Article V of the Juvenile Compact is used.
Source	Form II is available at <a href="http://juvenilecompact.org">juvenilecompact.org</a> .
Completion	<p>The juvenile compact administrator or deputy or an Iowa juvenile judge of the court of jurisdiction completes Form II when an escapee or absconder refuses to return to Iowa under voluntary proceedings.</p> <p>Attach certified copies of the adjudicatory and dispositional orders and verification to the original form. The person authorized above signs the original.</p>
Distribution	<p>Send a copy to the Iowa Interstate Compact Office through the electronic database.</p> <p>File a copy according to the practices for filing of legal documents by the requisitioning court. The compact administrator or deputy issuing the requisition can also transmit the remaining copy to the probation officer for the case record.</p>
Data	This form is self-explanatory.

### ICJ Form I

Purpose	Form I is used when requisitioning for the return of a non-delinquent runaway under Article IV of the Interstate Compact on Juveniles.
Source	Form I is available at <a href="http://juvenilecompact.org">juvenilecompact.org</a> .
Completion	<p>The person petitioning the court or the person designated by the court completes this form after determining that Form A, <b>ICJ Petition for Requisition to Return a Runaway Juvenile</b>, is in order.</p> <p>Complete two originals to submit to the asylum court. The court must sign the originals and certify any legal documents according to the recognized practice of the court.</p>
Distribution	Send a signed copy of Form I, verification, and all supporting documentation electronically to the Iowa Interstate Compact Office.
Data	This form is self-explanatory.

**ICPC Financial and Medical Plan, Form 470-3827**

Purpose	Form 470-3827, <b>ICPC Financial and Medical Plan</b> , is used to inform the receiving state of how the child's financial needs and medical coverage will be handled while the child is in the receiving state and the sending state retains legal custody or protective supervision.
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 Department worker completes the form.
Distribution	Email form 470-3827 to the ICPC service area liaison. The liaison sends to the ICPC office who adds a recommendation and forwards the report to the sending state.
Data	Complete as follows: <ul style="list-style-type: none"><li>▪ <b>Child's Name:</b> Enter the child's full name.</li><li>▪ <b>Date of Birth:</b> Enter the child's date of birth in mm/dd/yy format.</li><li>▪ <b>Iowa Medicaid State ID #:</b> Enter the Medicaid state identification number.</li><li>▪ <b>Today's Date:</b> Enter today's date in mm/dd/yy format.</li><li>▪ <b>Legal Status:</b> Enter the full name, address, and phone number of the agency or person having custody or guardianship of the child.</li><li>▪ <b>Placement:</b> Choose the type of placement and check the correct box or choose "Other." Explain the resource for the financial or medical plan. Complete only one placement section option.</li><li>▪ <b>Emergency:</b> Enter the phone number and the name of the person to call in case of a medical emergency.</li><li>▪ Sign the form and include the worker's phone number.</li></ul>

**ICPC Report on Child's Placement Status (ICPC 100B), Form 470-0788**

Purpose	Form 470-0788 (ICPC 100B) is used to communicate between the placer, the supervising agency, and the respective compact administrators regarding the status of a placement requested under the Interstate Compact on the Placement of Children. It is a national form, known as the ICPC 100B.
Source	Form 470-0788 (ICPC 100B) is available as a template in SharePoint under Employee Manual/Forms. Supplies of the form may also be printed from the manual or SharePoint.
Completion	<p>Complete one form per child or per sibling if the action applies to siblings at the same time.</p> <p>The person supervising the placement or causing the child to be placed completes this form each time:</p> <ul style="list-style-type: none"><li>▪ A placement is made.</li><li>▪ A placement is changed.</li><li>▪ An approved placement is canceled.</li><li>▪ A placement is terminated.</li><li>▪ A case is closed.</li><li>▪ There is a change of address or status of the placement (e.g., from foster care to adoption).</li></ul> <p>The Department worker is responsible for preparing the form for all children in the Department's custody or guardianship who are placed out of state and for all children placed into Iowa for whom the Department has assumed supervision under the compact.</p> <p>When courts, probation officers, or private agencies have placed a child in another state or accepted supervision of a child from another state, their staff are responsible for preparing the form.</p> <p>When there is a change of purpose in an existing placement, e.g., from foster care to adoption, form 470-0781 (ICPC 100A) may be required at the request of the receiving state.</p>
Distribution	Email form 470-0788 (ICPC 100B) to the ICPC service area liaison. The liaison sends to the ICPC office who forwards to the receiving state.
Data	<p><b>Section I – Identifying Information</b></p> <p>Enter the full legal name and birthdate of the child for whom this placement information is being reported.</p>

Enter the names of the legal parents as on form 470-0781 (ICPC 100A). Enter the name of the resource, the address, and type of care. Enter the same type of care that was chosen on form 470-0781 (ICPC 100A) (e.g., adoptive home, foster family home, group home care). Enter the relationship for relative placements.

## **Section II – Placement Status**

To confirm the initial placement, check the box that applies. Enter the exact date the child was placed in the receiving state.

If some aspect of the placement changes while the child remains in the receiving state, complete another ICPC 100B. Check the "Placement Change" box and indicate the exact effective date of the change.

If the child moves from one placement resource to another, enter the updated placement information. For example, if a child leaves the parents' home and is placed in a residential treatment center, complete the facility's name and address and indicate the new "Type of Care."

Subsequent ICPC 100B forms will list the new placement resource under "Identifying Information." Any additional moves to place the child within the receiving state will be reflected in this same manner.

If only the name (e.g., mother remarries) or address (original placement resource moves) changes, check and complete only those items that apply.

## **Section III – Compact Placement Termination**

Check the boxes that apply:

- **Adoption Finalized:** If an ICPC adoptive placement has been finalized (consummated), check that box and the appropriate box for the state in which finalization occurred, "In Sending State" or "In Receiving State." Attach the final adoption decree.
- **Child Reached Majority/Legally Emancipated:** Check this box if the child has reached majority age and has simultaneously ceased to be the responsibility of the sending agency or if the child has become emancipated through legal action such as marriage or court decision.
- **Legal Custody Returned to Parent(s):** Check this box when the child's legal custody or guardianship is returned to the parent with the concurrence of the receiving state. Attach the court order transferring custody to the parents to form 470-0788 (ICPC 100B).

- **Legal Custody Given to Relative:** Check this box when the child's legal custody or guardianship is awarded to relatives (other than parents) with the concurrence of the receiving state. Attach the court order transferring custody to the relative to form 470-0788 (ICPC 100B).
- **Legal Custody Given to Other:** Check this box when the child's legal custody or guardianship is other (other than parents or relatives) with the concurrence of the receiving state. Enter the name and relationship to the child. Attach the court order transferring custody to the other to form 470-0788 (ICPC 100B).
- **Treatment Completed:** Check this item when the placement resource has been providing a specific treatment-oriented service; that service has been completed; and the child is, therefore, being discharged from the facility (e.g., residential treatment center). This box may also be checked if the child was placed through Article VI of the Compact.
- **Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State:** Check this box when the jurisdiction of the sending state has ended for some reason other than the transfer of custody to parents or relatives with the concurrence of the receiving state's supervising agency or court.

For example, if formal legal custody or guardianship is not going to be addressed but both states agree that supervision is no longer required or if both states agree to transfer jurisdiction to the receiving state.

If the sending state's jurisdiction is terminated without the concurrence of the receiving state (including custody or guardianship transfer), the decision was made unilaterally and that box should be checked.

- **Unilateral Termination:** Check this box when the interstate agreement has been terminated unilaterally, whether by the sending or receiving state. A unilateral termination is one in which one state ends the interstate placement agreement without the concurrence of the receiving state.
- **Child Returned to Sending State:** Check this box when the child returns to the state the child was placed from. This may be due to a disruption in placement.
- **Child Moved to Another State:** Check this box when the child moves to a state other than the sending state.

- **Proposed Placement Request Withdrawn:** If you have submitted form ICPC 100A to request placement approval and have decided not to explore that resource further, check this box, list the "Name of the Proposed Placement Resource," and date of your decision to terminate the compact.

Check this box only when no action has yet been taken on form 470-0781 (ICPC 100A). If you are withdrawing more than one request, submit a separate form on each and list each respective "Placement Resource."

- **Approved Resource Will Not Be Used for Placement:** Check this box when you have received an approved form 470-0781 (ICPC 100A) but have decided not to place the child with that resource. List the name of the "Approved Placement" and date of your decision to terminate the compact.
- **Other:** Check and specify if the reason for compact placement termination is not listed above. For example, the entire family moved to another state (new address should be entered under "Placement Change"), the death of a child, the child ran away and whereabouts are unknown.

**Date of Termination:** Enter the exact date of the activity that ended the Compact Placement Agreement.

#### **Section IV – Signatures**

If a private person or local agency is completing the form, have a designated person sign, under "Person/Agency/Supplying Information," identify the agency, and date the signature.

The compact administrator, deputy, or alternate should sign and date the second block.

### ICPC Request (ICPC 100A), Form 470-0781

Purpose	<p>Form 470-0781 (ICPC 100A) is the sending agency's formal written notice to the receiving state of its intention to make an interstate placement. It requests a finding as to whether the placement would be contrary to the interests of the child. With most placements, it is also a formal request for a home study.</p> <p>Following review by the receiving state, it is the official notice of the receiving state's decision. A favorable finding means that the placement can be made in conformity with the compact. An unfavorable finding means that the placement would be unlawful.</p> <p>Form 470-0781 (ICPC 100A) must accompany all requests for placement to which the compact is applicable. It must be favorably acted upon by the receiving state before any compact placement is made.</p>
Source	<p>Form 470-0781 (ICPC 100A) is available as a template in SharePoint under Employee Manual/Forms.</p>
Completion	<p>Complete one form per child or per sibling if the action applies to siblings at the same time.</p> <p>The service worker, private agency, court, or any person placing the child may complete this form. It is prepared when a request is being made to place a child in another state.</p>
Distribution	<p>Distribute as follows:</p> <ul style="list-style-type: none"><li>▪ The sending agency/Iowa ICPC service area liaison uploads the completed 100A into the National Electronic Interstate Compact Enterprise (NEICE) and electronically sends to the sending state deputy compact administrator.</li><li>▪ The deputy compact administrator reviews, signs, and sends to the receiving state's identified administrator.</li><li>▪ The receiving agency administrator completes Section IV of the form and returns to the sending state ICPC office.</li><li>▪ The sending state administrator sends via NEICE to the sending agency.</li></ul>

Data

In the first two blocks, enter the name and address of the ICPC administrator (or deputy) to whom the request is being forwarded (TO) and the name and address of the ICPC administrator (or deputy) whose state is submitting the request (FROM). If information for the receiving state is unknown, enter only the name of the state.

**Section I – Identifying Data**

Enter the full legal name, social security number, Indian Child Welfare Act (ICWA) eligibility, IV-E eligibility, sex, gender, date of birth, and ethnic group of the child for whom this placement is proposed. If the child is known by a nickname, place it in parenthesis beside the legal name.

**NOTE:** An “Indian child” means any unmarried person who is under age 18 and is either:

- A member of an Indian tribe or
- Eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe.

Enter the names of the legal parents, usually the birth parents. When an adoption is finalized, the adoptive parents are the legal parents. If the parent is deceased, enter “deceased” after the parent’s name.

If parental rights are voluntarily relinquished or terminated by the court, indicate in parenthesis beside the name. If you prefer to withhold the name, simply enter the status of the parent’s rights.

Enter the complete name, address, and telephone number of the agency or person who is responsible for planning for the child and who is financially responsible for the child. In most cases, these two items will be the same (the sending agency). Email addresses are optional.

**Section II – Placement Information**

**Types of Care Requested.** Check the boxes designating the following:

- **Public Placement:** Public placement means a placement processed by a public child welfare agency where the state or local agency, or the court has authority to make the placement.
- **Private Placement:** Private placement means a placement made by a parent or a private or independent agency or representative not acting as an agent of the state (e.g., private adoption) or, in the

case of a private residential treatment placement, where a parent or guardian is making the placement (e.g., private Residential Treatment Facility (RTF)/Residential Treatment Center (RTC) placement, etc.).

- **Subsidy:** Check the box for public foster care or adoption to denote IV-E federal, non-IV-E state or local, or none for no financial support. Select pending if not yet determined.
- **Adoptive Home:** Adoptive home refers to both agency and private or independent adoptive placement before finalization of an adoption. This may refer to an initial placement with a family where adoption is the intention or it may refer to the movement of an adoptive family from state A to state B following placement.

If this is a request for private or independent adoption, you are required to also complete the fields for the names, address, social security numbers, and telephone number for the prospective adoptive resource. Indicate if it is a federally-funded adoption subsidy (IV-E) or a state- or local-funded subsidy (non IV-E), pending (if not yet determined), or none.

- **Finalizing in:** Check one box to indicate the state in which the adoption will be finalized if known, otherwise mark pending.
- **Foster Family Home:** A foster family home is a facility providing care and guidance for a child or children not related to the caretaker for regular 24-hour care, or a certified kinship care home. A family foster home may not operate without a license or a certificate as required by the laws of the receiving state.
- **Group Home Care:** A resource which is licensed or approved as a group home and which provides substitute care for a fee; usually a modified family-type setting which serves more children than a foster home but fewer than an institution.
- **Child-Caring Institution:** A group care facility that is licensed or approved to provide custodial care to a larger number of children than a foster home or group home.
- **Residential Treatment Center:** A group care facility that provides a specific treatment program outside the realm of a medical hospital, psychiatric hospital, or institution for children with an intellectual disability (e.g., a residential program for the treatment of alcohol or drug abuse. The receiving state is not obligated to supervise this type of placement made by the sending state.

- **Parent:** A biological or adoptive parent or legal guardian as determined by applicable state law and who is responsible for the care, custody, and control of a child or upon whom there is legal duty for such care.
- **Institutional Care – Article VI Adjudicated Delinquent:** A group care facility for adjudicated delinquents whose proposed placement is according to Article VI of the ICPC. These facilities may include group homes and residential treatment centers and may serve non-delinquents as well.
- **Relative (Not Parent) Relationship:** Specify relationship, such as maternal aunt, paternal grandparents, brother, etc.
- **Other:** Specify a type of care not already listed, such as:
  - Nonrelative free home (an unrelated family that does not require foster home licensure in the receiving state and does not need or want foster care payments)
  - Independent living arrangement (an older teenager who is still under the jurisdiction of an agency or court but is capable of independent living without the supervision of a foster home or group home)
  - Maternity home
  - Extended foster care (youth aged 18–21 years old)

Current Legal Status of Child. Check the appropriate box.

- **Sending Agency Custody/Guardianship:** The child is in the full legal custody or guardianship (depending on the state's terminology) of a public agency. For example, a public agency may be social services, youth corrections, probation, parole, or a tribe. If allowed by state law, the sending agency may also be a licensed private child placement agency, an adoption agency, or a birth mother.
- **Parent/Relative Custody/Guardianship:** The child is not under the jurisdiction of either an agency or the court but is the full legal responsibility of a parent or relative. This choice is most likely to be marked when a parent, relative or guardian wishes to place a child in one of the types of care listed.

- **Court Jurisdiction Only:** The court has an open abuse, neglect, or dependency case that establishes court jurisdiction with the authority to supervise or remove and place the child for whom the court has not taken guardianship or legal custody.
- **Protective Supervision:** A legal status created by court order under which the child is permitted to remain in the child's home or is placed with a relative or other suitable person and the court, the Department, or another agency designated by the court provides supervision and assistance.
- **Parental Rights Terminated – Right to Place for Adoption:** The sending agency has accepted a voluntary relinquishment of parental rights or has completed court action terminating parental rights and now holds complete jurisdiction over the child with the right to place for adoption.
- **Unaccompanied Refugee Minor:** This form is not used to report the initial placement into the United States but to request placement and services in a second state after a U.S. agency or court has been granted full legal responsibility (custody or guardianship). Check this box only if that is the case.

Also mark the "Sending Agency Custody/Guardianship" box. If this is an unaccompanied refugee minor whose status warrants the ICPC 100A specific to those children (not the legal responsibility of an U.S. agency or court), do not use this form.

- **Other:** Legal status is not otherwise listed (e.g., legal action, such as a petition for custody or guardianship or to terminate parental rights, is pending).

For example, the child is the responsibility of the sending agency under a voluntary agreement with the parent or legally responsible relative and no court action has been taken or is pending to alter the family member's legal rights over the child.

**Name of Person(s) or Facility Child is to be Placed with.** Enter the name, address, and telephone number of the agency, facility, or individuals where the child will be placed. These entries are required.

**Name(s) of Prospective Adoptive or Foster Resource.** If placement is with an agency (e.g., adoption, foster care, etc.) other than a residential treatment facility (RTF), provide the foster or adoptive resource where the child will reside.

Enter the name, address, social security number, and telephone number of the individual with whom the child will be residing if it differs from the information in the section “Name of Person(s) or Facility Child is to be Placed with.”

### **Section III – Services Requested**

**Initial Report Requested.** If the proposed placement is not for a group care placement and a current home study has not yet been received, check the box for the appropriate type of home study needed based on the type of care indicated in Section II.

**Supervisory Services Requested.** Check one of the following boxes to indicate how supervisory services are to be conducted:

- **Request Receiving State to Arrange Supervision:** Check this box if the sending agency cannot supervise and does not have a contractual or other agreement with a pre-determined agency to provide these services. Usually the public social service agency will be asked to provide supervision following an approved home study and subsequent placement.
- **Another Agency Agreed to Supervise:** Check this box if the sending agency already has received the formal agreement of a pre-determined supervisory agency. This choice is most likely to be checked in agency adoptive placements where an agency in the receiving state already has provided an adoptive home study and will be providing ongoing services to the adoptive family.

Do not check this item because you know which county office of the public agency will receive this referral and may have discussed the case over the telephone. That does not constitute an agreement to supervise.

- **Sending Agency to Supervise:** Check this box if it is logistically feasible, it is the best-case plan, and the receiving state has granted the sending agency permission (which may or may not include licensure) to provide services in its state.
- **Other:** Check this box if requesting supervision for extended foster care youth (defined as youth aged 18–21 years).

**Supervisory Reports Requested.** Complete even though placement may not be a certainty at this time. Indicate how frequently you wish to receive progress reports. Standard timeframes are semi-annually, quarterly, monthly, or other. Check “other” when you wish to receive reports in a timeframe not listed.

**Name and Address of Supervising Agency in Receiving State.** If you know the name and address of the supervising agency, enter that information onto the line indicated. If not known by the sending agency, that information should be completed by the receiving state's compact office following receipt of a recommendation indicating that placement may be made.

**Enclosed.** Check which of the following items are enclosed:

- **Child's Social History:** Should accompany the majority of referrals; includes the pre-placement summary on adoption referrals and can be written with non-identifying information, if appropriate and preferred.
- **Home Study of Placement Resource:** Attach a current home study if one is not being requested; most likely to be checked if you already have an approved home study or the child is relocating with a placement resource and the home study is enclosed.
- **Court Order:** All applicable court documents should be enclosed (e.g., custody or guardianship orders, surrenders, orders terminating parental rights, and orders requesting a home study for the court).
- **ICWA Enclosure:** Obtain a letter from the child's tribe showing that the child is a member or is eligible for membership.
- **Financial/Medical Plan:** Attach the plan of how the proposed placement will be funded and how the children's medical needs will be covered.
- **IV-E Eligibility Documentation:** Attach a copy of the determination of IV-E eligibility.
- **Other Enclosures:** Indicates other pertinent materials, such as psychological evaluations, permanency plan, medical reports, school reports, birth certificates, and social security cards. It is not necessary to list them on the form.

**Signature of Sending Agency or Person.** The form should be signed and dated by anyone outside of the compact office who is completing the form as the sending agency. This includes a person with authority in the county social services agency, private agency, or court and any private individual or family member who is legally responsible for the child (as indicated in Section I and Section II, Legal Status).

Signature of Sending State Compact Administrator, Deputy or Alternate. Pursuant to Article III(d) of ICPC.

If the regulations of the sending state provide for transmittal of the form through the sending state's compact office, the compact administrator, deputy, or alternative in the sending state must sign and date the form. This is almost always the case.

#### **Section IV – Action by Receiving State**

This section is completed by the compact administrator, deputy, or alternate in the receiving state.

The compact office in the receiving state completes this section. The designated person reviews the proposed placement and all required information and indicates whether the placement can lawfully be made.

Remarks might include conditions or reservations to be noted or that an affirmative notice under Article III(d) is being given retroactively. The compact administrator, deputy, or alternate then signs and dates the form.

**ICPC Supervision Report, 30 Day, Form 470-4992**

Purpose	Form 470-4992 is used to prepare supervisory reports for states that have placed children into Iowa.
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 supervising worker completes this form to report on the initial 30-day visit after the child is placed. The provider's progress reports to HHS may be attached and submitted with the report form.</p> <p>To ensure the proper routing of the information, attach a cover memo that identifies:</p> <ul style="list-style-type: none"><li>▪ The state that placed the child in Iowa,</li><li>▪ The child who is the subject of the report, and</li><li>▪ The HHS worker to contact if further service arrangements need to be made.</li></ul>
Distribution	Email form 470-4992 with the cover memo and attachments to the ICPC service area liaison. The liaison sends to the ICPC office who adds a recommendation and forwards the report to the sending state.
Data	The form reports on the child's safety and well-being and the supervising worker's recommendations regarding the placement and the child's permanency goal.

**ICPC Supervision Report, 90 Day, Form 470-4993**

Purpose	Form 470-4993 is used to prepare supervisory reports for states that have placed children into Iowa.
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 supervising worker completes this form to report on each 90-day visit after the child is placed. The provider's progress reports to HHS may be attached and submitted with the report form.</p> <p>To ensure the proper routing of the information, attach a cover memo that identifies:</p> <ul style="list-style-type: none"><li>▪ The state that placed the child in Iowa,</li><li>▪ The child who is the subject of the report, and</li><li>▪ The HHS worker to contact if further service arrangements need to be made.</li></ul>
Distribution	Email form 470-4993 with the cover memo and attachments to the Iowa ICPC service area liaison. The liaison sends to the ICPC office who adds a recommendation and forwards the report to the sending state.
Data	<p>The form includes:</p> <ul style="list-style-type: none"><li>▪ Reports on the child's safety and well-being, school performance, caretakers, permanency plan status, and unmet needs.</li><li>▪ The supervising worker's recommendations regarding the placement and the child's permanency goal.</li></ul>

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

Purpose	Form 470-0583, <b>Individual Service Plan</b> , records the Department's service case plan for state supplement services (IHHRC and Family Life Homes).
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms. Supplies of this form may also be printed from the manual or SharePoint.  Completion The service worker completes this form when an eligible client's services commence, at the time of review, and when the service is terminated.
Distribution	Send the form to the service supervisor for signature. When the service supervisor returns the form, give one copy to the client or the client's representative and send a copy to the provider of IHHRC services or the individual providing a Family Life Home. Make a copy to keep in the client's case file.
Data	The service worker enters the following information: <ul style="list-style-type: none"><li>▪ State Supplemental Program (either IHHRC or Family Life Home)</li><li>▪ Member's Name: Enter the client's name</li><li>▪ SID #: Enter the client's state identification number.</li><li>▪ Date of Plan: Enter the date the service began.</li><li>▪ Date of Home Visit: Enter the date of the yearly home visit.</li><li>▪ Introduction Section: Enter the demographic information about the client, including power of attorney and emergency contact.</li><li>▪ Medical Information Section: Enter the diagnosis, and physicians or other providers, and how often they are seen. Enter current medications, hospitalizations, etc.</li><li>▪ Level of Care: Enter if level of care certification date (if applicable)</li><li>▪ Health Status/ADLs: Enter information regarding which areas require assistance and what assistance is needed.</li><li>▪ Additional Comments: Enter other pertinent information about the client in a narrative format.</li><li>▪ Team Communication: Enter a goal for each service provided by the program.</li></ul>

- **Safety and Crisis Plan:** Address all safety concerns that are present in the home environment. NOTE: If there is a safety issue that was addressed with the client, but the client chooses to do nothing about that safety issue, document that in the case plan (under additional comments).
- **Service:** List all services both formal and informal that the client receives, including natural supports.
- **Responsibilities.** List the responsibilities of all members of the team. Example: A client's goal may be to communicate with HHS if there is a change in circumstances, i.e., the client moves, income changes, etc.
- **Signatures.** Enter the HHS service worker's and the HHS supervisor's names. The HHS service worker and HHS supervisor must sign and date the form.
- **Member's Signature:** The client must sign and check the appropriate box to indicate that the client agrees. NOTE: Document in the client narrative if the client refuses to sign the case plan.
- **Service Plan Review:** The HHS service worker for IHRC state supplemental services will enter the date of the review and any observation/information noted during the service plan review. The service worker will sign that they completed the review.

**[Iowa Adoption Program Discussion Guide, 470-5722 or 470-5722\(S\)](#)**

Purpose	The <b>Iowa Adoption Program Discussion Guide</b> is a standard set of talking points for HHS staff working with families in preparation for adoption.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.  Print supplies of this form from the manual or SharePoint as needed.
Completion	HHS SWCM and Adoption Staff can use this form of standard information for exchange of information with families regarding adoption.
Distribution	Keep the original form in the child or youth's case file.
Data	The form provided a statewide standard exchange of information with families regarding adoption.

### IV-E Changes, Form 470-3918

Purpose	<p>Form 470-3918, <b>IV-E Changes</b>, is used by social work case managers (SWCM) and social worker IVs (SW4) to communicate information to IV-E workers regarding changes that occur during a child's episode of out-of-home care.</p> <p>The IV-E worker uses the form to document the effect the reported change has on IV-E eligibility and claiming.</p>
Source	<p>Complete this form in JARVIS / IV-E Tracking.</p>
Completion	<p>The <b>SWCM or IV-E worker</b> completes this form as changes occur during a child's out-of-home care episode.</p>
Distribution	<p>The SWCM submits the form to the IV-E worker in JARVIS / IV-E Tracking.</p> <p>The IV-E worker must print and file the completed copy of the form and associated documents in the IV-E case record.</p>
Data	<p>Complete the form as follows:</p> <p><b>Section 1: SWCM or IV-E Worker.</b> Complete the child's information.</p> <p><b>Section 2: SWCM</b></p> <ul style="list-style-type: none"><li>▪ Complete the applicable section based on the type of change that occurred.</li><li>▪ Upload applicable court orders to JARVIS / IV-E Tracking.</li></ul> <p><b>Section 3: SW4</b></p> <ul style="list-style-type: none"><li>▪ Identify the RE2 due date.</li><li>▪ Indicate whether the court order contains an RE2 finding and the date FCTL / database entries were completed.</li><li>▪ If the child is placed in a Qualifying Residential Treatment Program (QRTP), complete the sections regarding ongoing QRTP requirements.</li><li>▪ Sign and date the form.</li></ul> <p><b>Section 4: IV-E Worker.</b> Check the box next to the applicable change and complete the information regarding the change.</p> <p><b>Section 5: IV-E Worker.</b> Indicate whether IV-E funding can be claimed. If the funding status changed, include the effective date of the change.</p>

**Section 6: Medicaid Entries.** The IV-E worker completes the information on Medicaid entries and signs and dates the form.

**IV-E Initial Placement Information, Form 470-3839**

Purpose	Form 470-3839 is used by the social work case manager (SWCM) to communicate information to the IV-E worker regarding a child's removal from the home. The IV-E worker uses this form to document the IV-E determination.
Source	Complete this form in JARVIS / IV-E Tracking.
Completion	<p>The <b>SWCM</b> completes Section 1 of this form for each child who has been placed in out-of-home care, whether through a court order or through a voluntary placement agreement.</p> <p>Complete the form when a child is first placed in an out-of-home setting, within five working days of the agreement or order.</p> <p>Upload the following to JARVIS / IV-E Tracking:</p> <ul style="list-style-type: none"><li>▪ For voluntary placements, a copy of the agreement signed by the parents or guardian and the HHS case manager.</li><li>▪ For emergency removals and court-ordered removals, a copy of the first court order authorizing the removal.</li></ul> <p>The <b>SW4</b> completes Section 4 only if the child is placed in a Qualifying Residential Treatment Program (QRTP) placement.</p> <p>The <b>IV-E worker</b> completes Sections 2, 3, and 5 to document whether IV-E initial eligibility and claiming requirements are met.</p>
Distribution	The IV-E worker must print and file a completed copy of the form in the IV-E case record.
Data	<p>Complete the form as follows:</p> <p><b>Section 1: Information Needed About the Removal.</b> The SWCM completes the information regarding the child's removal situation and removal household information.</p> <p><b>Section 2: (IV-E Worker).</b> Determine if IV-E initial eligibility requirements are met and check the applicable "Yes/No" box for each requirement. Include dates where applicable.</p> <p><b>Section 3: IV-E Claiming.</b> The IV-E worker completes this section regarding responsibility for placement and care and claimable placement if the child meets IV-E eligibility requirements.</p>

**Section 4: (SW4).** If the child is placed in a Qualifying Residential Treatment Program (QRTP), indicate whether the Initial Assessment was completed and whether the QRTP facility meets criteria to claim IV-E.

**Section 5: System Entries.** The IV-E worker indicates whether the appropriate system entries have been made and the date entered.

The IV-E worker signs and dates the form.

**JCS Referral for Payment, Form 470-3334**

Purpose	The <b>JCS Referral for Payment</b> transfers information from the juvenile court officer (JCO) needed for HHS to set up a FACS case for payment of foster care services for children supervised by a JCO.
Source	Print supplies of this form from the online manual.
Completion	The JCO prepares the form on “payment-only” foster care cases (supervised by the JCO instead of a HHS service worker) when: <ul style="list-style-type: none"><li>▪ The child is placed in foster care.</li><li>▪ There is a change or new information relevant to the case (changes in demographics, new placements, reviews).</li><li>▪ The case closes.</li></ul>
Distribution	File the original in the juvenile court case file. Forward one copy to HHS. If the child has a disability, also send one copy to Benefit Team Services.
Data	The form includes information about: <ul style="list-style-type: none"><li>▪ The JCO.</li><li>▪ The foster child and the child’s parents.</li><li>▪ The child’s school status.</li><li>▪ The child’s removal and placement.</li><li>▪ The circumstances leading to the child’s removal.</li><li>▪ The child’s current living arrangement.</li><li>▪ The child’s current case permanency plan.</li><li>▪ Foster care administrative reviews.</li><li>▪ The child’s finances.</li><li>▪ Parental support, FIP, and SSI.</li></ul>

**[Kinship Caregiver Payment Notice of Decision Approval, Form 470-5664](#)**

Purpose	Form 470-5664, <b>Kinship Caregiver Payment Notice of Decision Approval</b> approves a KCP case.
Source	HHS workers can complete the English version of this form using the template available in SharePoint under Employee Manual/Forms. HHS workers can print the Spanish version of this form from the manual or SharePoint.
Completion	Form is automatically generated from information generated from entries made by the assigned SWCM into the state's data entry system.
Distribution	Give the original to the family. Keep one copy in the individual's file.
Data	The "issue date" is the date the notice is completed.

**Kinship Caregiver Payment Notice of Decision Termination, Form 470-5663**

Purpose	Form 470-5663, <b>Kinship Caregiver Payment Notice of Decision Termination</b> closes a KCP case.
Source	HHS workers can complete the English version of this form using the template available in SharePoint under Employee Manual/Forms. HHS workers can print the Spanish version of this form from the manual or SharePoint.
Completion	Form is automatically generated from information generated from entries made by the assigned SWCM into the state's data entry system.
Distribution	Give the original to the family. Keep one copy in the individual's file.
Data	The "issue date" is the date the notice is completed.

**Kinship Foster Care Application, Form 470-0179 or 470-0179(S)**

Purpose	<p>The Kinship Foster Care Application is used to apply for kinship foster care approval for a kinship caregiver who is caring for children court-ordered to placement in their care. The form gives the retention and recruitment contractor the right to complete the home study and to conduct necessary record checks.</p>
Source	<p>Complete this form using the template available in SharePoint under Employee Manual/Forms. Supplies of this form may also be printed from the manual or SharePoint as needed.</p> <p>The form is normally issued by the recruitment and retention contractor. Local offices that are asked to issue the form can print the form from the manual or SharePoint.</p>
Completion	<p>The kinship caregiver applicant(s) and any adults living in the home complete the form when the caregiver(s) decides to apply.</p> <p>If a person aged 18 and over moves into the home during the approval timeframe, that person must complete this form to authorize the necessary record checks. Have the person:</p> <ul style="list-style-type: none"><li>▪ Sign the original form on the appropriate line,</li><li>▪ Enter the date by the person's signature,</li><li>▪ Enter any out-of-state residence locations in the last five years, and</li><li>▪ Specify the state and the crime and abuse that occurred.</li></ul> <p>NOTE: If a child who has been living in the home turns 18, child abuse and criminal history record checks are not completed. Complete applications for re-approval at least 30, but no more than 90 days before the approval expires.</p>
Distribution	<p>The applicant family normally returns the form to the recruitment and retention contractor but may submit the form to any Department office. If so, forward the form to the recruitment and retention contractor. Keep the original form in the kinship foster caregiver's approval file.</p>
Data	<p>Check the box for "new" when a family applies for approval in Iowa for the first time. Check the box for "re-approval" when renewing a current approval.</p> <p>The applicants are requested (but cannot be required) to provide social security numbers. They help identify people for record checks.</p>

A person who has resided outside of Iowa in the last five years must report the locations of those out-of-state residences. This information will be used to check the records in those states for convictions and founded child abuse in other states.

### [Kinship Foster Care Home Study 470-0181](#)

Purpose	The Kinship Foster Care Home Study provides an outline for formatting the narrative assessment of the kinship caregiver and the safety of the physical home to address any identified needs to provide care for the child(ren) placed.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms. Supplies of this form may also be printed from the manual or SharePoint as needed.
Completion	The recruitment and retention home study worker shall: <ul style="list-style-type: none"><li>▪ Complete this form to prepare the approval recommendation.</li><li>▪ Complete an update of the form when changes in the home occur.</li></ul>
Distribution	The recruitment and retention contractor: <ul style="list-style-type: none"><li>▪ Send the original to the Department for the caregiver's approval file</li><li>▪ Keeps a copy of the completed study for their file</li><li>▪ Provides a copy of the completed study to the caregiver upon request</li></ul>
Data	The Kinship Foster Home Study includes sections summarizing the following: <ul style="list-style-type: none"><li>▪ Knowledge of child(ren)'s situation</li><li>▪ Caregiver(s) relationship with the child(ren) and the child(ren)'s family</li><li>▪ Knowledge of the child(ren) situation and Department involvement.</li><li>▪ Support of the child(ren)'s individual identity, culture, and/or religious beliefs</li><li>▪ Parenting ability</li><li>▪ Caregiver(s) health</li><li>▪ Placement stability</li><li>▪ Household composition</li><li>▪ Support/resources available to the caregiver(s)</li><li>▪ Physical safety assessment of the home</li></ul>

**Kinship Foster Care Letter of Approval , Form 470-0178 or 470-0178(S)**

Purpose	The Kinship Foster Care Letter of Approval is used by the Department Licensing worker to notify the kinship caregiver they have been approved for Kinship Foster Care.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms. Supplies of this form may also be printed from the manual or SharePoint as needed.
Completion	The Department Licensing worker completes the form to provide to the approved caregiver along with the issuance of the Notice of Approval for Kinship Foster Care.
Distribution	Keep the original form in the kinship foster caregiver's approval file.

**Kinship Foster Care Letter of Denial, Form 470-0180 or 470-0180(S)**

Purpose	The Kinship Foster Care Letter of Denial is used by the Department Licensing worker to notify the kinship caregiver(s) their application for Kinship Foster Care has been denied.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms. Supplies of this form may also be printed from the manual or SharePoint as needed.
Completion	The Department Licensing worker completes the form to provide to the applicant caregiver(s) along with the issuance of the Notice of Approval for Kinship Foster Care.
Distribution	Keep the original form in the kinship foster caregiver's approval file.

**Lead Paint Assessment, Form 470-4819 or 470-4819(S)**

Purpose	Form 470-4819, <b>Lead Paint Assessment</b> , is used to document that the foster family completed a visual assessment for lead hazards when their residence was built before 1960.
Source	The recruitment and retention contractor can provide a copy of the form to the foster parent to complete.
Completion	A foster parent whose residence was completed before 1960 shall complete the form: <ul style="list-style-type: none"><li>▪ During the initial home study.</li><li>▪ When the family has moved to a new home.</li><li>▪ Before renewal.</li></ul>
Distribution	The foster parent gives the completed form to the recruitment and retention contractor home study worker. The contractor includes the form in the home study packet provided to the Department.
Data	This form is self-explanatory.

**Letter of Removal, Form 470-3018 or 470-3018(S)**

Purpose	Form 470-3018 or 470-3018(S) is the means of informing an adoptive family when a placement is terminated. It contains all the information needed to meet the legal requirements for this action.
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 child's guardian (HHS) decides who sends the <b>Letter of Removal</b> when the decision is made that the placement is terminated.
Distribution	Make a copy of the completed form. Give or send the original to the adoptive parents. File the copy in the child's case record.
Data	The form gives the reason for ending the placement and explains what the family can do if they object to the removal.

**License Capacity Variance Request, Form 470-3342**

Purpose	Form 470-3342 is used to compile the information needed to request a variance to exceed licensed capacity or a child-specific variance from the service area manager or designee.
Source	Complete this form using the template in SharePoint under Employee Manual/Forms.
Completion	<p>The Department licensing worker prepares this form whenever a respite placement is planned which would exceed the licensing capacity. The recruitment and retention contractor worker prepares the form when a match occurs and the placement exceeds licensed capacity.</p> <p>The recruitment and retention contractor and the placement worker are responsible for ensuring that the additional children placed receive the same level of care and safety as the other children in care.</p> <p>The service area manager or designee must approve all variance requests.</p>
Distribution	<p>Submit the form to the service area manager or designee for approval. The service area manager or designee sends the completed original to the worker responsible for the HHS licensing file.</p> <p>File one copy in the child's file. Send a copy to the foster parents for their personal records. Send a copy to the recruitment and retention contractor for their file.</p>
Data	<p>Enter the identifying information for the family.</p> <p>Check the kind of variance being requested.</p> <p>Explain why the variance is needed and how the family is qualified to provide care for more children.</p> <p>If the variance is for specific children, enter identifying information for them.</p>

**Life of the Case Guide, Form 470-0017**

Purpose	The <b>Life of the Case Guide</b> is a discussion guide to be used as a tool to ensure Concurrent Planning discussions are happening for every child placed at any level of care. Concurrent Planning will be documented in this form throughout the life of the case. The form should continue until permanency is achieved through reunification, placement with other parent, guardianship, Another Planned Permanent Living Arrangement (APPLA), or adoption.
Source	Print supplies of this form from SharePoint.
Completion	The Supervisor and/or SWCM shall complete this form. This form should be saved in File Manager as a word document.
Data	This form provides a statewide standard for guidelines in Concurrent Planning.

**Long-Term Permanency Placement Agreement, Form 470-4540**

Purpose	Form 470-0450, <b>Long-Term Permanency Placement Agreement</b> , is an agreement between the Department or juvenile court services and the caregivers concerning the permanency placement of a child in foster care.
Source	Print this form from the manual and complete it manually.
Completion	<p>The social work case manager or juvenile court officer facilitates the <b>Long-Term Permanency Placement Agreement</b> for completion in conjunction with the caregivers and the foster child.</p> <p>The social work case manager or juvenile court officer can fill in the foster child's name, date of birth, and check the box that reflects the planned permanent living arrangement. Then give the form to the caregivers to sign and return to the Department social work case manager or juvenile court officer.</p>
Distribution	Make two copies of the completed form. Keep the original in the child's case file. Give a copy to the caregivers and to the foster child.
Data	Complete a new <b>Long-Term Permanency Placement Agreement</b> if there is a change in the long-term permanency placement.

**Medicaid Referral, Form 470-3061 or 470-3061(S)**

Purpose	The <b>Medicaid Referral</b> , form 470-3061 or 470-3061(S), is designed to refer families receiving child welfare services to apply for Medicaid. It is used in conjunction with the <b>Application for Foster Care and Subsidized Adoption Medicaid</b> , form 470-5535 or 470-5535(S).
Source	Print the English or Spanish version of this form from the manual or SharePoint under Employee Manual/Forms.
Completion	When a family that is not currently covered by Medicaid could benefit from financial support for medical and mental health services, the social work case manager responsible for the service case shall: <ul style="list-style-type: none"><li>▪ Complete the identifying information on the form.</li><li>▪ Give this form to the family along with an application.</li></ul>
Distribution	Make two copies of the completed form. Attach one to the application and send or give it to the family. Send one copy to the local office IM Unit. File the remaining copy in the case record.
Data	<b>County No.:</b> Enter the number of the county where the family resides. <b>Referring Worker No.:</b> Enter your worker number (e.g., CSA1). <b>Date of Referral:</b> Enter the current date. <b>Client (Child):</b> Enter the name of the child who is the focus of the services. <b>S.S. No.:</b> Enter the child's social security number. <b>Custodial/Relative:</b> Enter the name of the head of the child's household. <b>Address:</b> Enter the family's address.

**Medicaid/State Supp Review, Form 470-5482, 470-5482(S), 470-5482(M), or 470-5482(MS)**

Purpose	<p>The <b>Medicaid/State Supp Review</b> is designed as the annual review document for Non-MAGI-related Medicaid.</p> <p>This form contains instructions for completion and informs clients of their rights and responsibilities.</p>
Source	<p>The ELIAS and ABC system generate form 470-5482 automatically. Form 470-5482(S) is generated when the Medicaid member has indicated that Spanish is the preferred language.</p> <p>HHS IM staff may issue a manual version of the form, 470-5482(M) or 470-5482(MS), using the templates in SharePoint under Employee Manual/Forms.</p> <p>Supplies of this form may also be printed from the manual or SharePoint.</p>
Completion	<p>The ELIAS and ABC system produce form 470-5482 at the end of the month for Non-MAGI Medicaid when a case is active for Medicaid and due for an annual review. Give or issue the form to the member upon request.</p> <p>The worker or the ELIAS or ABC system completes the top portion of page 1 before the form is sent or issued to the participant.</p> <p>The member must complete the answers to all applicable questions. The participant may obtain help in completing the form from friends, relatives, advocate groups, or Department staff, if needed.</p>
Distribution	<p>Give or mail one copy of the form to the client for completion. The completed form is scanned and filed in the case record.</p>
Data	<p>Whenever the form is issued manually, provide a pre-addressed return envelope. Prepare the form as follows:</p> <ul style="list-style-type: none"><li>▪ Enter the Imaging Center name and address in the upper left hand corner of the form.</li><li>▪ Enter the case name and current mailing address.</li><li>▪ <b>Due Date:</b> Enter the date the renewal form is due back to the Department.</li><li>▪ <b>Case Number:</b> Enter the complete case number.</li><li>▪ <b>County Number:</b> Enter the county number.</li></ul>

- **Worker Name:** Enter the worker or team name.
- **Return this form by...:** Enter the date the renewal form is due back to the Department.
- **What if I have questions?** Enter the telephone number of the worker or team.

**Medical Referral Request, Form 470-0741 or 470-0741(S)**

Purpose	Form 470-0741 or 470-0741(S) is used to refer a child in placement at the Eldora State Training School to the University of Iowa Hospitals.
Source	Department staff can complete the English or Spanish versions of this form using the templates available in SharePoint under Employee Manual/Forms.
Completion	Facility staff prepares this form for approval of the superintendent when a physician recommends sending a child to the University of Iowa Hospitals and after the physician has contacted the hospital for an appointment for the child.
Distribution	<p>After the superintendent has signed the form, forward it to the Admissions Office, University Hospitals.</p> <p>After appropriate signatures have been obtained at University Hospitals, make copies for:</p> <ul style="list-style-type: none"><li>▪ The counselor</li><li>▪ The child's case file</li><li>▪ The facility's office file</li><li>▪ The court</li></ul>
Data	List the days and reasons for treatment.

**Mexican Consulate Notification, Form 470-4385**

Purpose	<p>Form 470-4385 is used to provide written notification to the Mexican Consulate Office in Omaha when:</p> <ul style="list-style-type: none"><li>▪ the Department has identified that a child in its custody is either a Mexican national or multiple-nationality minor. <b>NOTE:</b> This identification should be conducted on existing children in HHS custody as well as on new cases entering custody.</li><li>▪ a parent or custodian of a Mexican national or multiple-nationality minor has requested that HHS notify the Mexican Consulate Office.</li><li>▪ the Department learns that the noncustodial parent or parents of a child in state custody resides in Mexico (regardless of whether the child is a Mexican national or multiple-nationality minor).</li></ul>
Source	<p>Complete this form using the template available in SharePoint.</p>
Completion	<p>Address the written notification to the Mexican Consulate and complete and send within ten working days of the initial date the child entered state custody.</p> <p><b>NOTE:</b> If the HHS worker becomes aware at some point after a child has entered state custody that the child is a Mexican national or multiple-nationality minor, send the written notification to the Consulate without delay.</p>
Distribution	<p>When the Department takes custody of a child who is determined or is believed to be a Mexican national or a multiple-nationality minor:</p> <ul style="list-style-type: none"><li>▪ Provide written information to the child and the child's parents or custodian, in both English and Spanish, explaining the juvenile court process and the rights of children and parents or custodians in juvenile court.</li><li>▪ Provide the child and family with the address and phone number of the Mexican General Consulate Office in Omaha, Nebraska:</li></ul> <p>Mexican General Consul Consulate of Mexico Protection Department 7444 Farnam Street Omaha, Nebraska 68114 Phone: (402) 595-1863, (402) 312-5006 (cell) Fax: (402) 595-1845 Email: <a href="mailto:proteccionmh@sre.gob.mx">proteccionmh@sre.gob.mx</a></p>

- Let the family know that you will cooperate with staff of the Mexican Consulate in matters concerning HHS involvement with the child.
- Document the date you sent the notification letter in the case file. Keep a copy of the letter under correspondence in the case file.

Data                      This form is self-explanatory.

### [Next Steps, Form 470-5592](#)

Purpose	<p>Form 470-5592 is an optional resource for working with families to document agreements or activities that fall outside of the scope of a <b>Safety Plan</b>. The <b>Next Steps</b> can be used whether or not a <b>Safety Plan</b> is required.</p> <p>Families are often eager to get started on resolving issues identified during a protective assessment or service case. For example, parents may voice a commitment to making a mental health appointment for themselves or their child, seeking child care, cleaning their house, etc. The <b>Next Steps</b> should be simple – who will do what by when. Unlike the <b>Safety Plan</b>, the <b>Next Steps</b> can be a promissory note – a tool for creating a reminder of commitments that have been made for the good of the children and the family.</p> <p>Never use the <b>Next Steps</b> to make temporary or voluntary changes in child custody. The <b>Next Steps</b> does not replace the <b>Safety Plan</b>, which must be completed if a child is determined to be safe with a plan. The <b>Next Steps</b> is not binding, but a way to engage families regarding commitments they or others (including the Department) make to help preserve and strengthen family connections.</p>
Source	<p>Print this form from the manual or SharePoint under Employee Manual/Forms.</p> <p>This form is also printed as a three-part carbonless set. Order supplies from Iowa Prison Industries in Anamosa.</p>
Completion	<p>When deemed useful, the child protection worker or social work case manager completes the <b>Next Steps</b> with the family, documenting who has agreed to an action step, what that action step is, and when it will be completed.</p> <p>Use the <b>Next Steps</b> during the course of an assessment or anytime throughout the Life of the Case. Only those who are agreeing to an action step need to be present and sign the <b>Next Steps</b>. The <b>Next Steps</b> can be created in the family’s home, at a meeting involving the family, or in other circumstances where action steps are identified.</p>
Distribution	<p>If a printed form is used in place of the three-part carbonless form, a picture of the <b>Next Steps</b> must be taken with a state-issued phone or camera.</p>

Leave a copy or the original of the completed form with the family. Keep a copy for the Department's records by uploading the copy or photo of the completed form into File Manager (located within the JARVIS-STAR assessment module) or in the service case file.

Data

**Family name:** Document the last name of the family. The child protection worker may want to include the name of the child victim. The social work case manager may want to include the name of the youngest child.

**Who:** Document who has committed to an action step.

**Action Step:** Document the action step the person has committed to in the box to the right of the person's name.

**By When:** Document the date the person has committed to completing the action step in the box to the right of the person's name and the action step.

**Parent/Caretaker and Date:** Only the parents or caregivers agreeing to an action step need to sign and date the **Next Steps**.

**DHS and Date:** The child protection worker or social work case manager needs to sign and date the **Next Steps** whether or not they agree to an action step.

**Provider and Date:** Providers agreeing to an action step need to sign and date the **Next Steps**.

**Other and Date:** Others agreeing to an action step need to sign and date the **Next Steps**. Also, document the relationship of the other person to the family.

**Non-Law Enforcement Record Check Request Form A, Form 595-1489 or 595-1489(S)**

Purpose	<p><b>Non-Law Enforcement Record Check Request Form A</b>, form 595-1489 or 595-1489(S), is used to authorize a check for criminal convictions on the prospective relative placement and anyone aged 14 or over who lives in the relative's home or has access to a child when the child is alone.</p>
Source	<p>HHS service staff can complete the English version of this form using the template available in SharePoint under Employee Manual/Forms.</p> <p>The English version of this form is also printed in pads of 50 two-part sets. Order supplies from Iowa Prison Industries in Anamosa.</p> <p>Print the Spanish version of this form from the manual or SharePoint.</p>
Completion	<p>At the time of initial consideration of the relative for placement, complete this form for:</p> <ul style="list-style-type: none"><li>▪ The relative, and</li><li>▪ Each person aged 14 or over who:<ul style="list-style-type: none"><li>• Resides in the relative's home,</li><li>• Works in the home, or</li><li>• Has access to a child when the child is alone.</li></ul></li></ul> <p>Obtain the signature of the person being checked under "waiver," so a complete record check may be performed.</p> <p>When the family returns the forms, check each person's records using the Single Contact Repository (SING) system or the Courts Online website.</p> <p>When a person has criminal or abuse records, send form 470-2310, <b>Record Check Evaluation</b>, to the subject of the record if still wanting to consider the home as a possible placement.</p>
Distribution	<p>Send the family one copy of the form for each person to be checked.</p> <p>The completed forms are filed in the child's file.</p>
Data	<p>Complete the form as follows:</p> <ul style="list-style-type: none"><li>▪ Enter the requesting worker's name, work address, fax number, and telephone number in the "From:" spaces.</li><li>▪ Enter the name, maiden name, sex, social security number, and birth date of the person whose records are requested.</li></ul>

- The requesting worker signs the “request” section.
- The person being checked signs the “waiver” section.

**Notice of Action, Form 470-0728**

Purpose	Form 470-0728 is used to inform the facility and Purchase of Service staff of the action the Department has taken on the facility's application.
Source	Department staff complete this form using the template available in SharePoint under Employee Manual/Forms.
Completion	The Bureau of Child Welfare and Community Services' staff complete the notice after signing the certificate of license.
Distribution	Send the original to the facility or to the parent agency if there is more than one facility.  Send copies to the following: <ul style="list-style-type: none"><li>▪ The licensing and certification manager who prepared the evaluation and recommendation for the license.</li><li>▪ The purchase of service manager for the service area involved.</li><li>▪ The facility record kept in the Division of Adult, Children and Family Services.</li></ul>
Data	Only comprehensive residential facilities, comprehensive residential facilities for children with an intellectual disability, and private juvenile detention homes may be approved for special provisions. Special provisions may include approval to: <ul style="list-style-type: none"><li>▪ Operate a control room,</li><li>▪ Operate a locked cottage, or</li><li>▪ Use mechanical restraints.</li></ul> The administrator of the Division of Adult, Children and Family Services signs the form.

**Notice of Action: Foster Family Home, Form 470-0709 or 470-0709(S)**

Purpose	Form 470-0709 or 470-0709(S) is used to notify the applicant for a foster family home license of licensing decisions.
Source	Complete the English or Spanish versions of the form using the templates in SharePoint under Employee Manual/Forms.
Completion	<p>The licensing supervisor or SWCM completes the form when making a foster family home licensing decision, including:</p> <ul style="list-style-type: none"><li>▪ Issuance of a full license on application, reapplication, or completion of a corrective action plan under a provisional license.</li><li>▪ Issuance of a provisional license on application or reapplication.</li><li>▪ Denial of a license on application, reapplication, or expiration of a provisional license.</li></ul> <p><b>NOTE:</b> The license will not be renewed if the applicant fails to return the application for renewal. The notice is effective the last day of the licensing year. The service area manager or designee reviews and signs the form.</p>
Distribution	<p>Make three copies of the completed form. Send the original to the applicant. <b>NOTE:</b> Send all denial notices to the applicant by restricted certified mail so that the date of receipt can be recorded for appeal purposes.</p> <p>The service area manager may send a letter with this notice of action, especially in the case of adverse actions. Any information contained in the letter shall agree with the information and appeal rights contained on this form.</p> <p>File a copy in the Department licensing file. Send a copy to the recruitment and retention contractor. The contractor initiates payment of the training stipend if the initial license is approved.</p>
Data	<p>Indicate if a new license or renewed license is being issued.</p> <p>Check the applicable choice and fill in the dates and license capacity if requested.</p> <p>If a full or provisional license is issued, indicate the effective period of the license and the capacity of the home. If any other limitations are being placed on the home, type the limitation in the space provided.</p>

If the application is denied:

- Indicate all specific sections of Iowa Code Chapter 237 and of 441 Iowa Administrative Code Chapters 112 and 113 being used as reasons for the denial. Include the number.
- Explain the specific facts that support the legal basis for the negative action. Use an additional page if necessary.

**Notice of Child Abuse Assessment: Confirmed Not Registered, Form 470-3575 or 470-3575(S)**

Purpose	Form 470-3575 or 470-3575(S) is used to notify designated persons that a child abuse assessment has been concluded, the outcome of the assessment, and appeal rights.
Source	<p>The English version of this form is available for Central Printing through the Outcome Notices tab on the STAR Assessment module in JARVIS.</p> <p>The English and Spanish forms may also be printed from SharePoint under Employee Manual/Forms.</p>
Completion	<p>The child protective worker generates this form following the assessment, when abuse is determined to have occurred by a preponderance of the evidence, but the incident was not placed on the Central Abuse Registry because the incident was minor, isolated, and unlikely to reoccur. Prepare a form for:</p> <ul style="list-style-type: none"><li>▪ The subjects of the report.</li><li>▪ The mandatory reporter who made the report, if applicable.</li><li>▪ The employees of a child protection center involved in the child abuse assessment, if applicable.</li><li>▪ Child care facility administrators, if applicable.</li><li>▪ The HHS child protective worker who assisted in completing the assessment by conducting a courtesy interview, if applicable.</li></ul> <p><b>NOTE:</b> A subject of the assessment or that person's legal representative completes page 2 of the form when wishing to receive those portions of the summary to which they may be entitled.</p>
Distribution	<p>The form is mailed from Central Printing when completed in JARVIS.</p> <p>If Central Print is not used, mail the form and upload a copy into the File Manager, located on the STAR Assessment module in JARVIS.</p> <p>The county attorney and juvenile court have access through the portal.</p>
Data	<p>If information has been entered into STAR, the following items are generated by the STAR Assessment module in JARVIS:</p> <ul style="list-style-type: none"><li>▪ The name and address of the person to whom the form is sent.</li><li>▪ The date the notice is sent.</li></ul>

- The incident number that was assigned to the report at intake.
- The name of the child protective worker, the supervisor, and the Department's office telephone number and address.
- An explanation of why the person is receiving the notice.
- The names of the child subject and the person determined to be responsible for the abuse.
- An 'X' in the applicable box regarding treatment services and juvenile court recommendations from data entered on the RECOMMENDATIONS FOR SERVICE and RECOMMENDATIONS FOR COURT INVOLVEMENT screens.
- The type of abuse that was confirmed. Each category of abuse assessed will be listed after the child victim's name under the section "THIS REPORT CONCERNS."

**Notice of Child Abuse Assessment: Founded, Form 470-3243 or 470-3243(S)**

Purpose	Form 470-3243 or 470-3243(S) is used to notify designated persons that a child abuse assessment has been concluded, the outcome of the assessment, and appeal rights.
Source	<p>The English version of this form is available for Central Printing through the Outcome Notices tab on the STAR Assessment module in JARVIS.</p> <p>The English and Spanish forms may also be printed from SharePoint under Employee Manual/Forms.</p>
Completion	<p>The child protective worker generates this form following the assessment when abuse was determined to have occurred by a preponderance of the evidence and the incident was placed on the Central Abuse Registry. Prepare a form for:</p> <ul style="list-style-type: none"><li>▪ The subjects of the report.</li><li>▪ The mandatory reporter who made the report, if applicable.</li><li>▪ The employees of a child protection center involved in the child abuse assessment, if applicable.</li><li>▪ Child care facility administrators, if applicable.</li><li>▪ The HHS child protective worker who assisted in completing the assessment by conducting a courtesy interview, if applicable.</li></ul> <p><b>NOTE:</b> A subject of the assessment, that person's legal representative, or the mandatory reporter who made the report completes page 2 of the form when wishing to receive those portions of the summary to which they may be entitled.</p>
Distribution	<p>The form is mailed from Central Printing when completed in JARVIS.</p> <p>If Central Print is not used, mail the form and upload a copy into the File Manager, located on the STAR Assessment module in JARVIS.</p> <p>The county attorney and juvenile court have access through the portal.</p>
Data	<p>If information has been entered into STAR, the following items are generated by the STAR Assessment module in JARVIS:</p> <ul style="list-style-type: none"><li>▪ The name and address of the person to whom the form is sent.</li><li>▪ The date the notice is sent.</li><li>▪ The incident number that was assigned to the report at intake.</li></ul>

- The name of the child protective worker, the supervisor, and the Department's office telephone number and address.
- An explanation of why the person is receiving the notice.
- A determination of whether the responsible person's name will be eligible for removal from the Central Abuse Registry after ten years or after five years.
- The names of the child subject and the person determined to be responsible for the abuse.
- An 'X' in the applicable box regarding treatment services and juvenile court recommendations from data entered on the RECOMMENDATION FOR SERVICE and RECOMMENDATION FOR COURT INVOLVEMENT screens.
- The type of abuse that was founded. Each category of abuse assessed will be listed after the child victim's name under the section "THIS REPORT CONCERNS."

**Notice of Child Abuse Assessment: Not Confirmed, Form 470-3242 or 470-3242(S)**

Purpose	Form 470-3242 or 470-3242(S) is used to notify designated persons that a child abuse assessment has been concluded, the outcome of the assessment, and appeal rights.
Source	<p>The English version of this form is available for Central Printing through the Outcome Notices tab on the STAR Assessment module in JARVIS.</p> <p>The English and Spanish forms may also be printed from SharePoint under Employee Manual/Forms.</p>
Completion	<p>The child protective worker generates this form following the assessment, when it cannot be determined by more than half of the evidence gathered, that abuse occurred and the incident was not placed on the Central Abuse Registry. Prepare a form for:</p> <ul style="list-style-type: none"><li>▪ Subjects of the report.</li><li>▪ The mandatory reporter who made the report, if applicable.</li><li>▪ The employees of a child protection center involved in the child abuse assessment, if applicable.</li><li>▪ Child care facility administrators, if applicable.</li><li>▪ HHS child protective worker who assisted in completing the assessment by conducting a courtesy interview, if applicable.</li></ul> <p><b>NOTE:</b> A subject of the assessment or that person's legal representative completes page 2 of the form when wishing to receive those portions of the summary to which they may be entitled.</p>
Distribution	<p>The form is mailed from Central Printing when completed in JARVIS.</p> <p>If Central Print is not used, mail the form and upload a copy into the File Manager, located on the STAR Assessment module in JARVIS.</p> <p>The county attorney and juvenile court have access through the portal.</p>
Data	<p>If information has been entered into STAR, the following items are generated by the STAR Assessment module in JARVIS:</p> <ul style="list-style-type: none"><li>▪ The name and address of the person to whom the form is sent.</li><li>▪ The date the notice is sent.</li></ul>

- The incident number that was assigned to the report at intake.
- The name of the child protective worker, the supervisor, and the Department's office telephone number and address.
- An explanation of why the person is receiving the notice.
- The names of the child subject and the person responsible for the abuse.
- An 'X' in the applicable box regarding treatment services and juvenile court recommendations from data entered on the RECOMMENDATION FOR SERVICE and RECOMMENDATION FOR COURT INVOLVEMENT screens.
- The type of abuse that was alleged but not confirmed.

**Notice of Decision: Services, Form 470-0602 or 470-0602(S)**

Purpose	The <b>Notice of Decision: Services</b> notifies a service applicant or recipient of all actions taken which affect the client's case and which are not court-ordered. Due process requirements are met when a <b>Notice of Decision: Services</b> is issued.
Source	Complete the English or Spanish versions of 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 HHS worker prepares an original and one copy of this form to notify clients of eligibility determinations and service needs for the following case actions: <ul style="list-style-type: none"><li>▪ An application is approved, denied, or withdrawn.</li><li>▪ A client is required to pay client participation.</li><li>▪ The client participation amount changes.</li><li>▪ The service is changed.</li><li>▪ Services are terminated.</li><li>▪ Services are renewed as a result of a regular or special review.</li></ul>
Distribution	Give the original to the client. File a copy in the case record.
Data	<b>Identifying Information:</b> The case number may be omitted on applications.  <b>Explanation of Action:</b> Include in this section: <ul style="list-style-type: none"><li>▪ The action taken;</li><li>▪ The services, if new or changed, and</li><li>▪ The specific basis for the action in words the client can understand.</li></ul> <p>If services are being reduced, state the reason clearly. For a termination, include the basis for cancellation and the reason for termination.</p> <b>Manual or Rule References:</b> State the chapter and subsection of the Employees' Manual that supports the action taken. (Administrative rule reference may be added.)

**Fees:** For clients with client participation, specify:

- The service the client participation covers.
- The amount of the client participation.
- The period covered by the client participation (e.g., \$20 per month).
- The person to whom the fee is payable.

**Notice of Family Assessment Recommendation, Form 470-5373**

Purpose	Form 470-5373 is used to notify designated persons that a family assessment has been concluded and of any recommendations for service.
Source	<p>The form is available for Central Printing through the Outcome Notices tab on the STAR Assessment module in JARVIS.</p> <p>This form may also be completed using the template located in SharePoint under Employee Manual/Forms.</p>
Completion	The child protective worker generates this form following the completion of a family assessment.
Distribution	<p>After supervisory approval in JARVIS, the form is mailed from Central Printing with the <b>Child Protective Services Family Assessment Summary</b> to:</p> <ul style="list-style-type: none"><li>▪ The child being assessed and</li><li>▪ The child's custodial and noncustodial parents or guardian.</li></ul>
Data	<p>If information has been entered into STAR, the following items are generated by the STAR Assessment module in JARVIS:</p> <ul style="list-style-type: none"><li>▪ The name and address of the person to whom the form is sent.</li><li>▪ The date the notice is sent.</li><li>▪ The incident number that was assigned to the report at intake.</li><li>▪ The name of the child protective worker, the supervisor, and the Department's office telephone number and address.</li><li>▪ An explanation of why the person is receiving the notice.</li><li>▪ The recommendation for service being made.</li><li>▪ The names of the child subject and the abuse types reported.</li></ul>

### Notice of Intake Decision, Form 470-3789

Purpose	Form 470-3789 is used to provide notification to all mandatory and permissive reporters of the decision made by the Department about whether or not to accept their report of suspected child abuse.
Source	This form is available for Central Printing through the Collateral Information tab, under the reporter screen, on the STAR Intake module in JARVIS. This form may also be completed using the template located in SharePoint under Employee Manual/Forms.
Completion	Form 470-3789 is completed automatically and mailed to the reporter within five working days of the receipt of a report.
Distribution	One copy is sent to the reporter.  If Central Print is not used, mail the form and upload a copy into the File Manager, located on the STAR Assessment module in JARVIS.  Destroy rejected intakes and notices after three years.  The county attorney and juvenile court have access through the portal.
Data	The system will enter: <ul style="list-style-type: none"><li>▪ The date of notification.</li><li>▪ The reporter's name and address.</li><li>▪ The date the report was received.</li><li>▪ The name of the child named in the report.</li><li>▪ The applicable box will be checked to indicate whether the report of child abuse is being accepted or rejected.</li><li>▪ If the report is being rejected, the applicable box will be checked to indicate the reason why the report has not been accepted.</li><li>▪ The applicable box will be checked to indicate if the information will be forwarded to the county attorney's office or law enforcement.</li><li>▪ The name of the supervisor who made the decision.</li><li>▪ The date of the decision.</li><li>▪ The child abuse hotline number.</li></ul>

**Notice to Relatives and Parents, Form 470-4769 or 470-4769(S)**

Purpose	<p>The <b>Notice to Relatives and Parents</b> is used to:</p> <ul style="list-style-type: none"><li>▪ Notify a child's relatives that the child's custody has been transferred to HHS for the purpose of placement.</li><li>▪ Ask if the relative is willing to be considered for placement of the child or to provide assistance or support for the child.</li><li>▪ Identify possible resources available for the relative if the relative takes placement of the child and many of the requirements for becoming a licensed foster parent.</li><li>▪ Identify benefits and availability of the State's Subsidized Guardianship Program.</li></ul>
Source	<p>The form is generated from the Comprehensive Child Welfare Information System (CCWIS), under the Child Services module in JARVIS.</p>
Completion	<p>The child protection worker or social work case manager completes the required fields in CCWIS within 30 days of the court order that transfers the child's custody to HHS for placement with the child's grandparents, adult siblings, parents of the child's siblings or half siblings, aunts, uncles, and other relatives identified by the child's parents.</p> <p>Ensure that you have signed releases from the child's parents before releasing any information to the relatives regarding the child and the removal. A release of information is not needed to send the relative notice to the relative.</p>
Distribution	<p>The notice is generated and sent to each relative through Central Print. A copy is stored in the CCWIS system, under the Child Services module in JARVIS.</p>
Data	<p>The child protection worker or social work case manager completes the required data fields in CCWIS, under the Child Services module in JARVIS.</p>

[Notice to Relatives Worksheet, Form 470-4840 or 470-4840\(S\)](#)

Purpose	The <b>Notice to Relatives Worksheet</b> is used to obtain information about the relatives of a child who has been removed from the custody of a parent or guardian.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.  Form 470-4840 is printed in pads of 25 two-part carbonized sets. Order supplies from Iowa Prison Industries at Anamosa in the usual manner.
Completion	The social work case manager initiates the <b>Notice to Relatives Worksheet</b> for each removal episode from the home, even if the child returns home within 30 days of removal. The parents may complete the form independently or with the assistance of the worker. Each parent should complete the worksheet.  Send the <b>Notice to Relatives</b> , form 470-4769, to the persons listed on the worksheet.
Distribution	Keep the original in the child's case file. Give a copy to the foster parents if requested.
Data	"Relatives of the child" include the grandparents, aunts and uncles, adult siblings, and other adult relatives who are suggested by the parents.

### [Notice to Schools for Child in Foster Care, Form 470-4894](#)

Purpose	Form 470-4894 is used to notify school personnel that a child is in foster care or to engage educators to ensure and monitor appropriate school placement. If the child is transferring schools, the form triggers a five-day requirement for the district to transfer records. This form notifies educators at the receiving school to enroll the child immediately. Guidance regarding education of children in foster care, including how to access the appropriate school district Point of Contact, can be found in <a href="#">SharePoint</a> .
Source	Form 470-4894 is available as a fillable PDF on the Department's website. HHS workers may also complete the fillable PDF in SharePoint under Employee Manual/Forms.  Supplies of this form may also be printed from the manual or SharePoint.
Completion	The social work case manager completes this form and initiates a Best Interest Determination: <ul style="list-style-type: none"><li>▪ When a child has entered foster care, or</li><li>▪ When a placement change is expected for a child in foster care, or</li><li>▪ To engage educators regarding the education or behavior of a child in foster care.</li></ul> Iowa Code section 232.2 requires the Department to: <ul style="list-style-type: none"><li>▪ Provide evidence that there was an evaluation of the appropriateness of the child's educational setting;</li><li>▪ Provide evidence that a Best Interest Determination was conducted as follows:<ul style="list-style-type: none"><li>• The Department coordinated with appropriate local educational agencies to identify how the child could remain in the home school; or</li><li>• If it was determined not to be in the child's best interest to remain in that school, that local educational agencies immediately and appropriately enrolled the child in another educational setting during the child's placement.</li></ul></li><li>▪ Ensure that the child's educational records were provided to the new educational setting.</li><li>▪ Document the education stability of a child in foster care.</li></ul>

Iowa Code section 280.29 requires a school district, upon notification by the Department:

- That a child in foster care is transferring from one school district to another school district, to transfer all education records to that district no later than five school days after receiving notification.
- That a child in foster care is transferring into the school district, to provide for the immediate and appropriate enrollment of the child.

#### Distribution

Contact the parent or guardian, as appropriate, to explain the necessity of communication with the school professionals. Send the completed form to the Point of Contact at the child's school district of origin, who may forward the form to the appropriate education professional (i.e., counselor, homeless liaison). Send to one or both of the following, as appropriate, and place in the child's case file.

- The school the child is currently attending (school of origin).
- The school the child is likely to be enrolled in if a school change is being considered.

#### Data

The social work case manager completes this form as follows:

- **Name:** Include the name of a the Point of Contact at the child's school district of origin or the Point of Contact at the school the child is likely to be enrolled in if a school change is being considered.
- **Address:** Address of the school district.
- **Greeting:** After "Dear," print the name of the Point of Contact at the school district
- **Child's Name:** Print the first, middle, and last name of the child.
- **Date of Birth:** Print the child's date of birth to help the schools identify the child.
- **Date of Placement:** Print the date the child was or is expected to be placed in a foster care home or facility.
- **Official Notification:** Check the appropriate selections.
- **Legal authority and Consent and release of information:** Consent from the parent or guardian is not required for HHS to share that the child is in foster care or to discuss the appropriate school placement. However, health, substance abuse, child protection, and HIV information may not be shared without parent or guardian consent. Encourage the parent to communicate with educators on behalf of their child, as appropriate.

School officials with questions may contact the Department of Education staff indicated on the form.

**Parent's/Guardian's/Custodian's Consent, Form 430018**

Purpose	Department of Transportation form 430018 is used to provide permission for a child to obtain a driver license or operator instruction permit.
Source	Access this form by searching "430018" on the <a href="#">Iowa DOT forms portal</a> . Click on Form Details for instructions. Click on Complete Form to open the form.
Completion	<p>The Department may provide consent only when all of the following conditions are met:</p> <ul style="list-style-type: none"><li>▪ A child in foster care is of appropriate age to obtain a driver license or operator instruction permit according to the Department of Transportation guidelines, and</li><li>▪ The parent is unable or unwilling to sign consent for the child to obtain the license or permit, and</li><li>▪ It is in the child's best interest to have a driver license or operator instruction permit, and</li><li>▪ Provisions of Iowa Code 321.180B have been met (as indicated on this form) if the consent is for an intermediate or full-privilege driver license.</li></ul> <p>The social work case manager or juvenile court officer completes all the fields on the form as directed. Check "ward" to represent the child.</p> <p>A social work supervisor, social work administrator, or service area manager is required to sign the form.</p> <p>The Department of Transportation will check the Department signature against a list of Department staff approved to sign.</p>
Distribution	Provide the completed and signed form to the child's caretaker for use in obtaining an operator instruction permit or a full or intermediate driver license for the child.
Data	Type or print in ink all entries.

**Payee/Placement Changes, Form 470-3359**

Purpose	Form 470-3359 is used to provide information to the contractor for the SSI Advocacy Project regarding payee changes or placement changes.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.
Completion	The child's service worker prepares this form when changes have taken place during the time the referral is being processed and after a positive decision.
Distribution	Print the form. FAX the form to the SSI Advocacy Project contractor at the telephone number on the form, along with the current court order giving HHS custody of the child. File the form in the child's case record.
Data	The form contains identifying information, payee change request, and data about the child's move within or out of foster care.

**Photography Record, Form 470-3350**

Purpose	Form 470-3350 is used to inform the parent when the Recruitment, Retention, Training and Support (RRTS) arrangements have been made to photograph a child who will be featured on the state and national Internet exchanges or print publications.
Source	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms as needed.
Completion	<p>The child's adoption worker prepares three copies of this form after identifying a photographer and making an appointment for a photo session.</p> <p>Call a volunteer photographer in your area, identify the photographer, and arrange a time for the photography session. To obtain information on participating photographers in your area, contact the RRTS provider.</p>
Distribution	<p>Mail or fax one copy of the completed form to the RRTS provider.</p> <p>Keep a copy of the form in the child's case record and take a copy of the form to the photo shop.</p>
Data	<p>List all children in a sibling group and their Exchange numbers on the same form.</p> <p><b>NOTE:</b> The RRTS provider can receive digital photos of children. The photo's resolution must be 250 or more. The photos can be JPEG or TIF files. Instruct the photographer to mail this form with the CD or film to the above address.</p>

[Physical Record, Form 470-0580 or 470-0580\(S\)](#)

Purpose	<p>Form 470-0580 or 470-0580(S) is used to obtain an initial and continuing record of a child's physical history and medical care. The form may be used for children in all foster care situations, as it meets the federal Medicaid requirements for early and periodic screening and the federal requirements for inclusion of health information in a child's case permanency plan.</p>
Source	<p>Print the English or Spanish versions of this form from the manual or SharePoint under Employee Manual/Forms.</p>
Completion	<p>The child's physician completes the <b>Physical Record</b> or equivalent document:</p> <ul style="list-style-type: none"><li>▪ Before a child's entry into foster care, if at all possible, and</li><li>▪ At least annually thereafter.</li></ul> <p>Whenever possible, give the form to the child's parents to be completed before placement. If the form is not completed before placement, it shall be completed within 14 calendar days of a child's entry into foster care.</p> <p>If the child has to be placed in foster care before the examination is completed, you may request the foster care provider's assistance in getting the form completed.</p> <p>If neither the parents nor foster care provider assist in getting the form completed, make arrangements for the examination.</p> <p>If the <b>Physical Record</b> does not have immunization information attached, get this information from the child's family or from the school where the child is enrolled at the time of placement. If the child's immunization record is not available, work with the child's physician to determine what immunizations are needed.</p>
Distribution	<p>File the original form, signed by the physician, in the child's record. Make two or more copies.</p> <p>Give a copy to the foster care provider.</p>
Data	<p>This form is self-explanatory.</p>

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

Purpose	Form 470-0673, <b>Physician's Report/Health Care Plan</b> , is used to obtain medical information from a physician about a client for a state supplemental care program. (Family Life Homes or In-Home Health-Related Cares.) The physician's recommendations and orders regarding the client's level of care and health needs are used for determining eligibility and for developing a plan of care and services.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms. Supplies of this form may also be printed from the manual or SharePoint.
Completion	<p>Supply this form to the client as early as feasible after an application is completed. The service worker should complete the demographic information contained within the box above Section I.</p> <p>The physician completes sections 1-V of the form. (Section V is only applicable for IHHRC cases).</p> <p>If the client requires "skilled services" for IHHRC, a supervising practitioner will complete sections VI and VII.</p>
Distribution	The physician completes the form and returns it to the service worker for the client's case record.
Data	This form is self-explanatory.

**Placement Agreement and Service Authorization for Supervised Apartment Living (SAL), Form 470-5081**

Purpose	Form 470-5081 is a written agreement with a child-placing agency contracted with the Department to provide SAL services used to secure acceptance of a child in SAL foster care. The Department worker also uses this form to authorize the purchase of SAL services.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.
Completion	<p>The Department worker, as the “referral worker” completes the form before:</p> <ul style="list-style-type: none"><li>▪ The child is placed into SAL foster care.</li><li>▪ Initiation of services by the SAL contractor.</li></ul> <p>The immediate supervisor of the referring worker must approve the form.</p>
Distribution	Send the original to the contractor. Keep a copy in the child’s case record.
Data	<p>In the “Placement Agreement” section, complete:</p> <ul style="list-style-type: none"><li>▪ Information identifying the contractor and child, and</li><li>▪ Necessary information within the agreement.</li></ul> <p>Under “Service Authorization,” enter:</p> <ul style="list-style-type: none"><li>▪ The appropriate SAL service codes,</li><li>▪ The effective and end dates of authorized services.</li></ul> <p>Standard services include supervision, guidance, monitoring, and life skills training. If specific services beyond these are needed to meet the needs of the child (e.g., parent skill development services, emphasis on a specific life skills, specific medical needs), describe them under “Special Provisions.”</p>

**Placement Agreement: Child-Placing Provider, Form 470-0719**

Purpose	Form 470-0719 is used in securing a written agreement as to acceptance of a child in foster care in a child-placing or child-caring agency.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms. Supplies may also be printed from the manual or SharePoint.
Completion	<p>The foster care worker prepares two copies of this form at the time a child enters purchased foster care and upon each change in placement.</p> <p>The immediate supervisor approves the form.</p>
Distribution	File the original of form 470-0719 in the child's case record. Give the duplicate to the child-placing or child-caring agency.
Data	Under the "Special Provision" section, make explicit any agreement between the Department and the agency that is not otherwise made explicit in the agreement.

**Placement Notification, Form 470-3617 or 470-3617(S)**

Purpose	Form 470-3617 or 470-3617(S) is used to inform adoptive families who were considered for a particular child that they were not selected.
Source	HHS workers may 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 adoption worker may send this letter to all adoptive families who were considered during the selection staffing for a particular child. Send the letter after the selected family has been contacted to confirm their interest in proceeding with adoptive placement.
Distribution	Print three copies of the form. Send the original to the prospective adoptive family. Keep a copy of the letter in both the child's record and the adoptive family's file.
Data	This form is self-explanatory.

**Placement Notification (Relatives Involved), Form 470-5645**

Purpose	Form 470-5645 is used to inform adoptive families who participated in an adoption selection interview, they were not selected for a particular child.
Source	HHS Adoption workers may complete the form using the template available in SharePoint under Employee Manual/Forms.
Completion	The adoption worker may send this letter to all adoptive families who were considered during the selection staffing process for a particular child. However, the form must be sent out to the families not chosen.
Distribution	Print three copies of the form. Send the original to the prospective adoptive family. Keep a copy of the letter in both the child's record and the adoptive family's file.
Data	This form is self-explanatory.

**Pre-Aftercare Referral Form, Form 470-5717**

Purpose	The Iowa Aftercare Services Program (aftercare) serves youth age 18-22 who are transitioning from foster care to adulthood. The <b>Pre-Aftercare Referral</b> , Form 470-5717 is used to refer youth who are expected to be eligible for aftercare services. Referrals may be made as young as the youth's age 17, but typical referrals are at age 17 ½ or later if the youth remains in extended foster care. Pre-aftercare services are so youth can learn about aftercare and to support the transition for youth from foster care to aftercare.
Source	Complete this form using the fillable document available in SharePoint under Employee Manual/Forms.
Completion	<p>The Department caseworker as the "referral worker" completes this form to refer potentially eligible youth to start pre-aftercare services in the year prior to them turning age 18, or later date if the youth remains in voluntary foster care past age 18.</p> <p>Complete all fields as indicated.</p> <p>In "Supports-Service Providers and Informal Connections" include the name of provider or individual as well as the status of the relationship (e.g. Jane Doe, sister/close relationship).</p>
Distribution	<p>Send completed referral form to Joanie Havel, IASN Coordinator at <a href="mailto:jhavel@iastate.edu">jhavel@iastate.edu</a>.</p> <p>Place a copy of the referral form in the record.</p>

**Preplacement Screening for Neurodevelopmental and Comorbid Conditions (NACC)  
Foster Group Care, Form 470-5596**

Purpose	Form 470-5596 is a screening tool used to determine appropriate referrals to foster group care's Neurodevelopmental and Comorbid Conditions (NACC) programs.
Source	Complete this form using the template in SharePoint under Employee Manual/Forms.
Completion	<p>The Department and Juvenile Court Services referral workers complete this screening tool when a foster group care eligible child is believed to need care and treatment in one of the Departments contracted Neurodevelopmental and Comorbid Conditions programs.</p> <p>For Department cases, the completed tool is submitted to the Department's service area manager (SAM) in which the child resides. For juvenile court cases, the completed tool is submitted to the Chief Juvenile Court Officer of the judicial district in which the child resides.</p> <p>If it is determined by the SAM or Chief (or their respective designees) that the referral is appropriate for the NACC level of care, the referral to the NACC program or programs may proceed according to the foster group referral process. If the referral is determined not appropriate, the referral to a NACC bed shall not occur.</p>
Distribution	Send the original to the SAM or Chief. File a copy in the child's case record.
Data	The elements of the form are self-explanatory. Complete each section before submitting the form.

**Preplacement Screening for Problematic Sexualized Behavior (PSB) Foster Group Care, Form 470-5553**

Purpose	Form 470-5553 is a screening tool used to determine appropriate referrals to foster group care's Problematic Sexualized Behavior (PSB) programs.
Source	Complete this form using the template in SharePoint under Employee Manual/Forms.
Completion	<p>The Department and Juvenile Court Services referral workers complete this screening tool when a foster group care eligible child is believed to need care and treatment in one of the Departments contracted Problematic Sexualized Behavior programs. For Department cases, the completed tool is submitted to the Department's service area manager (SAM) in which the child resides. For juvenile court cases, the completed tool is submitted to the Chief Juvenile Court Officer of the judicial district in which the child resides.</p> <p>If it is determined by the SAM or Chief (or their respective designees) that the referral is appropriate for the PSB level of care, the referral to one of Iowa's PSB programs may proceed according to the foster group referral process. If the referral is determined not appropriate, the referral to a PSB shall not occur.</p>
Distribution	Send the original to the SAM or Chief. File a copy in the child's case record.
Data	The elements of the form are self-explanatory. Complete each section before submitting the form.

**Preplacement Screening for Supervised Apartment Living Foster Care, Form 470-4063**

Purpose	Form 470-4063 assists social work case managers in determining if placement in the supervised apartment living foster care program is appropriate.
Source	Complete this form using the template in SharePoint under Employee Manual/Forms. Supplies of this form may also be printed from the manual or SharePoint.
Completion	The child's social work case manager prepares an original and one copy of the form when considering placement of the child in supervised apartment living.
Distribution	Attach a copy of the form to the <b>Request for Approval of Supervised Apartment Living Foster Care Placement</b> , form 470-3186, and forward both forms to your immediate supervisor. Place a copy in the case record.
Data	<p>Complete all items on the form to assist in determination of placement. The form covers the child's:</p> <ul style="list-style-type: none"><li>▪ School and work history</li><li>▪ Medical or mental health issues, including pregnancy</li><li>▪ Substance abuse</li><li>▪ Parenting responsibilities</li><li>▪ Cooperation and compliance at the current placement</li><li>▪ History of delinquency</li><li>▪ History of violence</li></ul>

**Pre-Service Training and License Variance Request, Form 470-5511**

Purpose	<p>Department licensing staff uses the <b>Pre-Service Training and License Variance Request</b> to request a variance:</p> <ul style="list-style-type: none"><li>▪ For foster parent applicants to complete the 30 hours of pre-service training, or</li><li>▪ Of a non-safety licensing standard that meets an alternative equivalent licensure standard and does not have a negative impact on child safety.</li></ul>
Source	<p>Complete this form using the template in SharePoint under Employee Manual/Forms.</p>
Completion	<p>The Department licensing worker completes the form.</p> <p>To request a variance of a licensing standard:</p> <ul style="list-style-type: none"><li>▪ Enter the rule needing approval of the variance.</li><li>▪ Enter the effective date that the variance is requested.</li><li>▪ Describe the proposed equivalent alternative to meeting the licensure rule.</li></ul> <p>The social work administrator or designee checks the box indicating approval or denial of the request and signs the form.</p>
Distribution	<p>Send the completed original form to the service area manager or social work administrator for a response to a variance request. When the request for a variance is approved or denied:</p> <ul style="list-style-type: none"><li>▪ Return the original to the Department licensing worker.</li><li>▪ Send a copy to the retention and recruitment worker.</li><li>▪ Send a copy to the policy program manager in Central Office and enter the date sent.</li></ul>
Data	<p>Document the reasons why the variance to 30 hours of pre-service training and the non-safety licensing standard is an alternative equivalent to the licensure standard.</p>

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**Professional Development Plan, Form 470-4023**

Purpose	The purpose of form 470-4023, <b>Professional Development Plan</b> , is to identify training needs for foster families during the first six months after they receive their license to enhance their parenting skills.
Source	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms as needed.
Completion	The home study worker completes this form in consultation with the family so they can work out a training plan for the family.
Distribution	The home study worker keeps the original of the form in the home study file and makes a copy for the family.
Data	The form identifies: <ul style="list-style-type: none"><li>▪ In-service training needs for the family,</li><li>▪ Needs for development of other family members, and</li><li>▪ The plan the family agrees to carry out to meet those needs.</li></ul>

**Progress Notes, Form 470-5438**

Purpose	<p><b>Progress Notes</b> is used to document foster home visits in the narrative of what took place and address:</p> <ul style="list-style-type: none"><li>▪ People present,</li><li>▪ Location of contact,</li><li>▪ Purpose of contact,</li><li>▪ Home environment,</li><li>▪ Foster child's perception of the home,</li><li>▪ Each foster child's health, education, behavior, and socialization,</li><li>▪ In-service training progress and list training completed,</li><li>▪ License capacity discussion,</li><li>▪ The conversation about the child's current medications and review the current therapeutic plan,</li><li>▪ Other issues noted, and</li><li>▪ The next steps (who will do what by when).</li></ul>
Source	<p>Complete this form using the template available in SharePoint under Employee Manual/Forms.</p>
Completion	<p>The recruitment and retention licensing worker completes the <b>Progress Notes</b> after consulting with the Department licensing and placement worker.</p>
Distribution	<p>The RRTS contractor sends:</p> <ul style="list-style-type: none"><li>▪ The original to the HHS licensing worker,</li><li>▪ A copy to the foster child's HHS placement worker, and</li><li>▪ A copy to the resource parents.</li></ul>
Data	<p>Complete a new <b>Progress Notes</b> form for each visit and annually for the unannounced visit.</p>

## [Proof of Foster Care, Form 470-5536](#)

Purpose	<p><b>Proof of Foster Care</b>, form 470-5536, is completed and given to a child “aging out” of foster care. The child may use this memo to:</p> <ul style="list-style-type: none"><li>▪ Provide proof of participation in foster care.</li><li>▪ Receive certain benefits made available to children who were in foster care.</li><li>▪ Determine eligibility for federal financial assistance to attend college.</li></ul>
Source	<p>Complete this memo using the template available in SharePoint under Employee Manual/Forms.</p>
Completion	<p>The case manager completes this memo for any child exiting foster care of any type at age 17 and 6 months or older. If requested, complete and give this memo to a person who previously exited foster care at age 17 and 6 months or older.</p> <p>The case manager has discretion to provide one or more additional copies.</p>
Distribution	<p>Provide this memo to the child before the child exits foster care. Hand deliver, email or mail the completed letter to the child.</p> <p><b>NOTE:</b> Provide a copy of the memo to Iowa Aftercare Services with the referral, if applicable.</p>
Data	<p>Enter information in following fields:</p> <ul style="list-style-type: none"><li>▪ Child’s first and last name</li><li>▪ Child’s date of birth</li><li>▪ Case manager’s first and last name</li><li>▪ Case manager’s title</li><li>▪ Case manager’s complete address</li><li>▪ Case manager’s email</li><li>▪ Case manager’s phone number</li><li>▪ Issue date of the letter</li><li>▪ In the first paragraph, the date the child exited foster care or reenter the issue date of the letter</li></ul> <p>If the child is currently in foster care, the memo calculates the child’s age when the memo is issued. If the child has exited foster care, the memo calculates the child’s age upon exiting foster care. This age can be changed if necessary.</p>

**Protective/Foster Care Child Care Documentation, Form 470-4895**

Purpose	Form 470-4895, <b>Protective / Foster Care Child Care Documentation</b> , collects information on children needing protective childcare or foster care children needing child care that is required to determine eligibility for Child Care Assistance.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.
Completion	The child protective worker or social work case manager completes this form when there is a need for protective childcare.
Distribution	Keep a copy of the form in the service file and email a copy to the worker entering the case into KinderTrack.
Data	<p>The service worker enters the following information:</p> <ul style="list-style-type: none"><li>▪ A check indicates if this is a new application, review, or change.</li><li>▪ <b>Need for Service:</b> A check indicates the need for service to prevent or alleviate child abuse or neglect, or for a foster care child.</li><li>▪ <b>Action Requested:</b> A check indicates the action requested: beginning eligibility, continued eligibility, or close protective or foster care child care. The effective date must be entered for the action requested. If case is closing, enter a reason.</li><li>▪ Child resides with:<ul style="list-style-type: none"><li>• A check indicates who the children reside with (parent, caretaker or foster parent).</li><li>• Enter the full name of the parent or caretaker of the children needing care. (If there are two parents or caretakers in the home, information is needed for both.) If the caretaker is a relative, custody or guardianship is not required to be formalized through the court.</li><li>• Enter the parent or caretaker's relationship to the child.</li><li>• Enter the parent or caretaker's gender. Enter the parent or caretaker's social security number.</li><li>• Enter the parent or caretaker's date of birth (DOB).</li></ul></li><li>▪ Address where children live:<ul style="list-style-type: none"><li>• Enter the address, including the street, city, and ZIP code where the children live.</li></ul></li></ul>

- Child's Information:
  - Enter the name, date of birth, social security number, state identification number, sex, date the child started kindergarten (for 5-year-olds), name of school, race, ethnicity, citizenship, and alien status.
  - Check "yes" or "No" to indicate if any child has special needs.
  - Enter the names of the children with special needs.
- Hours/Days of Child Care Needed:
  - Enter the days and times the child needs care for both school days and non-school days.
  - A check indicates need for supervisory approval for three or more units of childcare per day.

The supervisor must provide an explanation of why three or more units of childcare are needed per day and must sign the form.

**NOTE:** Childcare cannot be approved for 24-hour-a-day care.

- Child Care Provider Information:
  - Enter the child care provider's name, phone number, street address, city, state, and ZIP code, the provider number (if known), date care started, and date care ended (if appropriate).
  - Duplicate information for a new provider, if applicable.

**NOTE:** The family can choose any provider unless the choice is not safe. Document in the service file the reasons the provider chosen is not safe and work with the family to identify a safe provider.

**NOTE:** To pay a special-needs rate, you must have documentation of a child's special needs and a statement from the provider explaining the extra services that will be provided.

### [Provider Agreement, 470-0636](#)

	<p>Purpose Form 470-0636, <b>Provider Agreement</b>, describes the responsibilities of a person providing in-home health-related care services to an IHHRC client. The agreement specifies the payment made to each provider by the client. The Department assures the eligibility of the client.</p>
Source	<p>Complete this form using the template available in SharePoint under Employee Manual/Forms. Supplies of this form may also be printed from the manual or SharePoint.</p>
Completion	<p>The client and worker complete a Provider Agreement with each of the client's providers. If a provider has more than one client, the provider must have a different agreement for each client. A client may have more than one valid Provider Agreement if they have multiple providers. Before the service is initiated and annually thereafter, the form shall be signed by:</p> <ul style="list-style-type: none"><li>▪ The client,</li><li>▪ The provider,</li><li>▪ The HHS service worker, and</li><li>▪ The service area manager or designee.</li></ul> <p>Complete a new agreement when any of the following changes occur:</p> <ul style="list-style-type: none"><li>▪ Rate of payment</li><li>▪ Service to be provided</li><li>▪ Maximum cost</li><li>▪ Provider</li><li>▪ Who receives the client participation</li></ul> <p>Distribution Enter the information in IoWANS when the form is completed and signed by all parties. The original goes to the HHS service worker for the service case file. Mail a copy to the provider and to the client.</p>
Data	<p>Provider Number: IoWANS generates the provider number after the HHS service worker enters all information into IoWANS. (Information is entered in IoWANS under the provider tab.)</p> <p>NOTE: The provider may already be a traditional Medicaid provider. Search the provider name before entering new information.</p> <ul style="list-style-type: none"><li>▪ State ID: Enter the client's state identification number.</li><li>▪ Amendment: Indicates this amends an agreement already in effect.</li></ul>

- Payee Demographic Information (if applicable): Enter the name of the payee, if different from the client. Examples of payees are legal conservators, power of attorneys for financial affairs, and protective payees. If there is a payee, enter the telephone number, street address, city, state and zip code.
- Client Demographic Information: Enter the client's name, social security number, telephone number, street address, city, state, and zip code for all agreements.
- Instruction for Emergency Situations: Enter an instruction or information on the delivery of care services as noted on the physician's report/health care plan (if applicable). Enter the physician's name and telephone number for every agreement. If applicable, enter the supervising practitioner's name and telephone number. Enter the IHHRC service worker's name and phone number. Enter any individual the client indicates they want contacted in case of emergency under the family/significant other name and phone number section. Enter the client's preference on hospital and ambulance service to use in case of emergency.
- Description of specific duties: Enter the specific service codes that will be provided:
  - R0001 Personal care number of 15-minute units, rate per unit, and total
  - R0002 Homemaker number of 15-minute units, rate per unit, and total
  - R0003 Medication supervision number of 15-minute units, rate per unit, and total
  - R0004 Food preparation number of 15-minute units, rate per unit, and total
  - R0005 Transportation number of 15-minute units, rate per unit, and total
  - R0006 Other number of 15-minute units, rate per unit, and total
- Is the client and provider related: Answer the question on if the client and provider are related. (If the IHHRC client is under the age of 18, the provider cannot be a member of the family as noted on the form)

- POA relationship: Answer the question on if the care provider is an agent for the client under a healthcare power of attorney. (If the proposed care provider is listed as the client's agent under a health care power of attorney, the individual cannot be a IHRC care provider for that client).
- Supervising practitioner conflict of interest: Answer the question on if the proposed care provider is also the individual providing supervising practitioner duties for skilled services under IHRC. (f the proposed care provider cannot be the supervising practitioner).
- Legally designated person to handle finances: Check Yes or No.
- Provider Signature and Date: Indicates approval of contract.
- Client Signature and Date: Indicates approval of contract.
- Start Date: The date on which the agreement begins.
- End Date: The maximum term of the agreement, no longer than one year.
- Unit Cost: The dollar amount for the rate agreed upon. Example: \$2.00 per 15- minute increment. Per: The basis for the rate. Use 15 minutes.
- Billable Per Month HHS: The maximum amount the Department has agreed to provide to the client to purchase the service identified in this agreement.
- Client Participation (CP): The amount of client participation, if any.
- Worker Signature and Date: Approves payment for the service and certifies that the client is eligible.
- Area Administrator or Designee Signature and Date: The service area manager or designee certifies the client for the program and gives final approval for the payment.

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

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

**Provisions for Alternate Water Supply, Form 470-0699 or 470-0699(S)**

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

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

Purpose	The <b>PS-MAPP Family Profile</b> is used to collect information about prospective foster/adoptive families during PS-MAPP training during family home studies.
Source	Obtain supplies of the English and Spanish versions of the form from the recruitment and retention contractor.
Completion	<p>PS-MAPP trainers give this packet to the family when the family begins the licensing or approval process. Issue only the sections that apply to the particular family. The applicant family shall complete the profile by the last training session.</p> <p>If PS-MAPP is waived, the home study worker provides this form to the family to complete before the last applicant home visit. Completing the profile reinforces that families can best explain their own strengths and needs. Families know themselves better than anyone else does.</p> <p>It is the responsibility of prospective foster and adoptive parents to help home study workers get to know them better and to examine fully if adopting or fostering is right for them</p>
Distribution	The family returns the original of the completed profile to the home study worker. It is retained in the family's HHS licensing file. The recruitment and retention contractor keeps a copy in its home study file.
Data	<p><b>Part I</b> of the profile includes sections for the applicants to report:</p> <ul style="list-style-type: none"><li>▪ General information on household members, including:<ul style="list-style-type: none"><li>• Demographic information</li><li>• Medical and personal information</li><li>• Legal information</li><li>• Financial information</li></ul></li><li>▪ References</li><li>▪ Special projects (pictures, letters, scrapbook)</li><li>▪ Personal profile for the mother</li><li>▪ Personal profile for the father</li></ul>

**Part II** of the profile collects information about how the family operates and what the family's expectations for a foster child are. There are several optional sections depending on family configuration:

- A couple with children
- A couple with no children
- A single person with children
- A single person with no children
- A parent's profile of children now in the home
- A personal profile for children 12 years of age or older
- A personal profile for children under age 12

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

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

[Receiving State's Priority Home Study, Form 470-3926 \(ICPC 102\)](#)

Purpose	This form is used to provide a way to complete a relative home study whenever a court has created a priority placement order.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.
Completion	Email form 470-3926 (ICPC 102) to the Iowa ICPC service area liaison.
Distribution	The Iowa ICPC office transmits the form to the receiving state.
Data	Complete each section of the form by either entering the required information or by entering "Not Applicable."  Identifying Information <ul style="list-style-type: none"><li>▪ <b>Name of child to be placed:</b> Enter the child's name (last name, first name, and middle initial, if any). If more than one child is proposed to be placed with the caretaker, list all additional children on a separate sheet and attach it to the back of the home study.</li><li>▪ <b>Age:</b> Enter the age of the child who is proposed to be placed, as of the date this form is completed. If more than one child is proposed to be placed with the caretaker, list each additional child's age on the separate sheet.</li><li>▪ <b>Sending state:</b> Enter the name of the state that issued form ICPC 101.</li><li>▪ <b>Ethnic group:</b> Enter the ethnic group to which the child belongs (as shown on form ICPC 101). If more than one child is proposed to be placed with the caretaker, list each additional child's ethnic classification on the separate sheet.</li><li>▪ <b>DOB:</b> Enter the child's date of birth as listed on form ICPC 101. If more than one child is proposed to be placed with the caretaker, list each additional child's date of birth on the separate sheet.</li><li>▪ <b>Dates of telephone contact:</b> Enter the dates (mm/dd/yy) that you made telephone contact with the proposed caretaker.</li><li>▪ <b>Dates of home visits:</b> Enter the dates (mm/dd/yy) of each home visit with the proposed caretaker. You must make at least one home visit with the proposed caretaker.</li></ul>

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

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

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

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

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

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

- **Reason for wanting to care for children:** Enter the reason given by the proposed caretaker for wanting to care for these children and include your assessment of the response.
- **How did you hear about child's situation?** Enter the response of the proposed caretaker to this question and your assessment of the response.

- **Do you understand the situation that caused this request?**  
Enter the response of the proposed caretaker to this question and your assessment of the response.
- **Ability to protect child from offender:** Enter your assessment of the ability of the proposed caretaker to protect the child from the person who perpetrated abuse or neglect.
- **Willingness to provide care (time-limited or open-ended):** Enter the response of the proposed caretaker to this question and your assessment of the response.
- **Appropriateness of child care plans:** Enter the response of the proposed caretaker to this question and your assessment of the response. Include any necessary explanation if the proposed caretaker does not plan to use childcare or if the child to be placed with the caretaker does not require childcare.
- **Forms of discipline:** Enter the forms of discipline, which the proposed caretaker plans to use. Indicate whether corporal punishment will be used.
- **Is present income adequate?** Enter your assessment of the adequacy of the income in the home to meet both current expenses and the additional expenses if the child is placed in the home.
- **Willingness (ability) to care for child without financial help:**  
Enter the response of the proposed caretaker and your assessment of the response.
- **Willingness to accept/apply for FIP?** Check "yes" or "no" to indicate the caretaker's response.
- **Requests foster care benefits?** Check "yes" or "no" to indicate the caretaker's response.
- **Willingness to undergo licensure?** Check "yes" or "no" to indicate the caretaker's response.

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

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

- Name

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

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

- Name.
- Age.
- Relationship to proposed caretaker.
- Relationship to child to be placed.
- **Attitude towards placement:** If children in household are too young to respond to “attitude towards placement,” enter “child too young.”
- **School progress /problems:** For each child in the household who is school age, enter the progress and problems being encountered in school.
- **Previous contacts with public/social service agencies:** Enter the response of the caretaker to this question. Include all previous contacts of each member of the household with each public or social service agency describe:
  - The dates of contact
  - Types of contact
  - Services offered and provided
  - Outcomes

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

- **Police:** Conduct a criminal record check as directed in [18-B\(1\), Child Protective Services Assessment](#).
- **Child abuse and neglect:** Check the Central Abuse Registry using the procedures in [18-B\(1\), Child Protective Services Assessment](#).
- **Family known to public/social services agencies:** Check the FACS system for current or previous cases on the family.

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

#### Home and Community

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

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

### Case Plan From Sending State

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

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

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

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

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

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

- Street address,
- City,

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

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

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

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

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

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

### 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, <b>Resource Family Survey Report</b>, 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 <a href="#">18-E(1), Licensing Decision: Approval of License: Provisional License</a> for a discussion of the conditions for issuance of a provisional license.</p> <p>The licensing worker completes sections A, B, D, E, and F. The applicants sign in section C to indicate their commitment to the plan of correction.</p>
Distribution	<p>The licensing worker:</p> <ul style="list-style-type: none"><li>▪ Submits the form to the service area manager for a decision.</li><li>▪ Keeps a control copy until the form is returned with the licensing decision.</li><li>▪ Sends the applicant a photocopy of the completed form as the approved plan for correction.</li><li>▪ Keeps the completed form in the licensing file.</li></ul>
Data	<p>The form describes:</p> <ul style="list-style-type: none"><li>▪ The applicant home's deficiencies,</li><li>▪ The applicant's plan, and</li><li>▪ The time frames for correction of the deficiencies.</li></ul> <p>Be as specific as possible in describing the deficiencies in section A and the corrective action in section B. You may need to attach additional information to explain sections C, D, and E. Indicate in Section F whether the provisional license is recommended and sign in the space provided.</p>

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

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

[Record Check Evaluation, Form 470-2310 or 470-2310\(S\)](#)

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

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

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

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

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

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

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

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

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

**Request for a One Year Foster Family License, Form 470-5124**

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

The division administrator signs the form. The foster family program manager returns a copy to the Department licensing worker. The Department licensing worker then sends the foster family the **Notice of Action** and enters the foster home renewal date in FACS. If the division administrator approves the request for a one-year license, the Department licensing worker notifies the foster family program manager who completes the override in FACS.

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

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

#### Data

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

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

**[Request for Approval of Supervised Apartment Living Foster Care Placement, Form 470-3186](#)**

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

**Request for Child and Dependent Adult Abuse Information, Form 470-0643**

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

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

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

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

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

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

**Request for Medicaid Service Data Changes and Verifications, Form 470-3923**

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

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

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

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

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

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

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

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

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

### [Request for Revocation of Foster Family License, Form 470-0705](#)

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

**[Request for Tangible Goods, Child Care, and Ancillary Services, Form 470-3056 or 470-3056\(S\)](#)**

Purpose	Form 470-3056 or 470-3056(S) is used to secure prior authorization for the purchase of tangible goods, child care, or ancillary services that foster parents caring for special-needs children may need.
Source	Complete the English version of this form using the template available in SharePoint under Employee Manual/Forms. Print the Spanish version of this form from the manual or SharePoint.
Completion	<p>The foster care worker prepares two copies of this form when it is determined that foster parents require the designated services to meet the needs of a special needs child in care. Complete the form before the actual purchase of services.</p> <p>The immediate supervisor approves the form.</p>
Distribution	Give the original to the foster parent and file a copy in the child's case record.
Data	<p>The items on the form are completed as follows:</p> <ul style="list-style-type: none"><li>▪ <b>Child's Name:</b> Enter the child's name.</li><li>▪ <b>Age:</b> Enter the child's current age.</li><li>▪ <b>Foster Parent's Name and Address:</b> Enter the foster parent's name and address.</li><li>▪ <b>Reason for Request:</b> Enter a brief statement (1 or 2 sentences) detailing the reason for the request.</li><li>▪ <b>Describe Child's Special Need:</b> Briefly describe the special need and how the special need relates to the request.</li><li>▪ <b>Identify Service:</b> Check the appropriate service.</li><li>▪ <b>Total Amount Requested:</b> Enter the total amount of the request and indicate if the amount is a one-time-only payment or a recurring monthly payment.</li></ul> <p>For childcare requests, enter the projected number of hours per month care will be provided and the hourly rate. <b>NOTE:</b> Childcare services may be provided by a licensed foster parent or a licensed or registered childcare provider.</p>

- **Signatures:** Obtain the indicated signatures.

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

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

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

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

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

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

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

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

**Rescinding the Consent to Adoption, Form 470-2990 or 470-2990(S)**

Purpose	Form 470-2990 or 470-2990(S) is used to rescind the <b>Consent to Adoption</b> that the Department previously granted.
Source	HHS workers can complete the English version of this form using the template available in SharePoint under Employee Manual/Forms. Print the Spanish version of this form from the manual or SharePoint.
Completion	The child's adoption worker prepares this form when it is determined before finalization of the adoption that it is not in the child's best interest to finalize the adoption based on one or more of the following circumstances: <ul style="list-style-type: none"><li>▪ The request of the adoptive family.</li><li>▪ A founded child abuse report or an accusation of child abuse, pending the determination of the report.</li><li>▪ Conviction of a crime or an accusation of a crime, pending a court decision regarding the crime.</li><li>▪ The request of a child who is aged 14 or over and has reversed the decision regarding the adoption.</li><li>▪ Other verified indications that the adoption is not in the best interest of the child.</li></ul>
Distribution	Make two copies of the completed form. Send the original to the family's attorney and a copy to the adoptive family. Keep one copy in the child's case file.
Data	This form is self-explanatory.

### Resource Home Concern, Form 470-5510

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

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

Purpose	The <b>Resource Parent Initial Home Study</b> 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 <b>Resource Parent Initial Home Study</b> 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 <b>Resource Parent Renewal Home Study</b> 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 <b>Resource Parent Renewal Home Study</b> 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 <b>Notice of Child Abuse Assessment</b> 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 <b>Notice of Child Abuse Assessment</b> 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, <b>Family Case Plan</b>, the following statement appears in the transition plan:</p> <p>A list of rights with respect to education, health, visitation, and court participation has been discussed with the youth. Also addressed was the right to stay safe and avoid exploitation. The rights document was provided to and signed by the youth, most recently on <b>(date)</b>. The rights document was provided to all legal parties of the case and was made part of the case plan. The document is stored in the case file.</p> <p>The worker needs to put the most recent date the youth signed the form in this statement in the case plan.</p>

Distribution	<p>After the youth signs and dates the form give the original to the youth. Place the copy in the case file.</p> <p>If the form was printed from the manual, make two copies. The youth must sign and date both copies. Give one copy to the youth. Place the other copy in the case file.</p> <p>Give a signed and dated copy of the form to all legal parties of the case.</p>
Data	This form is self-explanatory.

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

Purpose	<p>The purpose of the <b>Safe Plan of Care</b> 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 <b>Safe Plan of Care</b> addresses the health and substance use disorder treatment needs of the infant and affected family or caregiver. Monitoring the <b>Safe Plan of Care</b> 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 <b>Safe Plan of Care</b> with the family and all relevant participants.</p> <p>Whenever possible, complete the <b>Safe Plan of Care</b> 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 <b>Safe Plan of Care</b> to all participants involved in the plan.</p> <p>If completing the <b>Safe Plan of Care</b> 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 <b>Safe Plan of Care</b> for a CINA assessment or an open child welfare case, file the document in the ongoing case file.</p>
Data	<p><b>Incident Number.</b> Enter the number assigned to the relevant assessment.</p>

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

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

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

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

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

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

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

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

Purpose	<p>The <b>Safety Assessment</b>, 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 <b>Safety Assessment</b>:</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 <b>Safety Assessment</b> 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 <b>Safety Assessment</b> whenever circumstances suggest that the child is in unsafe situation.</p> <p>Use RC-0104, <b>SDM Safety Assessment Guidance</b>, to complete the safety assessment. Review information obtained from systems checks, Department records, and any previous or current court involvement.</p>
Distribution	<p>The <b>Safety Assessment</b> is not distributed as part of the <b>Child Protective Services Child Abuse Assessment Summary</b> nor the <b>Child Protective Services Family Assessment Summary</b>. It is maintained within JARVIS and is considered assessment data. If the case is transferred for ongoing Department services, include a copy of the <b>Safety Assessment</b> in the referral packet.</p> <p>Upon request, provide a copy of the <b>Safety Assessment</b> to the subjects of the report. Provide the <b>Safety Assessment</b> 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	A <b>Safety Plan</b> , 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.
Source	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.
Completion	If in the process of assessing safety or completing a <b>Safety Assessment</b> , a worker determines a child is safe with a plan, a <b>Safety Plan</b> must be developed. The worker creates the <b>Safety Plan</b> 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 <b>Safety Plan Supplement</b> , Form 470-5622 or 470-5622(S).
Distribution	<p>Provide a copy to the family, to all who have a role in implementing the <b>Safety Plan</b>, to the family-centered services worker upon referral, and to the social worker case manager upon case transfer. Keep a copy of the <b>Safety Plan</b> in File Manager or the child’s case file. It is acceptable to give the family a hard copy of the Safety Plan, send a copy electronically, and/or allow the family to take a picture of the Safety Plan.</p> <p>The Safety Plan is not distributed as part of the Child Protective Services Child Abuse Assessment Summary.</p>
Data	<p>Complete the following:</p> <ul style="list-style-type: none"><li>▪ <b>Child(ren)’s name(s)</b>: Enter the name of the child subject(s).</li><li>▪ <b>Worker</b>: Enter the HHS worker’s name.</li><li>▪ <b>Date/time Safety Plan completed</b>: Enter the date and time at which the plan was completed.</li><li>▪ <b>Parent(s)/guardian(s) involved in plan</b>: Enter the names of the parents and/or guardians with whom you are developing the <b>Safety Plan</b>.</li></ul>

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

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

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

Purpose	A <b>Safety Plan Supplement</b> , Form 470-5622 or 470-5622(S) is completed in conjunction with a <b>Safety Plan</b> , Form 470-4461 or 470-4461(S) when more space than what is provided on the <b>Safety Plan</b> is needed to document danger to the child's well-being and the actions needed to keep the child safe. The <b>Safety Plan Supplement</b> is not to be used without a corresponding <b>Safety Plan</b> .
Source	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.
Completion	If in the process of developing a <b>Safety Plan</b> , 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 <b>Safety Plan Supplement</b> , Form 470-5622 or 470-5622(S) may be used. While only one <b>Safety Plan</b> can be used at a time, multiple <b>Safety Plan Supplement</b> forms may be used in conjunction the <b>Safety Plan</b> .
Distribution	<p>Provide a copy to the family, to all who have a role in implementing the <b>Safety Plan</b>, to the provider of family-centered services upon referral, and to the social worker case manager upon case transfer. Keep a copy of the <b>Safety Plan</b> in File Manager or the child's case file. It is acceptable to give the family a hard copy of the Safety Plan, send it to the family electronically, and/or allow the family to take a picture of the Safety Plan.</p> <p>The Safety Plan Supplement 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>▪ <b>Child(ren)'s name(s):</b> Enter the names of the child subject(s).</li><li>▪ <b>Worker:</b> Enter the HHS worker's name.</li><li>▪ <b>Date/time Safety Plan completed:</b> Enter the date and time at which the <b>Safety Plan Supplement</b> was completed. This date/time must match the <b>Safety Plan</b> it was created in conjunction with.</li></ul>

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

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

Purpose	<p>The <b>Safety Plan for At-Risk Adult</b>, 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>▪ <b>At-risk adult name:</b> Enter the at-risk adult's name.</li><li>▪ <b>Worker:</b> Enter the worker's name.</li><li>▪ <b>County:</b> Enter the county name or number.</li><li>▪ <b>Registry #:</b> Enter the registry number assigned by the DARES database system.</li><li>▪ <b>Date and time safety plan completed:</b> 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 <b>Dependent Adult Assessment Tool</b>, 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>▪ <b>At-Risk Adult and Participant Agreement:</b> The at-risk adult must sign or mark and date the form, if physically capable.</li><li>▪ <b>HHS worker/supervisor agreement with the Safety Plan:</b> The protective service worker and supervisor must sign and date the agreement.</li></ul>

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

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

**[Sending State Priority Home Study Request, Form 470-3925 \(ICPC 101\)](#)**

Purpose	Form 470-3925 (ICPC 101) is used to alert the receiving state to the fact that the court that has jurisdiction over the child has determined that a priority placement of a child from one state into another state is necessary.
Source	Form 470-3925 is available as a template in SharePoint under Employee Manual/Forms. Supplies of this form may also be printed from the manual or SharePoint.
Completion	The child's service worker in the sending state completes five copies of this form and other ICPC referral materials within three business days of receipt of a court order that indicates the court has determined that a priority placement situation exists.
Distribution	Send the original and two copies to the deputy compact administrator in the Division of Field Operations. Also send a copy to the court that requested the priority placement for verification that the ICPC referral was submitted timely. Keep a copy in the child's record.
Data	<p>If more than one child is proposed to be placed with the caretaker, list all additional children on a separate sheet of paper and attach the sheet to the back of the home study.</p> <p>Identifying Information</p> <ul style="list-style-type: none"><li>▪ <b>Name of child to be placed:</b> Enter the child's complete name, (last name, first name, and middle initial, if any).</li><li>▪ <b>Age:</b> Enter the child's age as of the date the form is completed.</li><li>▪ <b>Mother's name:</b> Enter the name of the mother of the child as found on the child's birth certificate.</li><li>▪ <b>Ethnic group:</b> Enter the ethnic group to which the child belongs, such as Caucasian, African-American, Native American Indian, Hispanic, etc. If the child belongs to more than one ethnic group, enter "Biracial" for the child's ethnic group membership.</li><li>▪ <b>DOB:</b> Enter the child's date of birth as listed on the child's birth certificate.</li></ul>

- **Father's name:** Enter the name of the father of the child as found on the child's birth certificate. If there is no father listed on the birth certificate, list the name of the alleged father if known, and specify "alleged." If the child's birth father is unknown, enter "unknown" on this line.

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

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

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

S	Single
M	Married
Sep	Separated
D	Divorced
W	Widowed
- **Living with:** Enter the name (last name, first name, middle initial) of the adult person with whom the proposed caretaker is living, if any. If the proposed caretaker is living alone (without any other adult in the home), leave this section blank.
- **Address:** Enter the complete address (street, apartment number, city, state, zip code) of the proposed caretaker. If the address is a rural route, include the route number of the proposed caretaker.
- **Home telephone number:** Enter the home telephone number of the proposed caretaker, including the area code. If the proposed caretaker does not have a home telephone number or a home message telephone number, enter "None" on this line.
- **Work telephone number:** Enter the work telephone number of the proposed caretaker, including the area code. If the employer does not allow the employee to receive telephone calls while on duty, specify that information beside the number. If the proposed caretaker is not employed, leave this line blank.
- **Social security number:** Enter the social security number of the proposed caretaker, if known. Otherwise, leave this line blank.

- **Relationship to child identified above:** Specify paternal or maternal to identify which side of the family is involved.

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

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

Termination of parental rights of a birth parent by a court severs all relationships between the child, the parent’s parents, and all other relatives (either by blood or marriage).

- **Best time of day to contact caretaker:** Enter “a.m.” if the best time to contact the proposed caretaker is between 8:00 a.m. and 12:00 noon (local time of the caretaker). Enter “p.m.” if the best time to contact the proposed caretaker is between 12:00 noon and 5:00 p.m. (local time of the caretaker).

Enter “evening” and specify the period if the best time to contact the proposed caretaker is after 5:00 p.m. and before 9:00 p.m. (local time of the caretaker).

- **Employer:** Enter the company name of the employer if the proposed caretaker is employed. If the proposed caretaker should not be contacted at work, indicate this fact beside the name.
- **Alternate contact name and address:** Enter the name (last name, first name, middle initial) and address (street, apartment number, rural route and box number, city, state, and zip code) of an alternate person who may be contacted in an effort to make contact with the proposed caretaker. Include the relationship of the contact person with the proposed caretaker.

**Assessment of Child.** This section relates to the child who will be placed with the proposed caretaker if the receiving state compact administrator recommends placement and court approval for placement is given.

It is essential to provide sufficient information so that the receiving state worker can complete an adequate assessment that will take into account the needs of the child, as well as the capacity of the proposed caretaker to provide appropriately for the child.

- **Case plan attached:** Check “yes” or “no” to indicate if the child’s case plan is attached to the referral. If you have completed a case plan, you must attach it to the referral.
- **Financial/medical plan attached:** Check “yes” or “no” to indicate if the financial and the medical plans for the child are attached to the referral.

For proposed placement with the child’s parent, you may indicate that the parent is expected to assume financial and medical responsibility through private resources or public aid.

For all other placements, you must include financial and medical plans with the referral to indicate how the proposed caretaker will meet the child’s financial and medical needs.

- **Special needs:** Enter a description of all special needs, which require attention if the child is to be successfully placed with the proposed caretaker. Special needs of the child include all medical, physical, emotional, behavioral, educational, and psychological areas of functioning.

If this information is contained elsewhere in the referral packet, enter the location for the information.

- **Handicaps: mental/physical:** Describe in detail all mental or physical handicaps which the child has and which must be taken into consideration in regard to the capability of the proposed caretaker to care for those conditions adequately. If this information is contained elsewhere in the referral packet, enter the location of the information.

- **Service needs/treatment requirements:** Enter all service needs and treatment requirements, which must be addressed in order to achieve and maintain an acceptable placement of the child.

For each service need or treatment requirement listed, include the method by which payment for provision will be obtained, if such information is not included elsewhere in the referral (e.g., case plan, financial/medical plan, etc.).

- **School information:** If the child is under age on the date of the proposed placement, leave this section blank. If the child is aged five or older, enter the following information:
  - Name of school.
  - Grade last attended.
  - Report that includes most recent grades.

- Whether special classroom attendance is necessary due to child being learning disabled (LD) or behaviorally disabled (BD).
- Copies of the child's Individualized Educational Plan (IEP), if applicable.
- Recommendations of most recent teacher, counselor, or principal regarding educational needs of child.
- If the child is not attending school, give the reasons for nonattendance.
- **Other required pertinent information:** Check "yes" or "no" to indicate whether additional case material will be sent. If you select "yes," indicate a tentative date for submitting the additional material.
- **Worker's name:** Print your name (first name, last name).
- **Telephone number:** Enter your telephone number, including area code. If applicable, include the extension number.
- **Worker's signature:** Self-explanatory.
- **Date:** Self-explanatory.
- **Supervisor's signature:** If required by local office policy, enter the signature of your immediate supervisor.
- **Date:** Self-explanatory.
- **Telephone number:** If required by local office policy, enter your supervisor's telephone number, including area code.

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

Purpose	Form 470-5602, <b>Service Worker Comprehensive Assessment</b> , 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 <b>Social History</b> 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 <b>Social History</b>, form 470-3615, to the worker responsible for completing the <b>Social History</b> (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 <b>Social History and Evaluation for Family-Life Home Placement</b> is used to obtain information concerning applicants for family-life home placement.
Source	Print supplies of this form from the manual or SharePoint under Employee Manual/Forms.
Completion	Complete this form with the client. If the client is not capable of providing the information, ask the client's guardian or a family member to assist with completing the form. Use the information in the form to assist with determining the appropriateness of the client living in a family-life home.
Distribution	Maintain the form in the client's family-life home case file.
Data	The form collects information identifying the client and the client's financial and social resources, health situation, and living arrangements.

**SSI Advocacy Project Referral, Form 470-3361**

Purpose	Form 470-3361 is used to provide information to the contractor for the SSI Advocacy Project.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.
Completion	<p>The child's service worker prepares an original and one copy of the form to request that HHS be named payee when:</p> <ul style="list-style-type: none"><li>▪ A child entering care is already receiving SSI or Social Security benefits and is expected to be out of the home for <b>more</b> than 90 days.</li><li>▪ A child entering care who has significant physical or mental health problems.</li></ul>
Distribution	<p>Send the original to the contractor for the SSI Advocacy Project at the address listed on the form.</p> <p>File a copy in the child's case record.</p>
Data	The form collects identifying information about the child and the child's disabilities.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Therapeutic Foster Care Dual Placement Impact Assessment, Form 470-0255**

Purpose	For the Therapeutic Foster Care (TFC) Program, describes the role of Therapeutic Foster Care Peer Support.
Source	Maintain in SharePoint Therapeutic Foster Care staff resources.
Distribution:	The RRTS case manager completes the form every 45 days when there is a bed available in a TFC Resource home or at any point when a placement is being considered for the home.

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

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

**Travel Permit, Form 470-5079**

Purpose	<p>Form 470-5079 documents the guardian's:</p> <ul style="list-style-type: none"><li>▪ Time-limited approval for foster children to travel with the foster parents, and</li><li>▪ Consent for emergency medical treatment if attempts to secure permission of the parent or guardian, and Department are unsuccessful.</li></ul>
Source	<p>Complete this form using the template available in SharePoint under Employee Manual/Forms.</p>
Completion	<p>When there is more than one child traveling with the foster parents, indicate the gender after each child's name by putting an "M" or "F." The form is signed by the:</p> <ul style="list-style-type: none"><li>▪ Child's parent or guardian,</li><li>▪ Area service administrator or designee.</li></ul> <p>If one of the child's parents is not available or cannot be located, document the attempt to locate the parent in the case narrative and have the other parent sign the form.</p>
Distribution	<p>Give the original form to the foster parent and place a copy in the child's case file.</p>
Data	<p>This form is self-explanatory.</p>

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

Purpose	The purpose of form 470-5632, <b>Tribal Membership Inquiry</b> 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, <b>Ancestry Chart</b> 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, <b>Ancestry Chart</b> 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> , <b>Voluntary Placement for Children Under Age 18</b> and <b>Voluntary Placement for Children Aged 18 or Older</b> 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 <b>Waiting Child Enrollment</b> 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 <b>Youth Transition Decision-Making (YTDM) Meeting Notes</b> , form 470-5161, is the official youth plan developed during the YTDM meeting.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.  Supplies of this form may also be printed from the manual or SharePoint.
Completion	The YTDM meeting facilitator engages the youth team and develops the youth's plan, with the youth, after a meeting is held.
Distribution	The facilitator disseminates the completed form to the identified team members. Keep the original form in the youth's case file.
Data	<p><b>Case Information.</b> Enter the following information:</p> <ul style="list-style-type: none"><li>▪ Youth's name</li><li>▪ Parent/caregiver name (if applicable)</li><li>▪ Parent/caregiver/noncustodial names</li><li>▪ Date of the youth transition decision-making meeting</li><li>▪ Facilitator's name</li><li>▪ Facilitator's approval number</li><li>▪ Next court hearing date and time</li><li>▪ Type of hearing</li></ul> <p><b>Desired Outcomes of this Meeting.</b> Enter the desired outcome of the meeting.</p> <p><b>Fostering Connections.</b> The five fostering connections areas provide a consistent format for collecting, considering, and analyzing information about the youth. This consistency ensures that functioning areas most critically impacting health, housing, education, employment, and supportive relationships. Use of the five areas creates a common, consistent language as information about the youth flows from child protective workers to ongoing workers and service providers.</p> <p>The five areas provide a "common lens" through which the strengths and needs of the youth can be assessed, discussed, and used in planning and service provision.</p>

The five fostering connections areas consist of the following broad areas of functioning (each area has related subcategories):

- **Education:** Academic performance, graduation date, GED or high school diploma, extracurricular activities, job training options, IEP, financial aid, ACT/SAT/COMPASS tests.
- **Employment:** Transportation needs, dressing for success, vocational rehabilitation, application and interview skills, maintaining employment, resume, informal support.
- **Health:** Insurance cards (medical, dental, vision), access to a physician, medication management, SSI, physical health, hygiene, mental health, reproductive health.
- **Housing:** Safe, affordable and stable, after 18, supervised apartment living, preparation for adult living, current housing.
- **Supportive Relationships:** Aftercare, healthy family connections, peers, Iowa foster care youth council, adult services, permanency pact, community connections, mentors, church.
- **Other:** Discuss financial management, life skills, vital documents (birth certificate, Social Security card, driver's license or state picture identification, Selective Service, healthcare proxy, etc.).

**NOTE:** Discuss concurrent planning and permanency goals, any interstate compact issues, child and family cultural factors, language barriers, or if the Indian Child Welfare Act applies.

Establish a goal for each applicable area where a need is identified. It is critical that goals be developed in partnership with the youth. Goal statements should be strength-based and focused on achieving the outcomes essential for the youth.

After reviewing the strengths, needs, and goals for each area, identify the strategies, services, and informal supports that may be helpful to achieving the goals.

- In each area where goals are identified, list the steps necessary to bring about the changes needed to accomplish the goal for that domain. The steps should clearly identify:
  - Who is responsible,
  - What do they agree to do, and
  - By when.
- Document the date for when the goal was completed or modified.

**Crisis Plan.** Identify and discuss what will be done if some part of the plan breaks down and a crisis happens.

Identify the risks and necessary steps needed to address the risk. The steps should clearly identify when and dated when completed or if ongoing.

**Signatures and Notifications.** Enter the name of invited team members, including their role, contact information, and whether or not they attended the YTDM meeting.

**Youth Transition Decision-Making (YTDM) Youth's Dream Path, Form 470-5176**

Purpose	The <b>Youth Transition Decision-Making (YTDM) Youth's Dream Path</b> , form 470-5176, is the official model to use during the YTDM meeting.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.  Supplies of this form may also be printed from the manual or SharePoint as needed.
Completion	The YTDM meeting facilitator develops the youth's dream path, in collaboration with the youth, after a youth transition decision-making meeting is held.
Distribution	The facilitator gives a copy of the completed form to the identified team members. Keep the original form in the youth's case file.
Data	<p><b>Case Information.</b> Enter the following information:</p> <ul style="list-style-type: none"><li>▪ Youth name</li><li>▪ Parent/caregiver name</li><li>▪ Parent/caregiver/noncustodial names</li><li>▪ Date of the YTDM meeting</li><li>▪ Date of the next YTDM meeting</li><li>▪ Facilitator name and approval number</li><li>▪ Next court hearing date and time</li><li>▪ Type of hearing</li></ul> <p><b>Desired Outcome of this Meeting.</b> Use the Dream Path as a tool for the stabilization and action planning parts of the YTDM meeting.</p> <p>The Dream Path includes the stabilization phase, which identifies the five Fostering Connection areas that need to be addressed and stabilized in the first column.</p> <p>The five Fostering Connections areas are:</p> <ul style="list-style-type: none"><li>▪ Education</li><li>▪ Employment</li><li>▪ Health</li><li>▪ Housing</li><li>▪ Supportive Relationships</li></ul>

Complete the stabilization section of the YTDM youth plan by working through each of the five fostering connections categories from left to right. The far left column is available to write the current or 'Now' situation for the youth. Under the column, "What will happen," establish a goal for each applicable area where a need is identified. It is critical that goals be developed in partnership with the youth. Goal statements should be strength-based and focused on achieving the outcomes essential for the youth.

After reviewing the strengths, needs, and goals for each area, identify the "Who will help me" (services or supports that may be helpful) to achieving the goals.

In each category list the action steps needed to achieve the goal. The steps should clearly identify:

- If youth is in agreement;
- Who is responsible;
- What do they agree to do; and
- By when, which is documented under either the 0 to 3 months column or the 4 to 9 months column.

**Crisis Plan (Plan B).** Identify and discuss what will be done if some part of the plan breaks down and a crisis happens.

Identify the risks and necessary steps needed to address the risk. The steps should clearly identify when and dated when completed or if ongoing.

**To move into the Dream Path phase.** Each YTDM meeting begins with a review of the five Fostering Connections areas to determine if changes or adaptations need to be made. Once the youth has achieved stability, the longer range planning can begin. Review the 'Dream' written in the 'cloud' on the far right of the document and determine the steps to head in that direction. Develop action plans with a six to nine months' time frame.

Each additional meeting of the team can look ahead further. The youth will be fully listened to and have input every step of the way. If there is disagreement, take the time to discuss the issue and resolve it before moving forward.

Each meeting covers strengths of the youth and a review of the previous assignments. Establish a new Crisis Plan (Plan B) at each meeting as well. Completion of the YTDM meeting process is determined by the youth and the team. It can continue informally after the youth ages out of the system, if desired.

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

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

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

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

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

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

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

Purpose	The <b>Foster Parent Handbook</b> provides information to foster parents about Department policies and procedures for foster care.
Source	Foster parents and staff are encouraged to access the <b>Handbook</b> through the Internet. (Access either the English or Spanish version of the <b>Handbook</b> by clicking on its “Comm.” number above.)
Distribution	When printed copies are available, they are issued through the TIPS-MAPP training process.
Data	The <b>Handbook</b> addresses: <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	<b>Dependent Adult Abuse: A Guide for Mandatory Reporters</b> 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, <b>The State Has My Child! What Can I Do?</b> , 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	<b>Child Abuse: A Guide for Mandatory Reporters</b> 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. 173, Suspending Family Interactions**

Purpose	The <b>Suspending Family Interactions</b> document provides information regarding necessary steps when it is necessary to suspend Family Interactions due to a serious risk of physical or emotional harm to the child.
Source	Comm. 173 is available from the manual as needed.

**Comm. 174, Standalone SafeCare Decision Guidance**

Purpose	The Standalone SafeCare Decision Guidance is available for the Department worker to make referrals to the appropriate services to meet families' needs.
Source	This document is available from manual as needed.

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

Purpose	Comm. 177, <b>How Can I Help This Child?</b> , and its Spanish translation, Comm. 190, inform relative caregivers about their responsibilities when a child is placed with them instead of entering foster care.
Source	Print supplies of the English or Spanish booklet from the manual or SharePoint as needed.
Distribution	Give or mail this booklet to relatives or guardians before or when a child is placed with them.
Data	The booklet addresses reasons for removal of a child, legal procedures involved in placement, and case permanency planning.

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

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

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

Purpose	The <b>Youth Transition Decision-Making Standards</b> 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 <b>Medication Management</b> 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 <b>Family Interaction Standards</b> , 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, <b>Iowa Foster Child and Youth Bill of Rights</b> 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, Differential Response System: Family Assessment, 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 Differential Response System: Family Assessment: <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	<b>Parents Rights &amp; Responsibilities</b> , 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, <b>Dependent Adult Protection</b> , 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, <b>Dependent Adult Protection</b> , from the manual or SharePoint under Employee Manual/Forms.
Distribution	Give Comm. 482 to the adult subject and caretaker or any other household members when engaging in a dependent adult assessment or evaluation.

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

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

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

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

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

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

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

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

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

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

**Comm. 645, Worker Safety Brochure**

Purpose	Comm. 645, <b>Worker Safety Brochure</b> , 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 <b>Family Interaction Planning Tool</b> is used to help determine the Department's recommendation for the Family Interaction Plan which includes supervision level, interaction location, and interaction frequency and length.
Source	Print supplies of Comm. 649 from <a href="#">SharePoint Metadata List</a> or the manual as needed.

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

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

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

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

**Comm. 653, Process to Successfully Effectuate a Subsidized Guardianship**

Purpose	Comm. 653, <b>Process to Successfully Effectuate a Subsidized Guardianship</b> 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, <b>ESSA Best Interest Determination</b> 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, <b>ESSA Checklist: Things DHS Workers Should Do</b> 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, <b>ESSA Flowchart</b> 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, <b>ESSA School Transportation Decision Matrix</b> provides information on who is responsible for transportation costs under the “Every Student Succeeds Act” (ESSA).
Source	Print supplies of Comm. 657 from the manual or SharePoint as needed.

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

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

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

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

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

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

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

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

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

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

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

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

**Parent Roles & Responsibilities**

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**Comm. 681, Parent Roles & Responsibilities**

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

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

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

**Comm. 683, Pre-Placement Coordination Plan**

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

Revised January 23, 2026

**[Comm. 684, Recruitment, Retention, Training and Support Worker Roles & Responsibilities](#)**

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

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

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

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

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

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

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

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

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

**Comm. 706, Concurrent Planning Brochure**

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

**Comm. 713, Concurrent Planning Infographic**

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

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

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

**RC-0003, Child Abuse Registry Report Code Card**

Purpose	The code card provides a list of all coded responses necessary to interpret computerized records of child abuse investigations on the Automated Child Abuse and Neglect (ACAN) system.
Source	Print supplies of the <b>Child Abuse Registry Report Code Card</b> from the manual or SharePoint as needed.

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

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

**RC-0045, Interstate Compact Requirements for Placing Children Out of Iowa**

Purpose	Checklist RC-0045 is a guide to follow in evaluating, supervising, and terminating the placement of a child from one state to another.
Source	Print supplies of RC-0045 from the manual or SharePoint as needed.
Use	Follow this checklist when preparing a referral packet to place an Iowa child out of state through the Interstate Compact on the Placement of Children (ICPC).

**RC-0046, Interstate Compact Requirements for Receiving Children Into Iowa**

Purpose	Checklist RC-0046 is a guide to follow in evaluating, supervising, and terminating the placement of a child from one state to another.
Source	Print supplies of RC-0046 from the manual or SharePoint as needed.
Use	Follow this checklist when you receive a referral packet from another state seeking to place a child in Iowa through the Interstate Compact on the Placement of Children (ICPC).

## [RC-0049, Dissemination Desk Aid](#)

Purpose	<p>RC-0049 is used to identify:</p> <ul style="list-style-type: none"><li>▪ The type of information that can be released to specific persons upon request.</li><li>▪ The form on which the request is to be submitted.</li></ul>
Source	<p>Print supplies of the <b>Dissemination Desk Aid</b> 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, <b>Notice of Child Abuse Assessment: Founded</b>, 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, <b>Request for Child and Dependent Adult Abuse Information</b>, 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, <b>Notice of Child Abuse Assessment: Confirmed Not Registered</b>, is the notice sent upon completion of a child abuse assessment where abuse is confirmed but not registered.</li></ul>

The written summary is provided to the subjects with the notification.

- Form 470-0429, **Consent to Obtain and Release Information**, is required for release to people other than the subjects or their legal representatives, Department staff for official duties, the juvenile court, and the county attorney.

### **Not Confirmed**

Only the field offices can release information or written summaries to authorized individuals or entities on reports that are not confirmed, because this information is not on the Registry.

- Form 470-3242, **Notice of Child Abuse Assessment: Not Confirmed**, is the notice sent upon completion of a child abuse assessment where abuse is not confirmed.

The **written** summary is provided with the notification to the subjects.

- Form 470-0429, **Consent to Obtain and Release Information**, is required for release to persons other than Department staff for official duties, subjects or their legal representative, the juvenile court, and the county attorney.

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

Only the field offices can release information or written summaries to authorized individuals or entities because this information is not on the Registry.

**NOTE:** As of September 2005, **Child Abuse Assessment Summary Part B** was no longer required.

Form 470-0429, **Consent to Obtain and Release Information**, is required for release to people other than Department staff for official duties, the juvenile court, and the county attorney. Refer to [1-C](#) for substance abuse information.

Policy requires that all subjects of a report be sent a copy of the assessment upon completion.

**RC-0053, Home Study Update Guide: Transition to Adoption**

Purpose	RC-0053 is used as a guide for completion of the home study update when a foster family adopts a child in their care.
Source	Print supplies of RC-0053 from the manual or SharePoint as needed.
Completion	The home study worker should complete a home study update when a foster family is interested in adopting a child in their care and the family has not been previously approved for adoption. At least two face-to-face visits are recommended.
Distribution	Keep the completed home study update in the family's HHS file. Also provide the family with a copy of the update. If the update is purchased, the private agency may keep a copy for its file.
Data	<p>The guide includes a list of recommended areas to explore with the foster parent during the interviews, including:</p> <ul style="list-style-type: none"><li>▪ Legal responsibilities</li><li>▪ Decision making</li><li>▪ Emotional and psychological impact</li><li>▪ Financial obligation</li><li>▪ Anticipated adjustments</li><li>▪ Support system</li></ul>

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

Purpose	The <b>CPS and CINA Intake Decision Tree</b> , RC-0076, is a desk aid used at intake.
Source	Print the <b>CPS and CINA Intake Decision Tree</b> from the manual or SharePoint as needed.
Use	<p>Intake workers may use the <b>CPS and CINA Intake Decision Tree</b> 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 <b>CPS and CINA Intake Decision Tree</b> 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 <b>CINA Guidance Tool</b> lists the child in need of assistance definitions as they appear in Iowa Code 232.96A.
Source	Print supplies of the <b>CINA Guidance Tool</b> from the manual or SharePoint as needed.
Use	The <b>CINA Guidance Tool</b> is an internal desk aid only.
Data	The <b>CINA Guidance Tool</b> provides a directive as to when a child abuse assessment or CINA assessment is required.

**RC-0078, Relative Home Study Outline**

Purpose	RC-0078 provides an outline for formatting the narrative evaluation of a relative for the placement of a child.
Source	Print supplies of RC-0078 from the manual or SharePoint as needed.
Completion	Before the recommendation to approve or deny placement of a child in a relative home, Department staff complete a home study or request the recruitment and retention contractor to do the study.  The home study worker uses the <b>Relative Home Study Outline</b> as a guide to arrange the information gathered for the study.
Distribution	Keep a copy of the completed home study in the child's file with the <b>Relative Home Study Face Sheet</b> . 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 <b>Relative Home Study Face Sheet</b> 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 <b>How-Do-I? Guide: Case Planning</b> , 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 <b>Family Case Plan</b>,</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 <b>How-Do-I? Guide: Case Management</b> , 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 <b>How-Do-I? Guide: In-Home Case Management</b> , 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 <b>How-Do-I? Guide: CPS Assessment</b> , 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 <b>How-Do-I? Guide: CINA Assessment</b> , 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 <b>How-Do-I? Guide: CINA Intake</b> , 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 <b>How-Do-I? Guide: CPS Intake</b> , 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 <b>Drug Testing Guidelines</b> 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 <b>Drug Testing Guidelines</b> from the manual or SharePoint as needed.
Data	The <b>Drug Testing Guidelines</b> 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 <b>CPS Assessment – Case Disposition Decision Tree</b> is for use by departmental staff as a desk aid regarding general procedural steps in determining case disposition.
Source	Print supplies of the <b>CPS Assessment – Case Disposition Decision Tree</b> 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 <b>Criminal Record Case Codes</b> , 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 <b>How-Do-I? Guide: Out-of-Home Case Management</b> , 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, <b>How-Do-I? Guide: Adoption</b> , 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 <b>Case Closure</b> document is a summary of considerations made when closing a case.
Source	Print RC-0101, <b>Case Closure</b> , from the manual or SharePoint.
Use	Use the <b>Case Closure</b> 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, <b>How-Do-I? Guide: Case Closure</b> , 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 <b>Safety Assessment Guidance</b> 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 <b>Factoring Child Abuse Desk Aid</b> 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 <b>Family Risk Assessment Guidance</b> from the manual or SharePoint.

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

Purpose	The <b>Family Risk Reassessment Guidance</b> provides a directive as to how to complete form 470-4134, <b>Family Risk Reassessment</b> .
Source	Print supplies of the <b>Family Risk Reassessment Guidance</b> from the manual or SharePoint.
Distribution	The <b>Family Risk Reassessment Guidance</b> 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 <b>Multidisciplinary Team Practice Guidance</b> provides a directive as to how to complete form 470-2328, <b>Multidisciplinary Team (MDT) Agreement</b> .
Source	Print supplies of the <b>Multidisciplinary Team Practice Guidance</b> from the manual or SharePoint.
Distribution	The <b>Multidisciplinary Team Practice Guidance</b> is an internal desk aid.

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

Purpose	The <b>Dependent Adult Abuse Dissemination Desk Aid</b> , 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 <b>Dependent Adult Abuse Dissemination Desk Aid</b> from the manual or SharePoint.
Distribution	The <b>Dependent Adult Abuse Dissemination Desk Aid</b> is an internal desk aid.

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

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

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

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

**RC-0141, Child Trafficking Indicators**

Purpose	The <b>Child Trafficking Indicators</b> , RC-0141, is a guidance tool used at intake and during an assessment.
Source	Reference or print the <b>Child Trafficking Indicators</b> from the manual or SharePoint as needed.
Use	<p>Intake workers may use the <b>Child Trafficking Indicators</b> 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 <b>Child Trafficking Indicators</b> 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 <b>Intake Screening Tool – Determining the Assessment Type</b> , RC-0142, is a screening tool used at intake and during an assessment.
Source	<p>The <b>Intake Screening Tool – Determining the Assessment Type</b> 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 <b>Intake Screening Tool – Determining the Assessment Type</b> from the manual or SharePoint as needed.</p>
Use	<p>Intake workers must use the <b>Intake Screening Tool – Determining the Assessment Type</b> 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 <b>Intake Screening Tool – Determining the Assessment Type</b> 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 <b>JARVIS Reference</b> , RC-0143, is a resource document used at intake and during an assessment.
Source	Department staff may reference or print the <b>JARVIS Reference</b> from the manual or SharePoint as needed.
Use	Intake workers may use the <b>JARVIS Reference</b> to assist in completing the documentation of an intake on the STAR intake module of JARVIS. Assessment workers may use the <b>JARVIS Reference</b> to assist in completing the documentation of an assessment on the STAR assessment module of JARVIS.

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

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

**RC-0145, Structured Interview**

Purpose	The <b>Structured Interview</b> , RC-0145, is a resource document used at intake.
Source	Department staff may reference or print the <b>Structured Interview</b> from the manual or SharePoint as needed.
Use	Intake workers are encouraged to use the <b>Structured Interview</b> 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 <b>System Checks for Child Abuse and Dependent Adult Abuse Intakes</b> , RC-0146, is a resource document used at intake.
Source	Department staff may reference or print the <b>System Checks for Child Abuse and Dependent Adult Abuse Intakes</b> from the manual or SharePoint as needed.
Use	Intake workers may use the <b>System Checks for Child Abuse and Dependent Adult Abuse Intakes</b> 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 <b>System Checks Guidance for Intake</b> , RC-0147, is a resource document used at intake.
Source	Department staff may reference or print the <b>System Checks Guidance for Intake</b> from the manual or SharePoint as needed.
Use	Intake workers may use the <b>System Checks Guidance for Intake</b> 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 <b>Unlicensed Kin and Fictive Kin Caregiver Evaluation</b> is a guidance tool for field workers to determine the financial support options available to different types of caregivers.
Source	Print supplies of the guide from the manual or SharePoint.

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

Purpose

The **Field Guide for Assessing and Planning for the Safety of Children** is a resource for field workers to use as a quick reference to the following policy information:

- Key Decision Points To Assess Safety
- Safety Assessment Outcomes
- Which Household To Assess
- Child Protective Assessments – Initial Assessment of Safety
- Child Protective Assessments – Subsequent Assessments of Safety
- Child Welfare Services – Assessments of Safety
- When A Safety Assessment is Not Required

Source

Print the **Field Guide for Assessing and Planning for the Safety of Children** from the manual or SharePoint as needed.

Revised January 23, 2026

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

Purpose

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

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

Source

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

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

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

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

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

Revised January 23, 2026

**[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.