

Iowa Department of Human Services

**CHILD AND DEPENDENT ADULT ABUSE CONTACT ROSTER**

|        |              |                |
|--------|--------------|----------------|
| County | Service Area | Effective Date |
|--------|--------------|----------------|

Special instructions for after hours contacts:

Primary contacts after regular business hours:

| Date | Name | Telephone |
|------|------|-----------|
|------|------|-----------|

Back-up contacts after regular business hours:

|      |                  |
|------|------------------|
| Name | Telephone<br>( ) |
| Name | Telephone<br>( ) |

Service Area Manager:

|      |                  |
|------|------------------|
| Name | Telephone<br>( ) |
| Name | Telephone<br>( ) |

Primary contact during regular business hours:

|      |                  |
|------|------------------|
| Name | Telephone<br>( ) |
|------|------------------|