



Health and Human Services

Record Check Evaluation

Directions: Complete this form in black ink or typed. The person being evaluated must complete a Part D for **each** transgression. All evaluation materials, including form 470-2310, SING, RAP sheet and any supporting documents should be sent together in one PDF, dated within 30 days and submitted via email to iowarce@hhs.iowa.gov, or fax to (515)564-4034 or mail to Department of Health and Human Services, 321 E. 12th St., FWBP/CPS/Operations/RCE, Des Moines, IA 50319. All Fingerprint/FBI results shall be sent via mail.

Record check evaluation processing date can be found at: <https://hhs.iowa.gov/programs/programs-and-services/record-check-evaluations>

A. Agency/Provider/Person Requesting Evaluation			
Entity Requesting Evaluation		Requestor's Name	
Street	City	State	Zip Code
Phone	Fax	Requestor's email address	

B. Person Being Evaluated		
Last Name, First Name, Middle Initial	Maiden/Previous Names	Role/Position Applying For

I realize that the information I provide in Section D may be verified with local law enforcement, district court, Iowa Department of Health and Human Services, or other persons having knowledge of the incident.

Signature of Person Being Evaluated	Date	Phone	Email
Street Address	City	State	Zip Code

C. Evaluation Determination/Notice of Decision	FOR HHS USE ONLY
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