



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](mailto:iowarce@hhs.iowa.gov), or fax to (515)564-4034 or mail to Department of Health and Human Services, 321 E. 12<sup>th</sup> 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/record-check-evaluations/processing-date>

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

|                                       |                       |                            |
|---------------------------------------|-----------------------|----------------------------|
| <b>B. Person Being Evaluated</b>      |                       |                            |
| 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 |

|   |                         |
|---|-------------------------|
| <b>C. Evaluation Determination/Notice of Decision</b> | <b>FOR HHS USE ONLY</b> |
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