

**AUTHORIZATION TO EXCHANGE INFORMATION
WITH YOUR CHILD'S SCHOOL**

DATE

WORKER NUMBER

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COUNTY NUMBER

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CASE NUMBER

You must sign and give this form to your county Department of Human Services (DHS) office by _____ . (If this date falls on a weekend or legal holiday, you have until the next working day.)

DHS must stop your Family Investment Program (FIP) benefits or deny your application if you don't sign and give this form to DHS by the date listed. If you think you need more time, let your DHS income maintenance worker know right away.

Background

Under Iowa law, if a child on FIP is absent from school too often (i.e., is deemed "truant") and hasn't finished 6th grade, the family's FIP benefits can be cut by 25 percent. The school's truancy officer has to check with DHS to see if a truant child, who hasn't finished 6th grade, is getting FIP benefits or if FIP benefits have been applied for. If the child is on FIP, the truancy officer will tell DHS that the child isn't going to school regularly. DHS and the truancy officer will ask to meet with you to resolve the problem.

By signing this form, you allow:

- ◆ The truancy officer to tell DHS that your child in 6th grade or below isn't going to school regularly.
- ◆ DHS to tell a truancy officer that your child in 6th grade or below is getting FIP benefits or that FIP benefits have been applied for.

This form applies to the following children in your home who are ages 5 through 13:

Your signed form will be kept confidential.

DHS staff will put your signed form in your FIP case file. The form makes sure that DHS does not tell the truancy officer without your permission that the children listed above are on FIP. This information will be released only to the truancy officer of the local school district. It will not be released to any other school official. No information will be released on a child who is younger than school age or who has finished 6th grade.

Who must sign the form?

- ◆ Each parent in the home with a child ages 5 through 13 getting or applying for FIP benefits; or
- ◆ The relative living with and caring for a child when the relative wants to be on the FIP grant with the child.

(Signature of parent in the home or signature of the relative caring for the child) Date

(Signature of other parent in the home) Date

Note: This authorization is effective until each child listed on the form turns 14 years old or goes off FIP, whichever happens first.

Questions? Ask your DHS income maintenance worker.