

SCHOOL ATTENDANCE COOPERATION AGREEMENT

Under a new Iowa law, a school truancy officer must tell the Department of Human Services (DHS) when a child is not complying with the school's attendance policy. The law applies only to children who have not finished sixth grade. DHS must then set up a meeting with the child's family. One purpose of the meeting is to help the family get the child to attend school. The other is to prevent a 25% reduction in the family's FIP grant.

The participants at the meeting will try to find out why the child has not been attending school. They will also come up with a plan so that the child will attend school in the future. This Agreement will state why a child has not been attending school. It will also state the plan for the child's school attendance in the future. The Agreement shall be signed by each participant at the end of the meeting. The signed original Agreement is given to the child's family. Copies will be given to the other participants.

PART A (*Part A must be signed by each participant at the meeting.*)

1. Child's Name	2. FIP Case Number
3. Service Case Number	4. Date of Meeting
5. Location	

6. Participants at the meeting. (List each person's name, agency represented, and phone number.)

7. Reasons for the child's nonattendance identified at the meeting. This includes barriers that may need to be overcome to ensure that the child attends school. (Be specific.)

8. Terms agreed to by all participants for resolving the child's nonattendance. (Be specific.)

9. Future responsibilities of each participant at the meeting. (List the person's name and what the person is responsible for doing to resolve the child's nonattendance.)

10. If a monitor is agreed to, list the person's name, agency represented, and phone number.

Name	Phone Number
Agency Represented	

11. Signatures of persons participating in the meeting. By signing this form, I understand that I am agreeing to all items described in Part A, above.

_____	_____
_____	_____
_____	_____
_____	_____

PART B FIP Parents’ or Caretaker’s Statement of Understanding and Consent

Each parent living in the home with the child or the relative caring for the child shall sign Part B.

I understand that this Agreement stays in effect until the school decides the child is complying with attendance policies or the child goes off FIP, whichever happens first.

I understand that if we agree to a monitor in the meeting, the monitor must periodically contact everyone who signed the Agreement to check if its terms are being carried out. I will comply and cooperate with the monitor. I understand that the monitor may need to have confidential information for the sole purpose of resolving the child’s nonattendance. I agree to sign necessary forms for the release of confidential information needed to improve the child’s school attendance.

I understand that the school district can declare the child truant if:

- ◆ The participants at the meeting don’t enter into an Agreement, or
- ◆ I violate a term of the Agreement, or
- ◆ I fail to participate in the meeting without good cause.

The truancy officer must also confirm that the child still meets the conditions for being truant.

I understand that if the school declares the child truant, DHS will reduce my FIP benefits by 25%.

I understand that my FIP benefits will stay reduced until the child goes off FIP or the truancy officer notifies DHS that:

- ◆ The child is complying with the school’s attendance policy; or
- ◆ The child has satisfactorily completed sixth grade; or
- ◆ The school has found there is good cause for the child’s nonattendance and it withdraws the truancy notification; or
- ◆ The child is no longer enrolled in that school, and the child’s family proves that either:
 - The child is attending another school, or
 - The child is otherwise receiving equivalent schooling as allowed under Iowa law.

I understand that I have the right to appeal the terms of this Agreement. *(See back of Part B for appeal rights.)*

I understand that by signing Parts A and B, I am agreeing to all items described in both parts.

Signature of parent in the home **or**
signature of relative caring for the child

Date

Signature of other parent in the home

Date

APPEAL RIGHTS

If you don't agree with the terms of your **School Attendance Cooperation Agreement**, you have the right to appeal. Your appeal rights and procedures for hearing are explained in the Iowa Administrative Code, 441--Chapter 7.

How to Appeal. You must appeal in writing. You can use the Department of Human Services (DHS) appeal form or simply send a letter asking to appeal. Send or take your appeal request to the DHS office in your county. There is no fee or charge for an appeal. Your county DHS office will help you file an appeal if you ask them.

Time Limits. To get a hearing, you must file your appeal within 30 calendar days of the date you signed the **School Attendance Cooperation Agreement**. When the appeal is filed later than this but less than 90 days after you signed the Agreement, the Director of DHS must approve whether a hearing will be held based on good cause for late filing. If the appeal is filed more than 90 days after you signed the Agreement, there will be no hearing.

Granting a Hearing. DHS will determine whether or not an appeal may be granted a hearing. If a hearing is granted, you will be notified of the time and place. If a hearing is not granted, you will be notified in writing of the reason and the procedures for challenging that decision.

Presenting Your Case. If an appeal hearing is granted, you may explain your disagreement or have someone else like a relative or friend explain your disagreement for you. You may be represented by an attorney, but DHS will not pay for the attorney. Your county DHS office has information about legal services available to you that are based on your ability to pay. You may also phone the Legal Services Corporation of Iowa at 1-800-532-1275. If you live in Polk County, phone 243-1193.

POLICY ON NONDISCRIMINATION

This action was taken without regard to race, creed, color, sex, age, physical or mental disability, religion, national origin, or political belief. If you think you have been discriminated against for any of the reasons stated above, you may file a complaint with DHS by completing a *Discrimination Complaint* form which you can get from any DHS office or the DHS Office of Equal Opportunity. You may also file a complaint with the Iowa Civil Rights Commission (if you feel you were discriminated against because of your race, creed, color, national origin, sex, religion, or disability); or the United States Department of Health and Human Services, Office for Civil Rights.

Iowa Department of Human Services
Office of Equal Opportunity
Hoover State Office Building 1st Fl
Des Moines IA 50319-0114

Iowa Civil Rights Commission
211 E Maple St
Des Moines IA 50309-1858

US Department of Health and Human Services
Office for Civil Rights Region VII
601 E. 12th St Rm 248
Kansas City MO 64106