

Request & Acknowledgement to Conduct Registry and Record Check

Disclosure Authorization

Please Read Carefully. We truly welcome your application with **Iowa Department of Health and Human Services (HHS)**. You are applying for a position whose acceptance will place you in a category of recognized professionals. In pursuit of that excellence we require, as a condition of employment, that all applicants consent to and authorize a pre-employment and/or continued employment verification of their background, including information submitted on their application or resume.

I understand and acknowledge that the Iowa Department of Health Human Services (hereinafter "Department") is required by statute to conduct Child Abuse Registry, Dependent Adult Abuse Registry, Sexual Offender Registry checks and Criminal History Record checks for specific categories of persons who have direct contact with the Department's clients, provide Department approved services for the Department's clients or have access to IRS Federal Tax Information and hereby request the Department conduct such a Registry and/or Record check regarding me.

Information Required for Registry and Record Check (Please type or print legibly.)

Last Name	First Name	Middle Name	Maiden Name (if applicable)
Alias (if applicable)	Alias (if applicable)	Alias (if applicable)	Alias (if applicable)
Date of Birth	Sex	Social Security Number	Reason for Check
Address			
City		State	ZIP
Personal Email Address			
Driver's License Number	State Driver's License Issued	Last Name on Driver's License	
<input type="checkbox"/> This is an FTL check. <input type="checkbox"/> This is an initial check. <input type="checkbox"/> This is a renewal or recheck.			

For HHS Supervisors/Managers only	
Position (Official State Title)	Supervisor
Office Name and Address (include city, state, ZIP)	
HHS Division, Region	
Position Number	OCA Code

For HHS – HR Use only
Date Docs Received
Date Docs Received

Criminal History Record

I hereby request and give permission to the Department to conduct a Criminal History Record check.

Disclosure: This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604 (b) to the applicant that a social security number trace, motor vehicle verification, education, previous employment, credit and a criminal background verification may be obtained for the purpose of this employment application. In addition, investigative consumer reports gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics may be obtained for the purpose of this employment application. By the signature below, the Applicant acknowledges that Global Screening Solutions Inc. has made this disclosure.

Applicant Authorization and Consent for Release of Information: This release and authorization acknowledges that HHS may now, or any time while I am employed/training, conduct a verification of my education, previous employment/work history, credit history, contact personal references, motor vehicle records, conduct drug testing and to receive any criminal history information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment/training eligibility under HHS employment/training policies. In the event that information from the report is utilized in whole or in part in making an adverse action decision with regard to your potential employment/training, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law. I authorize Global Screening Solutions Inc. at 4833 Front St., Suite B PMB 448, Castle Rock, CO 80104-7901, telephone number 866-454-2325 and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative HHS. Contact Global Screening Solutions Inc. if you want to receive a copy of our Information Security Policy.

I have read and understand this disclosure, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide Global Screening Solutions, Inc. with all information that may be requested. I agree that any copy of this document is as valid as the original. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment/training was denied based on information obtained by my prospective employer/training program and to receive a disclosure of the public record information and of the nature and scope of the investigative report.

Signature

Date

Child Abuse Registry

I hereby request and give permission to the Department to conduct a Child Abuse Registry check. I understand that my signature authorizes the requestor to receive information to verify whether I am named on the Child Abuse Registry as having abused a child (Iowa Code section 235A.15). To the best of my knowledge, the information contained in this form is correct.

Signature

Date

Dependent Adult Abuse Registry

I hereby request and give permission to the Department to conduct a Dependent Adult Abuse Registry check. I understand that my signature authorizes the requestor to receive information to verify whether I am named on the Dependent Adult Abuse Registry as having abused a dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in this form is correct.

Signature

Date

Sexual Offender Registry

I hereby request and give permission to the Department to conduct a Sexual Offender Registry check.

Signature

Date

The Department will perform the following check **for State-Operated Facilities Only**

List of Excluded Individuals/Entities (LEIE)

LEIE is a database providing information to public health care providers, patients, and others relating to parties excluded from participation in the Medicare, Medicaid, and all Federal health care programs.

The Department will perform the following check **for State-Operated Facilities Only**

Excluded Parties List System (EPLS)

EPLS is a database which includes information regarding entities debarred, suspended, proposed for debarment, excluded, or disqualified under the non-procurement common rule, or otherwise declared ineligible from receiving Federal contracts, certain subcontracts, and certain Federal assistance and benefits.

Background Check Information

Last Name

First Name

Date

Please list all addresses where you have lived, worked, or gone to school during the last **five** years below:

Address

City

State

ZIP

Dates you lived, worked or attended school in this location:

Address

City

State

ZIP

Dates you lived, worked or attended school in this location:

Address

City

State

ZIP

Dates you lived, worked or attended school in this location:

Address

City

State

ZIP

Dates you lived, worked or attended school in this location:

Address

City

State

ZIP

Dates you lived, worked or attended school in this location:

Address

City

State

ZIP

Dates you lived, worked or attended school in this location:

Please attach additional sheets if necessary.



Iowa Division of Criminal Investigation Criminal History Record Check Request Form



DCI Account number (if applicable)

REQUESTOR INFORMATION PLEASE WRITE CLEARLY

Name (business or individual)

Mailing address (street/PO Box, city, state, zip code)

Phone number

Fax number

Email address

I would like the results sent to me by: ☐ Mail ☐ Fax ☐ Email

I am required to have the results notarized: ☐ Yes ☐ No *for specific requirements in another country only.

SUBJECT OF REQUEST INFORMATION. Please provide all required demographic information on the form or it will be returned. Multiple names require a separate Request Form and fee.

LAST NAME (required)

FIRST NAME (required)

MIDDLE NAME (recommended)

DATE OF BIRTH (required)

GENDER M, F or Other (required)

SOCIAL SECURITY NUMBER (recommended)

RELEASE AUTHORIZATION INFORMATION: Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request. This form (DCI-77) is the only approved release authorization form for this purpose.

This response only includes public criminal history data. Under Iowa law, most juvenile records are confidential. Confidential juvenile court records cannot be included in this response. A signed release authorization is not sufficient to obtain this information from the DCI. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code 232.147(18) through the Clerk of Court. Criminal history data concerning convictions for certain juvenile sex offenses can be found online through the Iowa Sex Offender Registry (SOR). Even though some information is available online through the SOR, the actual records for juveniles may still be confidential and cannot be provided. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code section 232.147(18) through the Clerk of Court.

RELEASE AUTHORIZATION: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions. I understand the signature below certifies the information provided is true and accurate. Furthermore, I understand this is an official statement and record. Any false statement(s) made in this record may result in further action.

RELEASE AUTHORIZATION SIGNATURE

FOR DCI USE ONLY

As of a search of the information provided revealed:

☐ NO IOWA CRIMINAL HISTORY RECORD FOUND WITH DCI

☐ AN IOWA CRIMINAL HISTORY RECORD WAS FOUND. A COPY OF THE RECORD IS INCLUDED - DCI#

Processed by

SUBMIT THE REQUEST/BILLING FORM(S) AND FEE(S) BY ONE OF THE FOLLOWING METHODS:

ADDRESS: Iowa Division of Criminal Investigation
Support Operations Bureau
Dissemination Unit
215 E 7th St
Des Moines IA 50319

FAX: 515-725-6080

EMAIL: www.dcirecordchecks@dps.state.ia.us

QUESTIONS: www.dcirecordchecks@dps.state.ia.us

HOW TO REQUEST AN IOWA CRIMINAL HISTORY RECORD CHECK:

- Please write clearly on the Request Form.
- Complete all Requestor Information and all required fields. If the form is incomplete it will be returned to you without being processed.
- Send in a separate Request Form for each last name.
- A \$15.00 fee is required for each Request Form/last name submitted.
- A completed Billing Form must be submitted with a Request Form. If the Billing Form is not complete or the fee is not included, all forms will be returned. Please submit only one Billing Form when submitting multiple requests.
- Please specify on the Request Form if you want the results mailed, faxed or emailed to you and provide the appropriate information. If not specified the results will be mailed.
- Indicate if you are required (i.e. for immigration, for employment in another country, etc.) to have the results of the record check notarized.

Iowa criminal history record checks are based on **name** and **exact date of birth**. Without fingerprints, **positive** identification cannot be determined. The records maintained by the Iowa Division of Criminal Investigation (DCI) are based on **name** and **exact date of birth**. Without fingerprints, **positive** identification cannot be determined. The records maintained by the Iowa Division of Criminal Investigation (DCI) are based on information provided to us, as required by the Code of Iowa, from other criminal justice agencies in Iowa. Therefore, the DCI cannot guarantee the completeness of the information provided. If an individual disputes the accuracy of information maintained by the DCI, please contact our office at www.dcirecordchecks@dps.state.ia.us.

RELEASE AUTHORIZATION INFORMATION:

Iowa law does **not** require a release authorization to request an Iowa criminal history record check on another person. However, without a signed release authorization from the subject of the request, deferred judgments where the DCI has received notice of the successful completion of probation cannot be released to non-law enforcement agencies. In addition, any arrest over 18 months old, **without** a final disposition, cannot be released.

Please note: If the "No Iowa Criminal History Record found with DCI" box is checked, it could mean the information on file is not releasable per Iowa law without a signed release authorization.

Furthermore, it could mean there is juvenile information that isn't releasable per Iowa Code 232.147. However, the release authorization does not pertain to juvenile information.

ADDITIONAL INFORMATION:

A criminal history record check of the DCI files do not include other states' records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a **deferred judgment is not** generally considered a conviction once the defendant has been discharged from the deferred judgment after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain multiple offense crimes, i.e. second offense OWI. If a disposition indicates that a deferred judgment was given, you may want to inquire of the individual's current status.

A **deferred sentence is** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.



Waiver Agreement and Privacy Act Statement

For fingerprint-based National Criminal History Record Checks for Noncriminal Justice
Purposes as authorized by state and/or federal statute

Pursuant to the Iowa User Agreement, this form must be acknowledged, completed and signed by every current or prospective licensee, employee, volunteer, and contractor/vendor, for whom fingerprint-based national criminal history records are requested by a Qualified Entity (QE) under state legislation or federal statute.

The person within the QE who is initiating the process and submitting fingerprints for noncriminal justice purposes must acknowledge and implement the privacy requirements of the QE, and complete and sign the QE portion of this form. The QE must also provide a copy of the executed Waiver Agreement and Privacy Act Statement to the applicant prior to submitting the applicant's fingerprints.

I hereby authorize (**Name of QE**) HHS – Department of Health and Human Services (FTI – Federal Tax Information) to submit a set of my fingerprints to the Iowa Department of Public Safety (DPS), Division of Criminal Investigation (DCI) for the purpose of accessing and reviewing Iowa and FBI national criminal history records that may pertain to me.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

- You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

RIGHT TO OBTAIN AND CHALLENGE ACCURACY OF CRIMINAL HISTORY RECORDS

The DCI does not allow agencies to provide a physical copy of the criminal history record received on an individual. However, the QE may show and/or discuss the information with you, the applicant, only. You may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/services/cjis/identity-history-summary-checks>

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)



Waiver Agreement and Privacy Act Statement (Cont.)

FBI PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

National Child Protection Act as amended by the Volunteers for Children Act (NCPA/VCA)

This section applies to QEs and applicants whose fingerprints are submitted under the authorization of the NCPA/VCA.

The QE is authorized under 34 USC 40102(a) to request a national criminal history record check for the purpose of determining whether you have been convicted of a crime that bears your fitness to have responsibility for the safety and well-being of children, the elderly, or individuals with disabilities.

Until the criminal history record check is complete, the QE may choose to deny you unsupervised access to children, elderly or individuals with disabilities or the QE may choose to deny your application or grant a limited or restricted license.

The noncriminal justice applicant's privacy rights apply to all applicant's whose fingerprints are submitted to request National Criminal History Record Checks for Noncriminal Justice Purposes, including under the NCPA/VCA authorization.

ACKNOWLEDGEMENT AND STATEMENT

I am a current or prospective (check one): ☐ Licensee ☐ Employee ☐ Volunteer ☐ Contractor/Vendor

Please complete the following information as it appears on a valid identification document:

Printed Name

Date of Birth

Residential Address

City

State

Zip Code



Waiver Agreement and Privacy Act Statement (Cont.)

(Please initial next to each statement to acknowledge)

____ I understand that my fingerprints will be used to check the criminal history records of the FBI.

____ I have been provided a copy of the Privacy Act Statement.

____ I understand that I am entitled to challenge the accuracy and completeness of any information contained in the criminal history report, if any, received on me.

____ I understand that the procedures for obtaining a change, correction, or update of my criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

____ I further understand that I will be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before a final decision is made about my status as an employee, volunteer, contractor or subcontractor, or my eligibility for any pertinent license, certification or registration, adoption, or other benefit.

____ I understand that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

☐ I **have** been convicted of a crime

☐ I **have not** been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) below. Use additional paper as needed:

By signing this Waiver Agreement, it is my intent to authorize the release and dissemination of any Iowa and/or national criminal history record that may pertain to me to the above-referenced QE with which I am employed, seeking employment with, seeking to serve as a volunteer for, or am seeking licensure from. I am also acknowledging that the above named QE has notified me of and that I understand my privacy rights as a noncriminal justice applicant. Furthermore, I authorize the QE to forward this agreement to DCI upon request.

Signature

Date

TO BE COMPLETED BY THE QUALIFIED ENTITY:

QE Name: HHS – Iowa Department of Health and Human Services

OCA: _____

Address: 321 E 12th Street, Des Moines, IA 50319

Phone: 515-829-2499

By signing this Agreement, I am acknowledging that, as the facilitator of this Agreement for the QE, I have provided the applicant their rights and will carry out any agency requirements once the FBI results are received, if applicable. I have also provided the Privacy Act Statement and a copy of this executed agreement to the applicant prior to submitting the applicant's fingerprints to the DCI to be forwarded to the FBI.

QE Signature: HHS-HR – Background Check Unit – Kay Shaw

Date: 07/01/25

The QE **must provide a copy of this Waiver Agreement to the applicant if requested** and **maintain the original at the QE** within the guidelines set forth in the Iowa User Agreement; **Do not send to DCI** unless requested. If fingerprints are submitted via Fieldprint, completion of this document is not required, although recommended.

Background Check Sample for Levels 3 and 5

Please complete all of the **highlighted** boxes from the sample card below on each fingerprint card. The highlighted fields are **mandatory** for the FBI to perform their search. All incomplete cards will be sent back to the agency causing a delay in processing.

APPLICANT <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FD-258 (Rev 9-9-13) 1110-0046		SIGNATURE OF PERSON FINGERPRINTED		LAST NAME NAM		FIRST NAME MIDDLE NAME					
RESIDENCE OF PERSON FINGERPRINTED		ALIASES AKA		OR I IADC10000 DIV CRIM INV-B OF I DES MOINES, IA				DATE OF BIRTH Month Day Year		DOB Year	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP CTZ		SEX		RACE		HGT.	
EMPLOYER AND ADDRESS		YOUR NO. OCA		FBI NO. FBI		WGT.		EYES		HAIR	
REASON FINGERPRINTED		Ia CA 217.45		ARMED FORCES NO. MNU		SOCIAL SECURITY NO. SOC		PLACE OF BIRTH		POB	
				MISCELLANEOUS NO. MNU							
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE			
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE			
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			

Background Check – Fingerprint Card Sample for Levels 3 & 5

Fingerprint Cards:

Supervisor must complete the following fingerprint card items before giving the fingerprint card to employee/applicant

- Highlight boxes per the sample card
- Enter “Reason Fingerprinted” as “Ia CA 217.45” on fingerprint card for FTI
- Enter “Reason Fingerprinted” as “NCPA/VCA Employee” on fingerprint card for Facilities
- Enter “OCA” code on fingerprint card & Form DCI-45, page 3 of 3, per chart below:

Agency Division/Bureau

Dept of Health & Human Services – Family Well-Being & Protection
Dept of Health & Human Services – Field Eligibility
Dept of Health & Human Services – Collection Service Center
Dept of Health & Human Services – CSS – Admin
Dept of Health & Human Services – CSS – Central Region
Dept of Health & Human Services – CSS – Des Moines Region
Dept of Health & Human Services – CSS – Eastern Region
Dept of Health & Human Services – CSS – Western Region
Dept of Health & Human Services – Data Management
Dept of Health & Human Services – Director Staff - Appeals/Legal
Dept of Health & Human Services – Finance
Dept of Health & Human Services – CCUSO
Dept of Health & Human Services – Cherokee
Dept of Health & Human Services – Eldora
Dept of Health & Human Services – Independence
Dept of Health & Human Services – Woodward

“OCA” Codes

DHS-ACFS
DHS-CSA
DHS-CSC
DHS-CSRUA
DHS-CSRUC
DHS-CSRUDM
DHS-CSRUE
DHS-CSRUW
DHS-DM
DHS-APP
DHS-Fiscal
DHS15
DHS12
DHS14
DHS13
DHS11