

Date:

Respond to:

County Number:      Worker Number:

Worker Name:

Worker Phone:

Office Address:

Dear            :

We have received a request from            , as the parent of            , to share the following information about this child or children.

Information requested:
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We need to know if you agree with us sharing this information. Please send your answer to the address listed above. If we do not get an answer from you by            , we will decide what information can be shared based on Iowa law.

Iowa law says that unless otherwise ordered by the court in a custody decree, both parents have legal access to information about their child, including medical records. Therefore, we may have to share information even if you don't agree. You can see a list of the kinds of information that may be shared on the back of this form. You will get a copy of whatever information we share.

### Response

☐ I agree that the Department may share this information.

☐ I do not agree that the Department may share this information because:

Please give your reason for not agreeing and provide any proof to support your reason. Please use an additional sheet of paper, if needed.
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Signature:	Date:
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The Department may share the following information about a child with the child's parent who is not on the Department case even if you don't agree:

<b>Program</b>	<b>Information Shared</b>
Child Care Assistance	<ul style="list-style-type: none"> <li>• Whether the child received assistance</li> <li>• What months the child received assistance</li> </ul>
Family Investment Program	<ul style="list-style-type: none"> <li>• Whether the child received assistance</li> <li>• What months the child received assistance</li> </ul>
Food Assistance	<ul style="list-style-type: none"> <li>• Whether the child received assistance</li> <li>• What months the child received assistance</li> </ul>
<b><i>hawk-i</i></b>	<ul style="list-style-type: none"> <li>• Whether the child received assistance</li> <li>• What months the child received assistance</li> <li>• What services were paid</li> <li>• The amount of payments for services</li> </ul>
Medicaid	<ul style="list-style-type: none"> <li>• Whether the child received assistance</li> <li>• What months the child received assistance</li> <li>• What services were paid</li> <li>• To whom the services were paid</li> <li>• The amount of payments for services</li> </ul>