

Dependent Adult Abuse Dissemination Desk Aid

Form 470-0643, Request for Child & Dependent Adult Abuse	Founded or Confirmed	Unfounded
Green Filled Box= Only Necessary Information to be provided. HHS has discretion regarding what is released. Blue Filled Box= The requester of the information may make a request with no form & we provide; however, fill the form out and upload in File Manager.		
SUBJECTS		
Named victim, guardian/legal custodian, persons responsible for abuse and the attorney's representing each of them. Guardian ad Litem. (These individuals can also use form 470-2444 DAA Outcome Notification to obtain this information.) 235B.6(2)(a)	YES	YES
PERSONS INVOLVED IN AN ASSESSEMENT OR EVALUATION		
Health practitioner or mental health professional who is examining, attending or treating a dependent adult or whose consultation is requested by HHS 235B.6(2)(b)(1)	YES	NO
HHS personnel responsible for abuse assessment, evaluation or record checks. DIAL personnel responsible for abuse investigation 235B.6(2)(b)(2)	YES	YES
HHS staff involved in certification or accreditation of agency or program providing care or services 235B.6(2)(b)(3)	YES	NO
Law enforcement assisting in an assessment or evaluation, including MFCU units 235B.6(2)(b)(4)	YES	NO
Multidisciplinary teams approved by IHHS (Access only during assessment/evaluation) 235B.6(2)(b)(5)	YES	YES
Mandatory reporter who reported the individual case 235B.6(2)(b)(6)	YES	YES
Each board specified under 147 to license, certify, and discipline health care professionals, Iowa Department of Public Health (IDPH) 235B.6(2)(b)(7)	YES	NO
PROVIDERS OF CARE		
Licensing authority for facility providing care to dependent adult 235B.6(2)(c)(1)	YES	NO
Person or agency responsible for care or supervision of an adult victim, or person responsible for the abuse 235B.6(2)(c)(2)	YES	NO
Employee or agent of HHS responsible for registering or licensing or approving registration or licensing of a person or individual providing care to an adult and regulated by IHHS 235B.6(2)(c)(3)	YES	NO
Disability Rights Iowa if victim or perpetrator has a developmental disability or mental illness if adult has received services from or resided in a facility defined in 235E.1. 235B.6(2)(c)(4)	YES	NO
JUDICIAL & ADMINISTRATIVE PROCEEDINGS		
Court proceedings upon finding that information is necessary. 235B.6(2)(d)(1), (2)(d)(5), and (2)(d)(6)	YES	NO
Court or administrative agency hearing for an appeal for correction or expungement of information 235B.6(2)(d)(2)	YES	NO
Expert witness or witness who testifies in an appeal 235B.6(2)(d)(3)	YES	NO
Court or administrative agency making an unemployment compensation determination 235B.6(2)(d)(4)	YES	NO
Juvenile Court involving an adjudication or disposition of a child who is subject to guardianship proceeding. 235B.6(2)(d)(5) District Court upon a finding data is necessary for resolution involving proceedings for a child guardianship case 235B.6(2)(d)(6)	YES	NO
Tribal court as defined in section 620D.2, a tribal prosecutor, or tribal services provided that the dependent adult is an Indian as defined in section 232B.3. 235B.6(2)(d)	YES	YES
To a district court conducting checks of the dependent adult abuse registry for all proposed guardians and conservators pursuant to section 633.564. 235B.6(2)(d)	YES	NO
County Attorney (Appropriate County Attorney) 235B.3(10)	YES	YES
Department of Justice for victim reparation sole purpose of filing a claim for reparation pursuant to sections 915.21 & 915.84 235B.6(e)(3)	YES	NO
Attorney General's Office 235B.6(e)(5)	YES	YES
OTHERS		
The state or local office of the public guardian (if pertaining to legal services to be provided or being provided for a client (victim). 235B.6(e)(11)	YES	NO
Bank, Saving Association, Credit Union, Broker-Dealer, Social Security Administration, Administrator as defined in IC 502.102. 235B.6(e)(20)	YES	YES
Registry, HHS staff, agent, contractor for official duties and functions of the registry, 235B.6(2)(e)(2)		
Attorney representing HHS, Citizen Aide/Ombudsman, Long-term care resident's advocate 235B.6 (2)(e)(10)	YES	YES
A legally constituted APS agency from another state who is investigating or treating an adult named in a report as having been abused. 235B.6(e)(4)	YES	NO

Form 470-3301, Authorization for Release of Child and Dependent Adult Abuse Information

ALL requests for information received on Form 470-3301 should be forwarded to the Central Abuse Registry via email at: dhsabuseregistry@dhs.state.ia.us

Abuse Checks – Completed by Central Abuse Registry

- Medicaid HCBS waiver provider agency administrator. 235B.6(2)(c)(5)
- MH/ID/DD provider agency administrator under a regional management plan. 235B.6 (2)(c)(6)
- Hospital administrator under 135B or student nursing program under 152.5. 235B.6 (2)(c)(7)
- An employee of an agency requested by IHHS to provide case management or other services to a dependent adult. 235B.6 (2)(c)(8)
- Health care facility administrator or designee under 135C.33. 235B.6 (2)(e)(6)
- Administrator of agency providing care to a dependent adult in another state. 235B.6 (2)(e)(7)
- Superintendent of a school district or superintendent's designee. 235B.6 (2)(e)(8)
- Department of Inspections and Appeals (for employment checks role). 235B.6 (2)(e)(9)
- Nursing program approved by the Board of Nursing under 152.5. 235B.6 (2)(e)(12)
- Board of Educational Examiners. 235B.6 (2)(e)(13)
- Department of Aging. 235B.6 (2)(e)(14)
- Iowa Veterans Home (for volunteers). 235B.6 (2)(e)(15)
- Administrator of a certified nurse's aide program. 235B.6 (2)(e)(16)
- Juvenile detention or shelter programs. 235B.6 (2)(e)(17)
- Employer or prospective employer of a school bus driver. 235B.6 (2)(e)(18)
- To a free clinic as defined in section 135.24A. 235B.6(2)(e)(19)
- To a person who submits written authorization from an individual allowing the person access to information on the determination only on whether or not the individual who authorized access is named in a founded dependent adult abuse report as having abused a dependent adult. 235B.6(2)(f)
- Licensed child-placing agency responsible for an adoptive placement; Foster Care Licensing Agency, Certified Adoption Investigator, Licensed Childcare Centers. 235B.6(2)(f)

NOTES:

- **Any information disseminated requires notice of dissemination to be uploaded into DARES File Manager within 72 hours.**
- **Form 470-0643 must be signed by the requester.**
- **Form 470-3301 must be signed by the alleged victim, legal guardian, or alleged person responsible for abuse.**
- **All requests require verification of identity. Record your verification of the identity of the requester on the form.**
- **Pursuant to 235B.8 reports can ONLY be redisseminated to those who would already have authorized access under 235B.6.**
- **When releasing DA information, you shall withhold the name of the person who reported the abuse if you believe the disclosure of that person's identity would be detrimental to the person who made the report.**
- **If authorized access is demonstrated, the APS Director or designee shall approve the request and specify the information that may be released. If the manager or designee approves the request, the manager or designee arranges to provide the specified information to the requester and uploads the request form into the case's File Manager in DARES.**
- **Dependent adult abuse information released by APS Director or designee approval may be limited to necessary information only (disposition data). "Necessary information" may be expanded to include the entire dependent adult abuse report.**
- **Department employees & Attorney Generals Office are not required to complete form 470-0643 to receive dependent adult information; however, the person providing the report, must fill the form out and place in DARES File Manager.**