



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

October 14, 2011

GENERAL LETTER NO. 16-G-AP-31

ISSUED BY: Bureau of Child Welfare and Community Services
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 16, Chapter G, **DEPENDENT ADULT PROTECTIVE SERVICES APPENDIX**, Title page, revised; Contents (page 1), revised; pages 8, 8d, and 17 through 23, revised; and the following forms:

470-3944	<i>Dependent Adult Abuse Notice of Intake Decision</i> , revised
470-4800	<i>Notice Concerning Suspected Abuse</i> , revised
470-3326	<i>Dependent Adult Abuse Information Request</i> , revised
470-3860	<i>Dependent Adult Abuse Checklist for Facility, Agency or Program</i> , revised
470-5067	<i>Record of Emergency Protective Court Orders Served</i> , new
470-2444	<i>Adult Protective Notification</i> , revised
470-0612	<i>Request for Dependent Adult Abuse Registry Information</i> , revised
470-4531	<i>Authorization for Release of Dependent Adult Abuse Information</i> , revised
470-2310	<i>Record Check Evaluation</i> , revised
470-2310(S)	<i>Record Check Evaluation (Spanish)</i> , revised

Summary

Chapter 16-G-Appendix has been revised to:

- ◆ Correct the instructions for form 470-3944, *Dependent Adult Abuse Notice of Intake Decision*, to destroy rejected intake information after three years rather than six months.
- ◆ Change the availability of form 470-4841, *Dependent Adult Assessment Tool*. The form is available as a template on Outlook. It can be saved as a Word document. It is possible to add a limited amount of text within the boxes in the Domains. It does not automatically add up the boxes checked in the Domains. The narrative section can be expanded and includes spell check.
- ◆ Add form 470-5067, *Record of Emergency Protective Court Orders Served*, to provide a record of when DHS serves emergency petitions and court orders in person to the dependent adult and by mail to the power of attorney for health care for the dependent adult or a relative of the dependent adult.

- ◆ Change the address of the Central Abuse Registry from 401 SW 7th Street, Suite G, to PO Box 4826 on the following forms:
 - 470-2444, *Adult Protective Notification*
 - 470-0612, *Request for Dependent Adult Abuse Registry Information*
 - 470-4531, *Authorization for Release of Dependent Adult Abuse Information*
 - 470-2310, *Record Check Evaluation*
 - 470-2310(S), *Record Check Evaluation (Spanish)*
- ◆ Update the letterhead on the following forms:
 - 470-3944, *Dependent Adult Abuse Notice of Intake Decision*
 - 470-4800, *Notice Concerning Suspected Abuse*
 - 470-3326, *Dependent Adult Abuse Information Request*
 - 470-3860, *Dependent Adult Abuse Checklist for Facility, Agency or Program*

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 16, Chapter G, Appendix:

<u>Page</u>	<u>Date</u>
Title page	July 7, 1998
Contents (page 1)	November 6, 2009
8	November 12, 2002
470-3944	6/09
470-4800	5/09
470-3326	6/09
470-3860	6/09
8d	September 25, 2009
470-2444	10/09
17	August 1, 2008
18	April 3, 2009
470-0612	6/10
19	August 12, 2003
20	September 25, 2009
21, 22	November 6, 2009
470-4531	6/10
470-2310	6/10
470-2310	6/10

Additional Information

Refer questions about this general letter to your social work administrator.

Revised October 14, 2011

Employees' Manual
Title 16
Chapter G Appendix

DEPENDENT ADULT PROTECTIVE SERVICES APPENDIX



	<u>Page</u>
Suspected Dependent Adult Abuse Report, Form 470-2441	1
Dependent Adult Abuse Intake, Form 470-0657	2
Dependent Adult Abuse Notice of Intake Decision, 470-3944	8
Notice Concerning Suspected Abuse, Form 470-4800.....	8a
Dependent Adult Abuse Information Request, Form 470-3326.....	8b
Dependent Adult Abuse Checklist for Facility, Agency or Program, Form 470-3860	8c
Dependent Adult Assessment Tool, Form 470-4841.....	8d
Safety Plan for At-Risk Adult, Form 470-4835.....	8e
Dependent Adult Protective Extension Notification, Form 470-3246.....	9
Dependent Adult Abuse Evaluation or Assessment Report, Form 470-0688	10
Dependent Adult Abuse Report Request for Extension, Form 470-0627	16
Record of Emergency Protective Court Orders Served, Form 470-5067	17
Adult Protective Notification, Form 470-2444.....	18
Request for Dependent Adult Abuse Registry Information, Form 470-0612.....	19
Dependent Adult Abuse Multidisciplinary Team Agreement, Form 470-2328	20
Periodic Visit Documentation, Form 470-4837	21
Authorization for Release of Dependent Adult Abuse Information, Form 470-4531	22
Record Check Evaluation, Form 470-2310 and 470-2310(S)	33
Non-Redissemination Agreement, Form 470-3767	34
Review Decision for Dependent Adult Abuse, Form 470-4074.....	35
Dependent Adult Abuse Intake Guidance Tool, Form 470-4456.....	36
Dependent Adult Protection Handbook, Comm. 96.....	37
Dependent Adult Abuse: A Guide for Mandatory Reporters, Comm. 118	38
Facility, Agency, and Program Evaluation Handbook, Comm. 195	39

[Dependent Adult Abuse Notice of Intake Decision, 470-3944](#)

Purpose	Form 470-3944 is used to provide written notification to all reporters of dependent adult abuse of the decision made by the Department about whether or not to accept their report of dependent adult abuse.
Supply	Complete this form on line using the template in the public state approved forms folder on Outlook under service.
Completion	The supervisor making the determination to reject or accept a report for evaluation or assessment completes the form.
Distribution	Send one copy to the reporter. Maintain a copy with the <i>Dependent Adult Abuse Services Intake</i> , form 470-0657. Destroy rejected intakes and notices after three years.
Data	Enter: <ul style="list-style-type: none">◆ The date of notification.◆ The name of the reporter.◆ The reporter's address.◆ The name of the county office making the decision.◆ The date on which the report was received.◆ The name of the dependent adult named in the report. <p>Check the applicable box to indicate whether the report of dependent adult abuse is being accepted or rejected.</p> <p>If the report is being rejected, check the applicable boxes to indicate the reason why the report has not been accepted and suggestions that you made to the reporter about contacting other agencies.</p>



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Dependent Adult Abuse Notice of Intake Decision

You made a report of suspected dependent adult abuse to the _____ county office on _____, regarding _____.

- The report of suspected dependent adult abuse you made has been accepted for evaluation or assessment. The report must be completed within 20 working days from the date of referral, unless an extension is granted for just cause.
- The report of suspected dependent adult abuse you made will **not** be evaluated by Department of Human Services protective service staff because:
 - The person who is the subject of the suspected abuse is not a dependent adult.
 - The person alleged responsible for the abuse is not a caretaker of the dependent adult.
 - The reported allegation does not constitute dependent adult abuse under Iowa law.
 - The information provided is insufficient to infer that dependent adult abuse has occurred.
 - The reported allegation was previously accepted for evaluation or assessment on _____.

As a result of your report, we have forwarded information to:

- The county attorney's office
- Law enforcement

Your concerns may best be addressed by you contacting:

- Community-based services
- Law enforcement
- Local Area Agency on Aging
- An attorney
- Local domestic violence center
- Local central point of coordination
- Other services:

Thank you for bringing your concerns to our attention.

Sincerely,

Protective Services Supervisor
470-3944 (Rev. 10/11)

Date

FREQUENTLY ASKED QUESTIONS

The purpose of the dependent adult abuse program is to provide the greatest possible protection to victims or potential victims of abuse through encouraging the increased reporting of suspected cases of dependent adult abuse and ensuring the thorough and prompt evaluation or assessment of these reports.

Making a report of dependent adult abuse may be a stressful event, since you may not fully know what action may come as a result of your report. The following are frequently asked questions:

What is dependent adult abuse?

Iowa law identifies dependent adult abuse as any of the following, if it is the result of acts or omissions of the dependent adult's caretaker:

- ◆ **Physical abuse:** Physical injury to, or injury which is at variance with the history given of the injury, or unreasonable confinement, unreasonable punishment, or assault of a dependent adult.
- ◆ **Sexual abuse:** Commission of a sexual offense under the sexual abuse criminal chapters of the Code.
- ◆ **Financial exploitation:** Taking unfair advantage of a dependent adult's physical or financial resources for one's own personal or pecuniary profit, without the dependent adult's informed consent, including theft, by the use of undue influence, harassment, duress, deception, false representation, or false pretenses.
- ◆ **Denial of critical care:** Failing to provide adequate food, shelter, clothing, supervision, physical or mental health care or other care necessary to maintain a dependent adult's life or health.
- ◆ **Self denial of critical care:** The dependent adult fails to provide him or herself adequate food, shelter, clothing, supervision, physical or mental health care or other care necessary to maintain a dependent adult's life or health.

Is the dependent adult told who made the report?

No. Iowa law does not permit the protective services worker or the Department to disclose who made the dependent adult abuse report. However, a court may order the Department to identify the reporter.

Will the dependent adult be removed from the current living arrangement?

Removal of a dependent adult from the current living situation is considered to be a last resort. Removal is considered only if the dependent adult is in immediate need of medical or other care necessary to meet daily needs that cannot be met in the current living arrangement. The Department of Human Services does not have the legal authority to remove a dependent adult. If a removal is necessary, the Department must seek the assistance of law enforcement and obtain a court order.

What if I disagree with a decision to reject the report of suspected dependent adult abuse?

A protective services supervisor makes the decision to reject a report of suspected dependent adult abuse. If you disagree with the decision to reject a report, you may request to speak with the human service area administrator.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Date:

To:

Notice Concerning Suspected Abuse

Concerning: [alleged abused dependent adult]

County:

State ID:

The Abuse Intake Unit received and accepted for evaluation or assessment a report of abuse regarding the person named above. I think you may have relevant and useful information regarding the concerns reported regarding this person.

You may release information to me without a signed release of information, pursuant to Iowa Code section 235B.3, paragraph 9, which states, "*The department may request information from any person believed to have knowledge of a case of dependent adult abuse. The person, including but not limited to a county attorney, a law enforcement agency, a multidisciplinary team, a social services agency in the state, or any person who is required pursuant to subsection 2 to report dependent adult abuse, whether or not the person made the specific dependent adult abuse report, shall cooperate and assist in the evaluation upon the request of the department.*"

Please call me at the number listed below.

Sincerely,

[worker name]
Adult Protective Services Worker
[phone number]



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

┌

┐

Date:

└

┘

DEPENDENT ADULT ABUSE INFORMATION REQUEST

CONCERNING:

I am conducting a dependent adult abuse evaluation or assessment on the above-named person. It has come to my attention that your records include information pertinent to the evaluation or assessment.

Iowa Code Chapter 235B, *Adult Abuse*, states that you may release this information to me without a signed release of information. Specifically, Section 235B.3, subsection 7 states:

“The department may request information from any person believed to have knowledge of a case of dependent adult abuse. The person, including but not limited to a county attorney, a law enforcement agency, a multidisciplinary team, or a social services agency in the state shall cooperate and assist in the evaluation upon the request of the department.”

The information that I need is:

I appreciate your cooperation in assisting our efforts to protect this person from dependent adult abuse. You may send the information to:



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

DEPENDENT ADULT ABUSE CHECKLIST FOR FACILITY, AGENCY OR PROGRAM

DATE:

TO: Facility, Program or Agency Director, Administrator, or Other Person in Charge

ATTENTION:

FROM: Department of Human Services

SUBJECT: Allegation of Dependent Adult Abuse in Facility, Program or Agency

There has been an allegation of abuse of a dependent adult in this facility, agency or program. It is necessary to arrange for the safety of any alleged victims and others that may be at risk of harm.

Plan of action:

- Arrange for safety of alleged victim and others
- Arrange interviews with alleged victims
- Identify a contact person
- Identify others who need to be interviewed
- Other: _____

Please arrange to make the following documents available to the DHS Protective Service Worker:

- Table of organization
- Staffing records for specified dates
- Relevant policy and procedure of facility, program or agency
- Relevant internal logs including medical logs
- Relevant incident reports
- Dependent adult's case record
- Internal review
- Other: _____

Please arrange to make the following information from alleged perpetrator's personnel file available to the DHS protective service worker:

- Job description including requirements and responsibilities
- Clarifications, reprimands, and disciplinary actions
- Dependent adult abuse registry check and criminal history check
- Policy and procedure 'check list'
- Relevant training history
- Mandatory reporter training certificate
- Other: _____

470-3860 (Rev. 10/11)

[Dependent Adult Assessment Tool, Form 470-4841](#)

Purpose Form 470-4841 is used to determine if the adult being evaluated or assessed due to an allegation of abuse is “dependent” and if the adult’s health or safety is at risk.

Supply Complete this form on line using the template in the public state approved forms folder on Outlook under “Service.” This form may also be printed from the sample in the manual.

Completion The protective worker with responsibility for completing the dependent adult abuse report completes the form on the alleged victim during the evaluation or assessment.

Distribution Keep the form in the case file and add the information to the SODA database.

Data Enter the adult’s name and check if there is a legal decision maker or payee.

Complete the contact information.

Medical and Physical Issues. Enter medical information.

Health Conditions. Check the boxes that most clearly describe the overall conditions of the adult; any existing allergies; issues with hearing; issues with vision; and orientation.

Risk Assessment Domains. Check the boxes that most clearly describe the adult.

Narrative Assessment. Complete narrative assessment of the adult’s ability to obtain services necessary to meet essential human needs.

Disposition. Check the box that most closely describes your assessment of the adult’s dependency and risk.



Iowa Department of Human Services

Record of Emergency Protective Court Orders Served

Name of Dependent Adult:		Registry Number:
Relationship to Dependent Adult:	<input type="checkbox"/> In person <input type="checkbox"/> Mail	Date:

Record of Emergency Protective Court Orders Served, Form 470-5067

Purpose	Form 470-5067 provides a record of when DHS serves emergency protective petitions and court orders in person to the dependent adult and by mail to the power of attorney for health care for the dependent adult or a relative of the dependent adult.
Supply	Form 470-5067 may be completed on line using the template available in Outlook under Public Folders: All Public Folders: State-Approved Forms. This form may also be printed from the sample in the manual.
Completion	The protective services worker completes the form whenever a petition and emergency court order is served in person to the dependent adult and by mail to the power of attorney for health care for the dependent adult or a relative.
Distribution	Provide the original to the court. Keep a copy in the protective services case file.
Data	Enter the dependent adult's name, the registry number of the abuse report, and date the court order was served in the boxes. Click on the dropdown box to indicate the relationship to the dependent adult. Click the box to indicate whether the petition and court order were served in person or by mail.

[Adult Protective Notification, Form 470-2444](#)

Purpose	<p>The <i>Adult Protective Notification</i> form is used to:</p> <ul style="list-style-type: none">◆ Notify the subjects of the report of the results in a dependent adult abuse evaluation or assessment.◆ Provide a simple means for subjects of an evaluation or assessment to obtain a copy of a report.◆ Notify a mandatory reporter of the results of a dependent adult abuse evaluation or assessment.
Supply	<p>Form 470-2444 may be completed on line using the template available in Outlook under Public Folders: All Public Folders: State-Approved Forms.</p>
Completion	<p>The worker doing the evaluation or assessment completes this form within 48 hours of completion of the <i>Dependent Adult Abuse Evaluation or Assessment Report</i>, 470-0688. Complete separate forms for each subject of the report and for the mandatory reporter, if applicable.</p>
Distribution	<p>Send a copy to the subject or mandatory reporter and to the Central Abuse Registry. Maintain a copy of each notice in the case file.</p>
Data	<p>Enter:</p> <ul style="list-style-type: none">◆ The date.◆ The registry number (automatically entered on second page).◆ The incident number.◆ Your name and address.◆ Your supervisor's name.◆ Your office phone number.◆ A check for the role of the person.◆ Whether this notice is about an addendum.◆ Your finding (founded, unfounded, or confirmed, not registered).◆ The type of allegation.◆ The name of the dependent adult.◆ The names of the persons responsible for the abuse if founded.

Date: _____

Registry Number: _____

Incident Number: _____

Adult Protective Notification

IF YOU HAVE QUESTIONS OR CONCERNS ABOUT THIS NOTICE PLEASE CONTACT:

Protective Service Worker
Protective Services Unit Address
Protective Services Supervisor
Telephone

You have the right to be notified about an adult protective evaluation or assessment's outcome because:

- You are the alleged victim of dependent adult abuse.
 - You are the guardian of a dependent adult who is the alleged victim of abuse.
 - You are the alleged person responsible for dependent adult abuse.
 - You are the mandatory reporter for this evaluation or assessment.
- OR:** An addendum has been submitted for this report.

An evaluation or assessment report (or addendum) has been submitted with the following conclusions:

- The allegation of _____ was FOUNDED. This means that a preponderance of the available evidence indicates that abuse occurred. Founded reports are kept on the Central Abuse Registry for ten years (or ten years after the most recent founded report on the same victim or alleged perpetrator), and then sealed except for self-denial of critical care reports, which are kept in the local case file.
- The allegation of self-denial of critical care was FOUNDED. This means a preponderance of evidence indicates abuse occurred. Founded self-denial of critical care reports are kept in the local case file and not placed on the Central Abuse Registry.
- The allegation of _____ was UNFOUNDED. This means that there was not a preponderance of evidence to conclude that abuse occurred. Unfounded reports are expunged (destroyed) five years from the date they were unfounded.
- The allegation of _____ was CONFIRMED, NOT REGISTERED. This means there is a preponderance of evidence to conclude abuse occurred, however it was minor, isolated and unlikely to reoccur and will not go on the Registry. The report will be kept in the local office and expunged after five years, unless there is another report. If there is another report it will be kept and sealed ten years from the date of the subsequent report.

NOTE: A preponderance means more than half of the available evidence.

PLEASE READ THE BACK OF THIS NOTICE if you are a subject of this report and would like more information about your rights. *Subjects of dependent adult abuse evaluations or assessments have a right to receive a copy of the dependent adult abuse report which refers to them.* If you are listed above as a subject, or the guardian of a subject, you may complete the back of this form and return it to the DHS office address above to request a copy of this report.

This evaluation or assessment concerns:

Name of Alleged Victim:

Name(s) of Person(s) Alleged to be Responsible for the Abuse:

ACCESS TO DEPENDENT ADULT ABUSE INFORMATION: If you are a mandatory reporter who reported the allegations which were evaluated or assessed in the report referenced on the front of this form, or if you are the subject of a report (dependent adult victim, person found to have abused a dependent adult, guardian of a dependent named as abused in the report) or the lawyer representing any subject, you have a right to information from that report. A limited number of professionals or agencies may also receive dependent adult abuse information under certain circumstances, but confidentiality of dependent adult abuse information is protected by law. (Iowa Code Section 235B.6)

REDISSEMINATION: A person who receives dependent adult abuse information may not give that information to another person, unless permitted by law. If you give dependent adult abuse information to another person, you should make a written record of this action and send it within 30 days to the Central Abuse Registry, PO Box 4826, Des Moines, Iowa 50305. (Iowa Code Section 235B.8)

CRIMINAL PENALTIES: Any person who tries to obtain dependent adult abuse information under false pretenses, who gives false dependent adult abuse information, or who violates release of dependent adult abuse information laws may be charged with a misdemeanor. (Iowa Code Section 235B.12)

EFFECT OF A FOUNDED DEPENDENT ADULT ABUSE EVALUATION REPORT: If you are found to be responsible for the abuse of a dependent adult, you may be prohibited from providing care for dependent adults. You may also be prohibited from working in a health care facility. Any prohibition will be dependent on the Department's evaluation of the report. A founded dependent adult abuse record is not a criminal conviction. (Iowa Code Sections 235B.6(2))

REQUESTS FOR CORRECTION OF A DEPENDENT ADULT ABUSE REPORT: If you are the subject of a dependent adult abuse report that is founded, unfounded, or confirmed, not registered and you believe that the conclusion or any part of the report is in error, you may request correction or expungement of that report. To make such a request, you must send a *written and signed* statement which tells why you disagree with the report to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut, Des Moines, Iowa 50319-0114. You must send this written statement within *six months of the date of the notification on Page 1 of this form*. (Iowa Code Section 235B.10)

TO REQUEST A COPY OF THE DEPENDENT ADULT ABUSE REPORT, PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN ONE COPY OF THIS FORM TO THE PROTECTIVE SERVICE WORKER'S ADDRESS ON THE FRONT OF THIS FORM.

The information on page 1 of this form is important to help Department staff locate the report you are requesting. A duplicate copy of this notice is provided so that you may use one copy to request your report, and keep another for your records. **Please send one copy to the protective service worker's address, and keep one copy for your records. If you must send a photocopy, please copy page 1 of this form as well.**

Name of Requester	Date of Request	Registry Number(s)	Incident Number(s)
Address			
Why are you requesting this information?			
If there is more than one report on record, would you like copies of all reports? <input type="checkbox"/> Yes <input type="checkbox"/> No			

COUNTY DHS STAFF: The Central Abuse Registry hereby grants permission to release the requested report to a subject of that report (or that person's attorney), as soon as the identity and subject status of the requester are verified.

Request for Dependent Adult Abuse Registry Information

To request information about dependent adult abuse, complete this form and mail it to: **Central Abuse Registry, Iowa Department of Human Services, PO Box 4826, Des Moines, IA 50305.**

Note: Information will be released only to people who have access to it under Iowa Code section 235B.6.

Criminal Penalties (Iowa Code section 235B.12)

1. Any person who willfully requests, or seeks to obtain dependent adult abuse information under false pretenses, or who willfully communicates or seeks to communicate dependent adult abuse information to any agency or person except in accordance with Iowa Code section 235B.6 and 235B.8, or any person connected with any research authorized pursuant to Iowa Code section 235B.6 who willfully falsifies dependent adult abuse information or any records relating thereto, is guilty of a serious misdemeanor. Any person who knowingly, but without criminal purposes, communicates or seeks to communicate dependent adult abuse information except in accordance with Iowa Code section 235B.6 and 235B.8 shall be guilty of a simple misdemeanor.
2. Any responsible grounds for belief that a person has violated any provision of this chapter shall be grounds for the immediate withdrawal of any authorized access such person might otherwise have to dependent adult abuse information.

Redissemination of Dependent Adult Abuse Information (Iowa Code section 235B.8)

A recipient of dependent adult abuse information shall not redisseminate (release) the information, except when all of the following conditions apply:

1. The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
2. The person to whom the information would be redisseminated would have independent access to the same information under Iowa Code section 235B.6.
3. A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
4. The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

Name of person making request:		Office phone:	
Office address:			
Position and basis for authorization (Code 235B.6):			
Information requested concerning (name—first, middle, last):		Social security number:	Birth date:
Maiden name or alias (if applicable):	Address:		
What information is requested:			
Date	Signature		
To be completed by Registry personnel			Date:
<input type="checkbox"/> Request approved by:			
<input type="checkbox"/> Request denied because:			
Information released:			

Request for Dependent Adult Abuse Registry Information, Form 470-0612

Purpose	Form 470-0612 is provided for authorized persons to request information from the Central Abuse Registry.
Supply	DHS staff may complete this form on line using the template in Outlook or print or photocopy the form from the sample in the manual.
Completion	The person requesting information concerning a dependent adult that has been reported as abused completes this form.
Distribution	<p>Send the form to the Registry for approval before releasing dependent adult abuse information, except when information is needed immediately as provided in 16-G, Requests for Dependent Adult Abuse Information.</p> <p>The Registry completes the form indicating approval or denial of the request. The Registry returns the form to the requestor when:</p> <ul style="list-style-type: none"> ◆ The request is an employment check, or ◆ The local office no longer has a copy of the report, or ◆ The request is delivered personally to the Registry, or ◆ The request is denied. <p>For other requests, the Registry returns the form to the local office. The local office provides the information that has been authorized for release to the person making the request.</p> <p>Note: Do not release the social security numbers of either the dependent adult or the person responsible for the abuse. Delete them when you release a copy of form 470-0688, <i>Dependent Adult Abuse Evaluation or Assessment Report</i>.</p>
Data	<p>The requester completes:</p> <ul style="list-style-type: none"> ◆ Name, phone number, and address of the requestor. ◆ Position and basis for authorization to receive the information. ◆ First, middle, and last name of the person the request is about. ◆ That person's maiden name or alias. ◆ That person's social security number, birth date, and address. ◆ The reason for the request. ◆ The date and the requestor's signature.

[Dependent Adult Abuse Multidisciplinary Team Agreement, Form 470-2328](#)

Purpose	The purpose of form 470-2328 is to formulate an agreement between the Department and various individuals and agencies for the purpose of providing a coordinated response to dependent adult abuse evaluation, assessment and services.
Supply	This form may be completed on line (except for signatures) using the template in Outlook under Public Folders: All Public Folders: State Approved Forms: Service. Otherwise, photocopy the form from the sample in this appendix.
Completion	<p>All parties of the multidisciplinary team must sign during the formulation of a multidisciplinary team and before the dissemination of any individual dependent adult abuse information.</p> <p>Each agreement must be signed again by all parties at least annually (within one year after the effective date noted on the agreement), with final approval by the service area administrator or designee.</p>
Distribution	The service area administrator or designee maintains one copy, furnishes one copy to the Central Abuse Registry, and gives a copy to each team member.
Data	<p>Complete the name of the team members and the date of the agreement.</p> <p>Additional lines may be added for the signature of team members.</p>

Periodic Visit Documentation, Form 470-4837

Purpose	Form 470-4837 is used to document periodic visits to at-risk adults who are identified as being at risk of health or safety and require periodic visits to reassess risk.
Supply	This form may be completed on the System on Dependent Adults (SODA) data system. Supplies of the form may also be printed from the sample in the manual.
Completion	The field worker with responsibility for completing the dependent adult abuse report completes the form for adults who have been identified as being at risk for health or safety. Complete the form following each periodic visit.
Distribution	Keep the form in the case file.
Data	Enter the registry number and the name of the at-risk adult. Record a narrative of the visit.

[Authorization for Release of Dependent Adult Abuse Information, Form 470-4531](#)

Purpose	Form 470-4531 provides a means for persons who do not have access to dependent adult abuse information to request a background check when the person being checked agrees and signs the form.
Supply	This form is available on the Department's home web page: http://www.dhs.iowa.gov/ . Click on "Public Information:," then click on "DHS Forms" and then scroll down to "Background Checks." The form may be completed on the web page and then printed off.
Completion	The person who is requesting the background check initiates this form. The person being checked provides the needed information and signs the form to authorize the Department to release the information. Central Registry staff complete the background check.
Distribution	The person requesting the background mails or faxes the form to the Central Abuse Registry. Registry staff complete the background check and mail or fax it back to the requester.
Data	The data is entered by the person being checked, the person requesting the background check and Registry staff.

Authorization for Release of Dependent Adult Abuse Information

This form must be used to authorize release of dependent adult abuse information when the person requesting the information does not have independent access to it in Iowa law. Complete a separate form for each person about whom information is requested. Send the original to the Central Abuse Registry, Iowa Department of Human Services, PO Box 4826, Des Moines, IA 50305 or fax to 515-242-6884.

To be completed by the person requesting information:

Requester			
Address			
City	State	Zip Code	Phone Number

The information concerns:

Name (first, middle initial, last)			
Maiden Name or Alias (if applicable)	Birth Date	Social Security Number	
Address			
City	State	Zip Code	County

What is the purpose of your request for dependent adult abuse information?

I have read and understand the legal provisions for handling dependent adult abuse information that are printed on the second page of this form.

Signature	Date
-----------	------

To be completed by the person authorizing the Department of Human Services to release dependent adult abuse information:

Signature	Date
-----------	------

To be completed by the Central Abuse Registry or designee:

- The person named above is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person named above is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- This request for information is denied because the form is incomplete.

Signature	Date
-----------	------

Comments:

Legal Provisions for the Handling of Dependent Adult Abuse

Redissemination of Dependent Adult Abuse Information, Iowa Code 235B.8

A person, agency, or other recipient of dependent adult abuse information shall not redisseminate (release) this information. However, redissemination is permitted when all of the following conditions apply:

- The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- The person to whom the information would be redisseminated would have independent access to the same information under Iowa Code section 235B.6.
- A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

Criminal Penalties, Iowa Code 235B.12

Any person is guilty of a criminal offense when the person:

- Willfully requests, obtains, or seeks to obtain dependent adult abuse information under false pretense.
- Willfully communicates or seeks to communicate dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235B.6 through 235B.8.
- Is connected with any research authorized pursuant to Iowa Code section 235B.6 and willfully falsifies dependent adult abuse information or any records relating to dependent adult abuse.

Upon conviction for each offense, the person shall be punished by a fine of up to \$1,000 or imprisonment for not more than two years, or by both fine and imprisonment.

Any person who knowingly, but without criminal purposes, communicates, or seeks to communicate dependent adult abuse information except in accordance with Iowa Code sections 235B.6 and 235B.8 shall be fined not more than \$100 or be imprisoned not more than ten days for each such offense.

Pages 23 through 32 are reserved for future use.

Record Check Evaluation

Date: _____

To:

HEALTH CARE FACILITIES AND HCB WAIVER PROGRAMS:
 Complete Part A. Fill in your agency name, address, and hiring person in Part B. Have the person being evaluated complete Part C and Part D of the form and return it to you. Then address and mail it to:
 Department of Human Services
 Central Abuse Registry
 PO Box 4826
 Des Moines, Iowa 50305

Name of person being evaluated: _____

A. A background check has revealed:

- A founded child abuse report placed on the Child Abuse Registry.
- A founded dependent adult abuse report.
- A criminal conviction.
- Other, specify: _____

B. Please complete Page 2 of this form to enable the Department to further assess the report and return the form to:

DHS or Agency Office	Attention	Phone	
Street	City	State	Zip Code

C. RESPONSE (completed by person requesting evaluation):

- I do not wish to have the report assessed further because:
 - I am withdrawing my application.
 - I will not be involved in any of the situations listed below.
- I wish to have the report evaluated to determine if:
 - I can be approved as an adoptive parent.
 - I can be licensed or registered for child day care.
 - The family with whom I live can be a registered home or a licensed center for child day care.
 - I can be licensed for foster care.
 - The family with whom I live can be licensed for foster care.
 - I can work or volunteer in a foster care facility, a child care center, or a public institution under DHS.
 - I can work in a licensed health care facility.
 - I can work in an HCB waiver program.

D. Description of the Incident *(completed by person requesting evaluation):*

1.	Describe type of crime, child or dependent adult abuse or transgression in which you were involved.
a.	Date:
b.	Location:
c.	Circumstances:
d.	Others involved, including the victim:
e.	Age of the victim:
2.	Describe your efforts to change your behavior or correct the situation. Include restitution, time in jail, parenting classes, counseling, therapy, or other things that you have done. (You may attach supporting documents.)
3.	Explain why you think your application should be approved in spite of the abuse or crime described above.
4.	If the Department has ever previously evaluated your record, give the date, place, position sought, and results.

I realize that this information may be verified with local law enforcement agencies, the district court, or other persons having knowledge of the incident.

Name <i>(signature)</i>	Telephone	Date	
Street	City	State	Zip Code

Record Check Evaluation (Evaluación de Cheque del Registro)

Fecha:

A:

**HEALTH CARE FACILITIES AND
HCB WAIVER PROGRAMS:**

Complete Part A. Fill in your agency name, address, and hiring person in Part B. Have the person being evaluated complete Part C and Part D of the form and return it to you. Then address and mail it to:

Department of Human Services
Central Abuse Registry
PO Box 4826
Des Moines, Iowa 50305

Nombre de la persona que se evalúa:

A. Una verification de base ha revelado:

- Un reporte de abuso de niño fundado puesto en el Registro de Abuso de Niño.
- Un reporter de abuso de adulto dependiente fundado.
- Una prueba de culpabilidad delictiva.
- Otros, especificar: _____

B. Por favor complete *Página 2* de esta forma para habilitar que el Departament termine de evaluar el informe y devuelva la forma a:

DHS o Oficina de Agencia	Attention	Teléfono	
Domicilio	Ciudad	Estado	Código Postal

C. CONTESTACIÓN (completado por cada persona que pide evaluación):

- Yo no deseo tener el reporte evaluado más porque:
 - Yo estoy retirando mi aplicación.
 - Yo no estare envuelto en cualquiera de las situaciones listo abajo.
- Yo deseo tener el reporte evaluado para determinar si:
 - Yo puedo ser aprobado como un padre adoptivo.
 - Yo puedo ser autorizado o registrado para el cuidado de niño.
 - La familia con quien yo vivo puede ser una casa registrada o un centro autorizado del cuidado de niño.
 - Yo puedo ser autorizado para "foster care."
 - La familia con quien yo vivo puede ser licenciada para "foster care."
 - Yo puedo trabajar o ser voluntario en una facilidad del cuidado de crianza, un centro de cuidado de niño, o una institución pública bajo DHS.
 - Yo puedo trabajar en una facilidad de cuidado de salud autorizado.
 - Yo puedo trabajar en un programa HCB Waiver.

D. La descripción del incidente (completada por la persona pidiendo la evaluación):

1.	Describa el tipo de crimen o abuso o transgresión de niño o adulto dependiente en el cual usted estuvo involucrado.
a.	Fecha:
b.	Ubicación:
c.	Circunstancias:
d.	Otros involucrados, incluyendo la víctima:
e.	Edad de la víctima:
2.	Describa sus esfuerzos para cambiar su comportamiento o corregir la situación. Incluya restitución, tiempo en cárcel, clases para padres, consejero, terapia, o otras cosas que usted ha hecho. (Usted puede adjuntar documentos justificativos.)
3.	Explica por qué usted piensa que su aplicación debe aprobarse a pesar del abuso o el crimen descrito más arriba.
4.	Si el departamento ha evaluado previamente su registro, de la fecha, lugar, la posición solicitada, y resultados.

Yo comprendo que esta información puede verificarse con las agencias de ejecución de la ley, la corte distrita, o otras personas que tienen conocimiento de la casualidad.

Nombre (<i>firma</i>)	Teléfono	Fecha	
Domicilio	Ciudad	Estado	Código Postal