Iowa Department of Human Services

REQUEST FOR CHILD ABUSE INFORMATION

Persons or agencies with authorized access to child abuse information must use this form to request information about a registered child abuse report. Complete a separate form for each family or individual.

SECTION I: To be completed by the person or agency requesting the information.

Requester: Last First or Agency Name			Telephone Number
RABINER TREATMENT CENTER			(515) 576-7388
Street: 1762 Johnson Avenue	City: Fort Dodge	State: IA	Zip Code: 50501

Relationship to the persons listed in Section II or III: **EMPLOYER**

I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form. I understand that this request will not be approved unless I have authorized access.

Signature of Requester:	Date
Michelle Hammersland	

Complete Section II if the purpose of this record check is employment, licensing or registration, or payment approval.

SECTION II: List the name and address of the person whose record is being checked.

Last First Middle	Birth Date	Social Security Number	
Street	City County	State	Zip Code

List maiden name, any previous married names, and any alias:

Complete Section III if the request is for a copy of the written summary of the abuse investigation or assessment.

SECTION III: Request for written summary.

Parent's Name(s): Last First Middle	County	Birth Date	Social Security Number	
Street	City		State	Zip Code

List maiden name, any previous married names, and any alias:

Children's Name(s) (Attach additional pages if necessary):

Last	First	Middle	County	Birth Date	Social Security Number

SECTION IV: Registry or designee decision.

☐ This request for information is approved.

☐ This request for information is denied because:

Signature	Date

Rabiner Treatment Center

Voluntary Affirmative Action Information

It is the policy of Rabiner Treatment Center, to provide equal employment opportunities to all qualified applicants and employees regardless of race, religion, color, sex, age, national origin, marital status, disability, special disabled veteran or Vietnam era veteran status.

Your completion of the information below is entirely voluntary. This information is requested solely to enable Rabiner Treatment Center to meet recordkeeping and affirmative action requirements under Executive Order 11246, as amended, Section 402 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, Section 503 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act. The information will be kept in strictest confidence.

Return this form to Human Resources, with your application. ***This information will not become a part of your personnel file. Inclusion or exclusion of any of the data will not affect any employment decision.***

Position(s) Applied For:_____

Date: _____

Name *(please print)*: _____

Gender *(check one)*: ☐ Male ☐ Female

Race/Ethnic Group *(check one)*:

☐ **White**: (not of Hispanic origin) A person with origins in any of the original peoples of Europe, North Africa, or the Middle East who is not of Hispanic origin.

☐ **Black**: (not of Hispanic origin) A person with origins in any of the black racial groups of Africa who is also not of Hispanic origin.

☐ **Hispanic**: A person of Mexican, Puerto Rican, Cuban, South American, or other Spanish culture or origin, regardless of race.

☐ **Asian or Pacific Islander**: A person with origins in any of the original people of the Far East, southeast Asia, the Indian subcontinent or the Pacific Islands, including China, Japan, Korea, the Philippine Islands and Samoa.

☐ **American Indian or Alaskan Native**: A person with origins in any of the original peoples of North American and who maintains cultural identification through tribal affiliation or community recognition.

Are you a Veteran: ☐ Yes ☐ No What Year(s) _____

Special Disabled Veteran: ☐ Yes ☐ No
A person entitled to disability compensation for a disability rated at 30 percent or more, or rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C. to have a serious employment handicap, or a person whose discharge or release from active duty was for disability incurred or aggravated in the line of duty.

Veteran of the Vietnam Era: ☐ Yes ☐ No
A person who (a) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge, or (b) was discharged or released from active duty because of a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

Disabled Individual: ☐ Yes ☐ No
A person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.