

Iowa Department of Human Services
Record Check Evaluation

A. Agency or Person Requesting Evaluation

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|------------------------------|------------------|-------|-------|----------|
| Agency Requesting Evaluation | Requestor's Name | Phone | Fax | |
| Street | City | | State | Zip Code |

The facility/person listed above is requesting a Record Check Evaluation (RCE) on the following person after a background check revealed a criminal conviction (or deferred judgment), founded abuse (child or dependent adult), or a combination thereof. *In order to complete the evaluation, we need to have all information, including the Form 2310, SING, and Rap Sheet. Please ensure that all forms are dated within the 30 day period. All evaluation materials must be sent in together.*

B. Person being Evaluated

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|--------------------------------------|-----------------------|--|
| Last Name, First Name Middle Initial | Maiden/Previous Names | Position Applying for/Reason for evaluation: |
|--------------------------------------|-----------------------|--|

The individual listed above requests an evaluation to determine whether they can be permitted to perform duties under "Position Applying for/reason for evaluation."

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

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|--------------------------------------|------------|--------|--------|-----------|
| Signature of person being evaluated: | Telephone: | Email: | Date: | |
| Street Address: | City: | | State: | Zip Code: |

C. Evaluation Determination

