

**IOWA HEALTH CARE FACILITY (135C) RECORD CHECK
FORM C**

To: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, Iowa 50319
Phone: (515) 281-5138
Fax: (515) 242-6876

From: Hope Haven Area Development Center
(Woodlake Group Home)
1307 Broadway
West Burlington, IA 52655
Phone: (319) 753-6701
Fax: (319) 754-0045

I am requesting an Iowa Criminal History/Child & Dependent Adult Abuse Check on:

Print legibly ALL NAMES USED			
REQUEST			
Last Name	First Name	Middle Name	
_____	_____	_____	
Last Name			

Last Name (Maiden)			
_____ / _____ / _____			
Date of Birth	Sex	Social Security Number	
_____	_____	_____ / _____ / _____	
Current Address	City	State	Zip Code
_____	_____	_____	_____

WAIVER

I hereby give permission for the below requesting official to conduct an Iowa Criminal History and Child & Dependent Adult Abuse check with the Division of Criminal Investigation and Iowa Department of Human Services.

Applicant Signature

Date

Human Resource Representative Signature

Date