

AVALON CENTER

APPLICATION FOR ADOPTION

APPLICANTS' NAMES:

Applicant #1

Applicant #2 Last First Middle

Last First Middle

ADDRESS:

Street City State Zip

TELEPHONE: Home _____

Applicant #1's work # _____ Applicant #2's work # _____

Applicant #1's cell # _____ Applicant #2's cell # _____

Applicant #1's Email _____ Applicant #2's Email _____

DATE OF MARRIAGE: (if applicable) _____ PLACE: _____

CHURCH MEMBERSHIP: (if applicable) _____ ADDRESS: _____

FAMILY INFORMATION:

NAME	Gender	DOB	BIRTHPLACE	RACIAL IDENTITY/NATIONALITY	SCHOOL	GRADE	Relationship to applicant(s)

REFERENCES: (no more than 3 references can be relatives)

1 _____
(Name) (Complete Address) (Relationship)

(Complete Email Address)

2 _____
(Name) (Complete Address) (Relationship)

(Complete Email Address)

3 _____
(Name) (Complete Address) (Relationship)

(Complete Email Address)

4 _____
(Name) (Complete Address) (Relationship)

(Complete Email Address)

5 _____
(Name) (Complete Address) (Relationship)

(Complete Email Address)

6 _____
(Name) (Complete Address) (Relationship)

(Complete Email Address)

I understand that falsification or omission of information on this application and personal information form is grounds for termination.

SIGNATURES:

(Applicant #1) Date: ____/____/____

(Applicant #2) Date: ____/____/____

\$130.00 Application Fee Enclosed

Please return to:
Avalon Center
705 North Main Street, Ste 2
Charles City, IA 50616
641-715-1183
iowa@avaloncenter.us

YEAR OF BIRTH		
OCCUPATION		
SIGNIFICANT HEALTH FACTORS		
BIRTH/ADOPTIVE/STEP		
IF LIVING, CURRENT ADDRESS		
IF DECEASED, DATE OF DEATH, CAUSE OF DEATH		

	SIBLING #1	SIBLING #2	SIBLING #3	SIBLING #4	SIBLING #5
NAME					
AGE					
SEX					
ADDRESS					
OCCUPATION					
MARITAL STATUS					
NUMBER OF CHILDREN					

CRIMINAL RECORD:

Many adoptions require approval by a branch of the United States Department of Justice. If you have a police record, please indicate below the nature of the record. A police record will not necessarily prevent you from adopting a child. However, it is imperative that your social worker be fully informed of any such factors in your background.

Have you ever received or sought the services of a professional counselor or psychiatrist? yes no
 If YES, for what reason? _____

Have you ever experienced problems with chemical or alcohol dependency?
 yes no

PERSONAL INFORMATION (Applicant #2)
(To be completed individually by adoptive applicants)

NAME: _____

RACIAL IDENTITY (OPTIONAL): _____

NATIONALITY: _____ CITIZENSHIP: _____

PREVIOUS MARRIAGES: (if applicable)
 (To Whom, Place of Marriage, Date of Marriage)

Terminated by: Death _____ Divorce _____ Date: _____

EDUCATION:

School/City/State	Dates Attended	Grade/Degree Completed

OCCUPATION: _____ JOB TITLE: _____

Present Employer _____ Date Employed: _____

Address: _____

Salary: _____ Other Income: _____

PREVIOUS EMPLOYMENT:

NAME OF EMPLOYER	DATES EMPLOYED	REASON FOR LEAVING

Have you ever experienced problems with chemical or alcohol dependency?
 yes no

If YES, please explain below: _____

HEALTH HISTORY (Do you have a history of):

	YES	NO	MEDICATION/TX
ALLERGIES			
BONE OR JOINT DISEASE			
CANCER			
CHEMICAL DEPENDENCY			
CONGENITAL DEFECTS			
CONVULSIVE DISORDERS			
HYPERTENSION			
DIABETES			
EMOTIONAL/MENTAL DISTURBANCES			
GASTROINTESTINAL DISORDERS			
HANDICAPPING CONDITION			
HEART OR CIRCULATORY DISEASE			
INFERTILITY			
KIDNEY AND URINARY DISORDERS			
NEUROLOGICAL IMPAIRMENT			
OBESITY			
RESPIRATORY DISEASE			
TUBERCULOSIS			

AYALON CENTER
DEVELOPING A PHOTOBOOK AND WRITING A BIRTH PARENT LETTER

All adoptive families are required to complete a photo book profile of their family that will be shown to prospective birth parents.

PHOTOBOOK:

Make four hardcover copies

8.5x11 maximum size or 6x8 as the smallest size, hard cover preferred

15-20 page maximum in length

Include pictures of your family, pets, hobbies, travel, etc. Anything that is important to you and your family is great to add!

Make sure to label all of the people in the pictures with first names only as we may not remember who's who!

1 formal picture and 1-2 casual pictures of you

Be sure to show your personality, hobbies, favorite football or sports teams, and any special activities you are involved in. This gives the birth family a better understanding of what kind of family you are.

Make sure you include all of the immediate family in the making of the book if possible (both parents if applicable and other children if applicable). Some children enjoy creating their own page.

The first page should be the birth parent letter.

Please use a family picture for the cover of the book

Keep it simple!

To ensure consistency in the profile books, please utilize one of these picture book websites (or similar computer program) listed below for creating your book. There is a cost for making these books which varies from company to company, around \$30 apiece on average. They look very professional and are a great way to introduce yourself to the birthparents.

www.picaboo.com

www.shutterfly.com

www.mixbook.com

BIRTH PARENT LETTER:

Writing a birth parent letter is one of the most difficult tasks that prospective adoptive parent(s) will do. The letter is your introduction to the birth mother/father and the first impression they will have of you. While there is no right way to write this letter, the following tips may help you begin.

Things to AVOID:

1. "I/We know you feel."
2. "I/We know how hard this is."
3. "I/We know this is a hard decision."
4. "This is such an important decision."
5. Including your full names, phone number or any other identifying information.
6. Referring to the birth parents as your "hero" or "angel" or the like; this puts too much pressure on them.
7. Using the word "grateful".
8. Using the term "biological family".

Things you SHOULD do:

1. "I/We cannot possibly understand how hard this must be for you" could be a way of wording #1-4 in the list above if you feel the need to say something along those lines.
2. Be yourself! There is no such thing as a perfect family. Every birth parent is looking for a different type of adoptive family. If something is important to you, include it. You never know what may catch a birth parent's attention!
3. Use your personality in your letter.
4. Keep your letter concise; one to two paragraphs is fine.
5. If you have previously adopted, it is a good idea to include the openness of your relationship with the other birth parents. You can include what you hope for in your relationship with the birthparents, leaving it open to their input

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Know Your Rights

Notice of Privacy Practices

This Notice of Privacy describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. PHI is information about you that may identify you and that relates to your past, present or future physical or mental health or conditions and related health care services. This Notice also describes your rights to access and control such information. This Notice describes the practices of all Family Resources, Inc. personnel.

This Social Service Agency in partnership with, or under subcontract to DHS provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Our Privacy Obligations

We are required by law to maintain the privacy of your PHI and to provide you with this Notice of our Privacy Practices and your legal rights with respect to PHI about you. We also are required to abide by the terms of this Notice or the notice that was in effect at the time the PHI was used or disclosed.

Permissible Uses and Disclosures of Your PHI

The following categories describe different ways that this Social Service Agency in partnership with, or under subcontract to DHS may use and disclose PHI without your written authorization.

Treatment

We may use and disclose your PHI to provide treatment and other services to you. We will also disclose your PHI to others who need it to provide you with health related treatment or services. We may disclose your health information among our clinicians and other staff who work at this Social Service Agency in partnership with, or under subcontract to DHS. For example, we may discuss your care at a case conference. In addition, we may contact you to provide appointment reminders, to inform you of possible treatment alternatives or options, or to inform you of health-related benefits or services that may be of interest to you. This contact may be by phone, writing, or e-mail and may involve leaving a message that could potentially be received or intercepted by others.

Health Care Operations

We may use and disclose your PHI for health care operations. These uses and disclosures are necessary to support the business activities of our practice and ensure that our patients receive quality care. We may use or disclose information about you for internal or external utilization review and/or quality assurance. We may disclose your PHI to others we contract with to provide administrative services. This includes lawyers, auditors, accreditation services, and consultants.

Emergency Situations

We may disclose PHI about you to an organization assisting in a disaster relief effort or emergency situation so that your family can be notified about your condition, status and location.

Research

Under certain circumstances, we may use and disclose PHI about you for research purposes. All research projects are subject to an approval process. We will obtain authorization from you before using or disclosing your individually identifiable health information unless the authorization requirement has been waived.

Public Health Activities

We may disclose your PHI for the following public health activities: (1) to prevent or control disease, injury or disability, (2) to report child or dependent adult abuse and neglect, (3) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of spreading a disease or condition.

Health Oversight Activities

We may disclose your PHI to a health oversight agency that oversees the health care system and is responsible for ensuring compliance with the rules of government health programs such as Medicaid and Medicare.

Judicial Proceedings

We may disclose your PHI in the course of a judicial or administrative proceeding in response to a court order or other lawful process. We may also use such information to defend ourselves in any actual or threatened action.

Law Enforcement

We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in



Contact Information:

Mason City:
Phone: 641-422-0070
Charles City:
Phone 641-715-1183

Iowa Department of Human Services

**PHYSICIAN'S REPORT FOR
FOSTER AND ADOPTIVE PARENTS**

If family members are under the care of separate physicians, complete a form for each member. The family should complete Part C before visiting the physician.

A. To the Physician:

The family named below plans to give care to children and has been asked to obtain this statement from their physician. Your assistance in verifying the fact that the family members are in sound health will assist us in completing the study of this family. Thank you.

Worker's Signature		DHS Office	
Father's Name		Mother's Name	
Children			
Street			
City	County	State	Zip Code

B. Physician's Statement:

- On the basis of my examination of the members of this family, each member is in sound health and there is no evidence of any communicable or infectious disease which would be detrimental to the well-being of a child placed in this home. The family's health would not prevent them from providing needed care to children.
- The following problems prevent me from signing the above statement and cause me to recommend against licensing as a foster family home or approval as an adoptive family.

Physician's Signature	Date
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DCI AND FINGERPRINTING INSTRUCTIONS

Attached you will find State of Iowa Criminal History Record Check Request Form. Everyone residing in your home ages 14 and above is required to complete one form in every legal name they have held. For example, if your maiden name was Leah Miller and your married name is Leah Weber, you will need to complete two forms, one in each name.

You will need to return a check made out directly to Avalon Center for these background checks as we process them online. Please submit \$15 per person for these background checks. As stated in the example above, I would submit one \$15 check for myself as we can run your married and maiden names at the same time with no extra charge. Running two last names does not cost extra.

X
Do This →
Attached you will also find Fingerprint Cards, please take them to your local Sheriff's Department to be fingerprinted. Everyone residing in your home ages 14 and above is required to complete one fingerprint card. You may want to call ahead to make an appointment to make sure that there will be someone present who can take your fingerprints. Many Sheriff's Departments charge a fee for taking your fingerprints. You will need to bring along identification such as a driver's license. You will also need to make sure you fill the card out completely and sign it before returning it to Avalon Center. You may also set up your fingerprinting online through FieldprintUSA.com. On their site, you can schedule your fingerprinting time at a location nearest to you and they will send you the results within 48 hours typically. The cost is \$50 per person

You will need to return a check made out directly to DCI for the fingerprint card processing. Please submit \$13.00 per fingerprint card in a check made out directly to DCI. Include all previous maiden and legal names on the fingerprint card.

Everyone ages 14 and over will also need to sign the enclosed waiver which needs to be returned to Avalon with your fingerprint cards and DCI forms.

Please do not bend or fold the fingerprinting card.

Updated 7-01-2019



STATE OF IOWA
Criminal History Record Check
Request Form



To: Iowa Division of Criminal Investigation
 Support Operations Bureau, 1st Floor
 215 E. 7th Street
 Des Moines, Iowa 50319
 (515) 725-6066
 (515) 725-6080 Fax

DCI Account Number: _____
 (if applicable)

From: Avalon Center
705 N. Main St. Ste #2
Charles City, IA 50616
 Phone: 641-715-1183
 Fax: 641-715-1184

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

Iowa Criminal History Record Check Results

(DCI use only)

As of _____, a search of the provided name and date of birth revealed:

- No Iowa Criminal History Record found with DCI
- Iowa Criminal History Record attached, DCI # _____

DCI initials _____

Avalon Center
Declaration of Child Abuse, Criminal History,
Parental Rights & Previous Home Studies
(to be completed by each person in the home age 13 and above)

In order to accurately determine whether a prospective adoptive parent may be licensed/or approved, it is important that this agency and the Department of Health and Human Services is aware of any incidences of child abuse, criminal violations, prior juvenile court action, and rejected or denied home studies. As part of the adoption approval process, we and Human Services will be completing child abuse, criminal record checks and sexual offender registry checks on all prospective adoptive parents and others 13 years and older residing in their home. As a supplement to those checks, you are requested to complete the information below. Use a separate form for each person over the age of 13 in the household. Any offenses will be individually evaluated to determine whether it prevents approval of the adoption homestudy.

- I have never been arrested for a criminal offense. (Including arrests for DWI, DUI, driving without a license, shoplifting, public intoxication, simple etc.)
- I have the following arrests. (Include charges, date and location)

- I have never had a confirmed child abuse report at any time.
- I have the following confirmed child abuse report. (Include date, name of victim and location)

- I have never had a registered child abuse report at any time.
- I have the following registered child abuse report. (Include date, name of victim and location)

- I have never lost custody or had my parental rights terminated on any children in my care.
- I have lost custody and/or had my parental rights terminated on children in my care. (Include date, name and ages of children, and specific circumstances surrounding this event.)

- I have never been rejected or the subject of an unfavorable home study.
- I have been rejected or the subject of an unfavorable home study. (Include date, agency completing study and specific information regarding this event.)

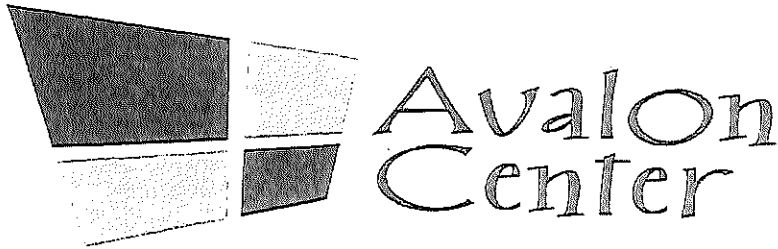
I agree that the above information is accurate and complete.

Signed: _____

Date: _____

Witness: _____

Date: _____



Providing Adoption and Counseling Services

CLIENT RIGHTS STATEMENT

Avalon Center has developed a basic client rights statement which embodies principals applicable to the professional relationship we have with those we serve, no matter which service activity may be involved. That statement informs the client as follows:

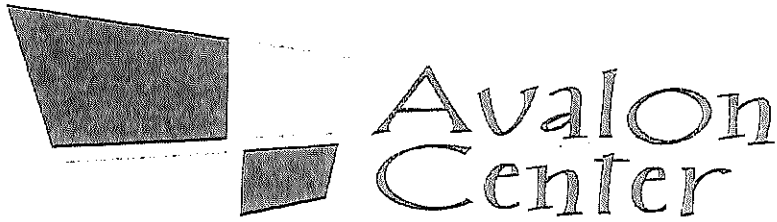
YOU HAVE THE RIGHT:

- To participate in the development of your services.
- To have any information you share with Avalon Center staff to be held confidential to the extent permitted by law.
- To know that the services you receive will be monitored by Avalon Center staff and the funder of our contract.
- To raise any concerns you have about the progress, content and outcomes of your services. If you are still not satisfied, you have the right to access the Avalon Center's grievance process, which will be explained to you in that event.
- To know any court, legal or funder limitations on your services and the consequences of lack of compliance with these limitations
- To have information provided in a form that is understandable to you.
- To refuse to accept Avalon Center's service, a specific component of service or treatment. Avalon Center staff will inform you of any consequences of your refusal, including whether your refusal will make it impossible for Avalon Center to continue to provide services to you.

I have been provided a copy of the Client Rights Statement. I have had an opportunity to ask questions or seek clarification.

Client Family signature(s) **X** _____ Date: _____
 _____ Date: _____

Keep in file and give client a copy if requested.



Avalon Center

Subject: Client Grievance & Appeals Procedure

It is the responsibility of all Avalon Center Staff to be aware of the Client grievance & appeals procedure and to be able to facilitate any Client use of the procedure, whether or not it is their action that is being grieved or appealed. A grievance occurs when there is dissatisfaction with a particular situation or issue. An appeal is in direct reference to a decision that was made. The procedure is as follows:

- 1) A Client may, at any time, request a conference with their worker who is providing services and their worker's supervisor. Such a request will be granted at the earliest practicable opportunity, but no less than five business days after the request.
- 2) If the concern is not resolved at the supervisory level a written grievance may be presented to the Director of Avalon Center. Personnel of the case will facilitate delivery of the document and will inform the Client of this responsibility. The Director will undertake or direct such investigation as may be necessary and will make a written decision within five business days. A copy of the determination will be provided to the Client.
- 3) A person (or representative for) who wish to appeal a policy or decision may certainly do so. Appeals Protocol: • Contact the Director in person or by phone at 641/715-1183 • Write to the Director at 705 N. Main Street, Ste #2 Charles City, Iowa 50616. You may also write to the board of directors directly at 9 2nd Street NW Mason City, Iowa 50401. The Director will meet with the person making the appeal, or schedule him/her with one or more of the board of directors within 5 business days. The Director will provide written notice to the person within 10 days of the meeting as to the outcome of the appeal.
- 3) An Avalon Center Staff providing direct service shall be knowledgeable of any external grievance/appeal procedures available to their clients.

I have been provided a copy of the grievance and appeal procedure. I have had an opportunity to ask questions or seek clarification.

Client Signature(s): X _____ Date: _____
X _____ Date: _____

Keep in file and give client a copy if requested

9 2nd Street NW 102, Mason City, Iowa 50401
Phone 641-422-0070 Fax 641-422-0060
iowa@avaloncenter.us www.avaloncenter.us

5631 South 48th Street, Ste 100, Lincoln, Nebraska 68516
Phone 402-853-1486
nebraska@avaloncenter.us www.avaloncenter.us

HIV General Agreement

Adoptive Parent Name(s)

I agree to accept an adoptive child who is known to:

- Yes No have AIDS
- Yes No have tested HIV positive.
- Yes No be at risk for HIV infection.

If Yes to the above:

I/We have will soon receive training in the care of children or youth who are HIV-infected.

I/We understand that although I/we have agreed to care for the HIV-infected children, I/we can refuse the placement of a specific child for reasons other than the child's HIV status.

I/We understand that I/we may withdraw this agreement at any time by notifying Avalon Center in writing of the decision to withdraw this agreement.

Adoptive Parent Signature	Date
---------------------------	------

Adoptive Parent Signature	Date
---------------------------	------

Social Worker Signature	Date
-------------------------	------

FINANCIAL STATEMENT

Applicant #1: _____

Applicant #2: _____

Annual Gross Income: Applicant #1: \$ _____

Applicant #2: \$ _____

Other Income: \$ _____

Assets: Value:

Vehicles \$ _____

Personal Property \$ _____

Real Estate: Residence \$ _____

Other \$ _____

Stocks/Bonds \$ _____

Savings Accounts \$ _____

Checking Accounts \$ _____

Total Assets: (not including income) \$ _____

Liabilities:	Monthly Payments	Total Owed
--------------	---------------------	---------------

Home Mortgage/Rent	\$ _____	\$ _____
--------------------	----------	----------

Loans (school, finance co., etc)	\$ _____	\$ _____
----------------------------------	----------	----------

Food & utilities (average monthly expenditures)	\$ _____	\$ _____
--	----------	----------

Credit cards	\$ _____	\$ _____
--------------	----------	----------

Other	\$ _____	\$ _____
-------	----------	----------

Total Liabilities:	\$ _____	\$ _____
--------------------	----------	----------

Net Worth: \$ _____

I attest that the above information is an accurate summary for our assets, liabilities and other information.

Signature

Signature

AVALON CENTER

ADDITIONAL REFERENCE CHECK AGREEMENT

I understand that AVALON CENTER will be checking with references other than those I may have provided. I agree to have checks performed for child abuse/sexual offender registry and criminal activity in other states if I have lived there and I agree to provide AVALON CENTER with information necessary to complete these checks. I further understand that the approval for adoption may be affected by the response of any reference received.

I have no objection to AVALON CENTER contacting references other than those that I included in the adoption packet.

Signature

____/____/____
Date

Signature

____/____/____
Date

Witness Signature

____/____/____
Date

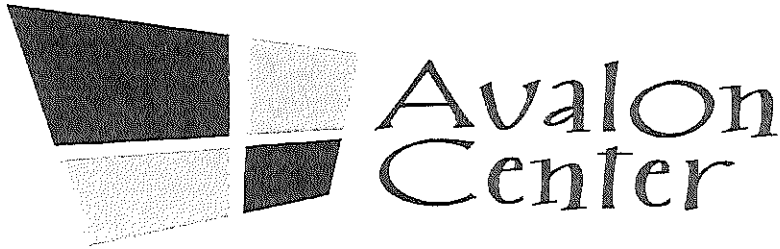
Avalon Center Adoptive Discipline Agreement

I understand that as an adoptive parent I am unable to utilize corporal punishment with any pre-adoptive children in my care. I understand that discipline must be handled with kindness and understanding. Use of corporal punishment or punishment that injures an pre-adoptive child may result in removal of the child from my home. I also understand that if discipline issues are a problem that it is my responsibility to notify Avalon Center staff to request assistance. I also understand that I cannot deprive an adoptive child of food as punishment nor subject them to verbal abuse, threats or derogatory remarks about their birth family.

Adoptive Parent Signature: _____ Date: _____

Adoptive Parent Signature: _____ Date: _____

Social Worker Signature: _____ Date: _____



A window into the past and pathway into the future
Providing Adoption and Counseling Services

CONSENT FOR THE RELEASE OF INFORMATION RELATED TO ADOPTION

I/We _____

Hereby authorize the Avalon Center in Iowa and Nebraska to disclose to the United States Immigration and Naturalization Service, Department of Human Services, Department of Health and Human Services, relevant courts, attorneys, orphanages or other legally constituted bodied or individuals whose service is requisite to facilitating our request to adopt, information that is contained in my file record.

I understand that my records are protected by the Avalon Center and cannot be disclosed without my written consent except in the instance of a valid court order. I also understand that I may revoke this consent at any time in writing. I understand that the information at the Avalon Center is limited to staff who assignments require access to my records.

Applicant #1

____/____/____
Date

Applicant #2

____/____/____
Date

AVALON CENTER

Physical Description:

First Name(s): _____

Applicant #1:

Age: _____
Height: _____
Weight: _____
Build: _____
Eye Color: _____
Hair Color: _____
Education: _____
Occupation: _____
Religion: _____
Interests: _____

Applicant #2:

Age: _____
Height: _____
Weight: _____
Build: _____
Eye Color: _____
Hair Color: _____
Education: _____
Occupation: _____
Religion: _____
Interests: _____

Length of Marriage/relationship:(if applicable) _____

Number of Children: _____

Type of child interested in: _____

*Please complete and return to the Avalon Center. This form will be kept with your profile photo book and will be shared with birth parents.

**AVALON CENTER
CONTACT FORM**

Please check all that you are comfortable with. **First Name** _____

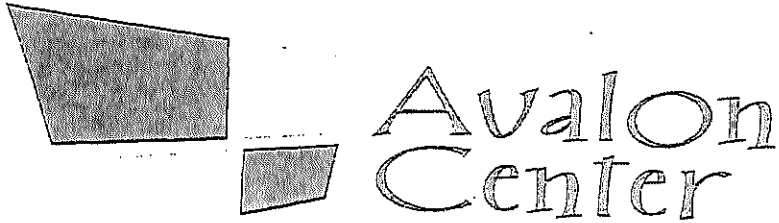
- _____ I/We are willing to meet the birthparents prior to or after the birth of the child.
- _____ I/We are willing to be interviewed on the telephone by the birthparents.
- _____ I/We are willing to provide 6-10 photos and a written update to the birthparents through the agency four times during the first year and once every year to follow until the child reaches the age of 18. (Required)
- _____ I/We are willing to provide additional pictures through the agency to the birthparents. (Please specify the number of times you will agree to forward pictures to the office.) _____
- _____ I/We are not willing to send any additional pictures to the agency above what is required.
- _____ I/We would like to have pictures of the birthparents if possible.
- _____ I/We are open to the birthparents having pictures of us.
- _____ I/We are willing to write a letter and forward through the agency to the birthparents after placement.
- _____ I/We are willing to receive a letter through the agency from the birthparents after placement.
- _____ I/We would like ongoing correspondence through the agency with the birthparents.
- _____ I/We would like to correspondence directly with the birthparents.
- _____ I/We would consider having a face to face visit with the birthparents. An agency staff member would supervise this visit unless other arrangements are made.

All birthparents are given the option of writing a letter to the adoptive family and to the child that will be shared with the adoptive family at the time of placement if possible.

Please remember that it is important to feel comfortable with the above choices you have agreed to. The birthparents are counting on you to stick to your word.

Adoptive parent Date / /

Adoptive parent Date / /



A window into the past and pathway into the future
Providing Adoption and Counseling Services

Waiver

I, _____, hereby give my permission for the Iowa Division of Criminal Investigation (DCI) to conduct both an Iowa criminal history record check and a national criminal history record check on me. Any information now or hereafter received or maintained by either the DCI or the FBI may be released and disclosed to the Avalon Center, a licensed child placing agency. I further release the DCI, the FBI, and the authorized adoption agency or investigator named above and hold those entities harmless from any and all liability for the disclosure and release of such information.

I further certify under penalty of perjury that the following information is true and correct:

My full legal name is _____

Other names or aliases previously used

Date of Birth _____ Social Security # _____

Dated this _____ day of _____, 20____ in _____, Iowa.

Signature of Applicant

705 N. Main Street, Ste 2
Charles City, IA 50616
Phone 641-715-1183 Fax 641-715-1184
iowa@avaloncenter.us

www.avaloncenter.us

5631 S. 48th Street
Lincoln, Nebraska 68506
Phone 402-853-1486
nebraska@avaloncenter.us



Waiver Agreement and Statement
For National Criminal History Record Checks
as authorized by state legislation or federal statute

Pursuant to the Iowa User Agreement, this form must be completed and signed by every current or prospective licensee, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a Qualified Entity (QE) under state legislation or federal statute.

I hereby authorize (Name of QE) Avalon Center to submit a set of my fingerprints to the Iowa Department of Public Safety (DPS), Division of Criminal Investigation (DCI) for the purpose of accessing and reviewing Iowa and FBI national criminal history records that may pertain to me. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Iowa and/or national criminal history record that may pertain to me to the QE with which I am or am seeking to be licensed, employed or to serve as a volunteer. Furthermore, I authorize the QE to forward this agreement to DCI upon request.

I understand that, until the criminal history record check is complete, the QE may choose to deny me unsupervised access to children, elderly or individuals with disabilities. I further understand that, if applicable, the QE may choose to deny my application or grant me a limited or restricted license until the criminal history record check is complete.

I understand that I am entitled to challenge the accuracy and completeness of any information contained in the criminal history report, if any, received on me. I understand that the procedures for obtaining a change, correction, or updating of my criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34. I may obtain a prompt determination as to the validity of my challenge before a final decision is made about my status as a licensee, employee, volunteer, contractor or subcontractor.

I have been convicted of a crime I have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below. Use additional paper as needed:

I am a current or prospective (check one): Licensee Employee Volunteer Contractor/Vendor

Please complete the following information as it appears on valid photo identification:

Printed Name: _____

Address: _____

Date of Birth: _____

Signature: _____ Date: _____

TO BE COMPLETED BY THE QUALIFIED ENTITY:

QE Name: Avalon Center OCA: Weber

Address: 705 N. Main Street Ste 2 Charles City, IA 50616

Telephone: 641-715-1183 Fax: 641-715-1184

This waiver must be retained at the QE for one year after the applicant is no longer relevant to the QE or one year post audit by DCI, whichever is longer. Do not send to DCI unless requested.