



Provider Information Disclosure

This information may be shared with guardians of consumers you may provider services for. Please select any of the following that apply.

___ I have a significant other living with me.

___ I have children living with me.

Age	Sex

___ I have other adults (or adult children) living with me.

___ I have someone with a criminal record living with me.

___ I have a criminal record, and have been cleared by IFS and by the Iowa Department of Human Services to provide services. By initialing you allow IFS to talk with respite families about the charges.

___ I have animals living with me. If so, please list: _____

___ I have a pool, hot tub, pond, or lake near my home.

___ I may provide services to multiple (two or more) children with severe emotional disturbances at a time.

___ The other consumers I provide services for are through another agency.

Agency name _____

___ The other consumers I provide services for are through CCO.

Waivers working with _____

We also like to be able to share some information about you with the consumer and their family.

Experience with children and mental health:

Personal interests:

Other information you would like to share with consumers and their families:

Provider Name:

Signature: _____ Date: _____