MEMORANDUM OF UNDERSTANDING

BETWEEN

DOVER AIR FORCE BASE (DAFB) – FAMILY ADVOCACY PROGRAM (FAP)

AND DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH, AND THEIR FAMILIES (DSCYF) - DIVISION OF FAMILY SERVICES (DFS)

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1. Title of the Agreement

This agreement shall be known as the Memorandum of Understanding (MOU) between Dover Air Force Base (DAFB) – Family Advocacy Program (FAP) and the Department of Services for Children, Youth and Their Families (DSCYF) – Division of Family Services (DFS).

A. This MOU does not create additional jurisdiction, limit, or modify existing jurisdiction vested in the parties. This MOU provides guidance and documents an agreement for general support between DAFB and the DFS.

B. Nothing herein shall be construed as a waiver of jurisdiction by the United States over its members or a limitation on its investigative interest and authority.

C. Nothing herein shall be construed as limiting the exchange of information beyond that mandated by applicable laws and regulations between the Family Advocacy Officer (FAO) Family Advocacy Program (FAP), and DFS regarding military members or family members who have a history of child abuse or neglect.

2. Authority of the Involved Parties

A. Department of Defense Directive 6400-1

B. Air Force Policy Directive 40-3

C. Air Force Instruction 40-301

D. Uniform Code of Military Justice; Title 10 United States Code, Chapter 47

E. The Child Abuse Prevention and Treatment Act, as amended by P.L. 111-320, the CAPTA Reauthorization Act of 2010

F. 16 Del. Code, Subchapters I and II

G. 29 Del. Code, Chapter 90

H. 31 Del. Code, Chapter 3

3. Purpose of the Agreement

A. To define and clarify the roles and expectations of each agency.

B. To define procedures for coordination during joint and independent investigation, assessment, treatment, and case management for child abuse and neglect cases.

C. To reinforce cooperative efforts currently operating between the agencies.

D. To maximize resources available to the Department of Defense (DoD) eligible healthcare beneficiaries served by both agencies.

4. Definitions and Terms

A. Abuse - Per 10 DE Code § 901(1):

1. Causes or inflicts sexual abuse on a child or

2. Has care, custody or control of a child, and causes or inflicts
   a. Physical injury through unjustified force as defined in §468 of Title 11
   b. Emotional abuse
   c. Torture
   d. Exploitation or
   e. Maltreatment or mistreatment

B. Care, Custody or Control - Per 10 DE Code § 901(3):

1. A person or persons in a position of trust, authority, supervision or control over a child. It may include a parent, guardian, or custodian.

2. Other members of the child's family or household, meaning persons living together permanently or temporarily without regard to whether they are related to each other and without regard to the length of time or continuity of such residence, and it may include persons who previously lived in the household such as paramours of a member of the child's household.

3. Any person who, regardless of whether a member of the child's household, is defined as family or relatives in this section or as an adult individual defined in § 1009(b)(3)a. of this title.

4. Persons temporarily responsible for the child's well-being or care such as a healthcare provider, aide, teacher, instructor, coach, sitter, day care or child care provider, or any other person having regular direct contact with children through affiliation with a school, church, or religious institution, health care facility, athletic or charitable organization or any other organization whether such a person is compensated or acting as a volunteer.

5. Any person who has assumed control of or responsibility for the child.

For the purpose of investigation of child abuse, dependency or neglect, the Department of Services for Children and Their Families (DSCYF) may investigate any allegation of child abuse, dependency or neglect committed by persons identified herein, but shall only be responsible for the investigation of intrafamilial and institutional child abuse, dependency

or neglect. Where the DSCYF is not responsible for the investigation of such child abuse or neglect, it shall immediately refer such report to the appropriate police authorities or child protective services agencies within or without the State.

C. Child – Per 10 DE Code § 901(4):

1. A person who has not reached his or her 18th birthday.

D. Clinical Case Staffing (CCS) - The purpose of the CCS is to clinically consult about the assessment and ongoing case management of interventions with families having allegations of maltreatment. This includes risk assessment and ongoing safety planning.

E. Dependency – Per 10 DE Code §901(8):

1. A person is responsible for the care, custody, and/or control of the child.

2. Does not have the ability and/or financial means to provide care of the child and/or

   a. Fails to provide necessary care with regard to: food, clothing, shelter, education, health care, medical care or other care necessary for the child's emotional, physical or mental health, or safety and general well-being.

   b. The child is living in a non-related home of an "adult individual" who fails to meet the definition of "relative" in this section on an extended basis without an assessment by DSCYF or its licensed agency.

   c. The child has been placed with a licensed agency which certifies it cannot complete a suitable adoption plan.

In making a finding of dependency under this section, consideration may be given to dependency, neglect, or abuse history of any party.

F. FAIR (Family Assessment and Intervention Response) Caseworker – DFS employee responsible for conducting family assessments about reports made to DFS alleging child abuse, neglect or dependency. The employee may also directly provide or coordinate ongoing services, as needed, beyond the family assessment period for a maximum of ninety days. The caseworker may be classified as a Family Services Specialist, Senior Family Services Specialist, Master Family Services Specialist, or Family Crisis Therapist (FCT). The FAIR caseworker may be assisted by a Family Service Assistant. FAIR services may also be provided by DFS contract.

G. Family Advocacy Officer (FAO) - A social worker, licensed for independent practice and privileged in the MTF, designated to manage, monitor, and provide staff supervision of the Family Advocacy Program at the base level.

H. Family Advocacy Program (FAP) - A program designed to address prevention, identification, clinical assessment, treatment, supportive services and follow-up for family maltreatment to include other all Armed Services on DAFB OR DoD eligible healthcare beneficiaries.

I. Investigation Caseworker – DFS employee responsible for investigating reports made to DFS alleging child abuse, neglect or dependency. The caseworker may be classified as a Family Services Specialist, Senior Family Services Specialist, Master Family Services Specialist, or Family Crisis Therapist (FCT). The Investigation caseworker may be assisted by a Family Service Assistant.

J. Investigation Caseworker – DFS employee responsible for investigating reports made to DFS alleging child abuse, neglect or dependency. The caseworker may be classified as a Family Services Specialist, Senior Family Services Specialist, Master Family Services Specialist, or Family Crisis Therapist (FCT). The Investigation caseworker may be assisted by a Family Service Assistant.

K. Institutional Abuse (IA) - DFS is responsible for the investigation of allegations of physical and sexual abuse in out-of-home settings. These settings include transitional living programs, residential child care facilities (group homes), foster homes, licensed child day care facilities (child care homes, child care centers), shelters, correctional and detention facilities, day treatment programs, all facilities at which a reported incident involves a child(ren) in the custody of DSCYF, and all facilities operated by the DSCYF.

L. Neglect – Per 10 DE Code § 901(18):

1. A person is responsible for the care, custody, and/or control of the child and

2. Has the ability and financial means to provide for the care of the child and/or

   a. Fails to provide necessary care with regard to: food, clothing, shelter, education, health, medical or other general care necessary for the child's emotional, physical, or mental health, or safety and general well-being.

   b. Chronically and severely abuses alcohol or a controlled substance, is not active in treatment for such abuse, and the abuse threatens the child's ability to receive care necessary for that child's safety and general well-being.

   c. Fails to provide necessary supervision appropriate for a child when the child is unable to care for that child's own basic needs or safety, after considering such factors as the child's age, mental ability, physical condition, the length of the caretaker's absence, and the context of the environment.

In making a finding of neglect under this section, consideration may be given to dependency, neglect, or abuse history of any party.

M. Parent – Biological or adoptive mother or father whose rights have not been terminated.

N. Treatment caseworker – DFS employee responsible for the provision of case management services to a family that has been substantiated or has been identified at risk for child abuse, neglect or dependency. The services may be provided directly by the Treatment caseworker or involve the coordination of services provided by a DFS contracted provider, community-based provider, Division of Prevention and Behavioral Health Services (DPBHS), the Division of Youth Rehabilitative Services (DYRS), or another State agency. The caseworker may be classified as a Family Services Specialist, Senior Family Services Specialist, Master Family Services Specialist, or Family Crisis Therapist (FCT). The Treatment caseworker may be assisted by a Family Service Assistant (FSA).

O. Security Forces Squadron – SFS

P. Air Force Office of Special Investigations Detachment - AFOSI Detachment

5. Reporting, Roles and Responsibilities

A. Dover Air Force Base - Family Advocacy Program

1. Per Air Force Instruction 40-301, Family Advocacy, all Active duty AF members and civilian employees (including contract employees) will report all incidents of known or suspected family maltreatment immediately to the FAP. A concurrent report to DFS pursuant to 16 Del.C. §903 must also be made.

2. Who is required to report - 16 Del.C. §903 requires "Any person, agency, organization or entity who knows or in good faith suspects child abuse or neglect shall make a report in accordance with § 904 of this title. For purposes of this section, "person" shall include, but shall not be limited to, any physician, any other person in the healing arts including any person licensed to render services in medicine, osteopathy or dentistry, any intern, resident, nurse, school employee, social worker, psychologist, medical examiner, hospital, health care institution, the Medical Society of Delaware or law-enforcement agency. In addition to and not in lieu of reporting to the Division of Family Services, any such person may also give oral or written notification of said knowledge or suspicion to any police officer who is in the presence of such person for the purpose of rendering assistance to the child in question or investigating the cause of the child's injuries or condition."

3. Where to report - All child abuse and neglect reports in the State of Delaware must be made to the Division of Family Services. The 24/7 toll-free Child Abuse and Neglect Report Line number is 1-800-292-9582. It is a national and statewide number. Calls are digitally recorded for monthly random quality assurance reviews.

4. Liability for reporting - Per DE Code §908(a), "Anyone participating in good faith

in the making of a report or notifying police officers pursuant to this chapter, performing a medical examination without the consent of those responsible for the care, custody and control of a child pursuant to § 906(b)(5) of this title, or exercising emergency protective custody in compliance with § 907 of this title, shall have immunity from any liability, civil or criminal, that might otherwise exist, and such immunity shall extend to participation in any judicial proceeding resulting from the above actions taken in good faith. This section shall not limit the liability of any health care provider for personal injury claims due to medical negligence that occurs as a result of any examination performed pursuant to § 906(b)(3) of this title."

5. Failure to report - per DE Code §914, "Whoever violates § 903 of this title shall be liable for a civil penalty not to exceed $10,000 for the first violation, and not to exceed $50,000 for any subsequent violation. In any action brought under this section, if the court finds a violation, the court may award costs and attorneys' fees."

   Both the individual and the entity employing the individual may be held responsible. DFS is required to refer all failures to report to the Delaware Department of Justice for investigation. Physicians that do not report will also be reported to the Medical Society of Delaware.

6. Making the report:

   a. When possible the individual who spoke to or observed the child directly or who has the most knowledge about the suspected abuse or neglect should make the oral report as the primary reporter. However, each individual within an entity or organization who is aware of the alleged abuse or neglect should be identified by name and contact information as an additional report source.

   b. A report to DFS must be made each time abuse or neglect is suspected regardless of current law enforcement or DFS activity with the family.

   c. Within 72 hours of making the oral report the FAP will fax the Family Advocacy Program Referral Form to the Report Line (302)577-5515.

   d. While an oral report is preferred, online reporting is available at http://www.kids.delaware.gov/fs/fs_can_report.shtml. An online report may not be made if: (1) sexual abuse has occurred within the past 72 hours or the alleged victim has access to the alleged perpetrator, (2) there is a serious injury, current marks and bruises, child death or the alleged perpetrator has access to the alleged victim, and (3) there is no current known address for the alleged victim.

B. Division of Family Services

Responsibility to receive reports: Upon receipt of a report, DFS will do one of three things: (1) accept the report and investigate the allegations or conduct a family assessment, (2) document the report and refer the report to law enforcement or other appropriate

authority for investigation, or (3) document the report, but not accept for investigation when it does not meet DFS investigation criteria.

1. DFS will notify the FAP of the decision to accept, refer or screen out a report by phone or e-mail within 24 hours.

2. DFS policy dictates that the source of the report will not be divulged without the consent of the reporter. In the event of Court proceedings, the disclosure of the reporting source may become necessary if ordered by the Court. In addition, CAPTA requires DFS to cooperate with other entities that are investigating child abuse and neglect.

3. When DFS serves as the initial point of contact for a child maltreatment report involving a military interest and the report is designated as a Priority One response (within 24 hours), DFS will notify the FAO or designee prior to response.

4. When DFS serves as the initial point of contact for a child maltreatment report involving a military interest and the report is designated as a Priority Two response (within 72 hours), Priority Three response (within ten calendar days) or the report is screened out for DFS response, DFS will notify the FAO or designee before the close of business the day the report is received.

6. Case Management Responsibilities:

A. Dover Air Force Base - Family Advocacy Program

1. The FAO or Treatment Manager will serve as the point of contact for DFS during an investigation of suspected child abuse and neglect involving a military interest.

2. FAP will coordinate with DFS regarding a structured interview for the alleged child victim when a report is assigned as an urgent response by DFS.

3. When a report is assigned and DFS is unable to respond within 72 hours, FAP will conduct a structured child interview. FAP will contact DFS as soon as possible after the interview when a child safety issue is identified. When a child safety issue does not present during the structured child interview, FAP will provide details about the child interview to DFS within ten calendar days.

4. FAP will invite DFS to attend the High Risk for Violence Response Team meeting when pertinent to an open DFS case. The meeting will not be deferred when DFS is unable to participate.

5. The FAO or Treatment Manager and DFS Investigation/FAIR caseworker will communicate verbally or meet as needed to insure all safety aspects of a case are addressed.

6. When it is necessary for DFS to begin an investigation or family assessment at DAFB (e.g., Institutional Abuse, child/family interview), the FAP will facilitate access to the DAFB and arrange a place for interviews to take place.

7. When the DFS caseworker's name is not known and the FAP wants to share information, the FAP should contact the Report Line (1-800-292-9582) to leave contact information and request that the assigned caseworker contact them. When the FAP knows the DFS caseworker's name, the caseworker should be contacted directly to share information.

B. Division of Family Services

1. Per 16 DE Code §906(3), the Division may investigate any report, but shall conduct an investigation involving all reports, which if true, would constitute violations against a child by a person responsible for the care, custody and control of the child of any of the following provisions of 11 DE Code § 603, 604, 611, 612, 613, 621, 625, 626, 631, 632, 633, 634, 635, 636, 645, 763, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 780, 782, 783, 783A, 791, 1100, 1101, 1102, 1107, 1108, 1109, 1110, 1111, or 1259 of Title 11, or an attempt to commit any such crimes. The Division staff shall also contact the Delaware Department of Justice and the appropriate law-enforcement agency upon receipt of any report under this section and shall provide such agency with a detailed description of the report received. The appropriate law enforcement agency shall assist the Division in the investigation or provide the Division, within a reasonable time, an explanation detailing the reasons why it is unable to assist. (See Appendix B - List of Violations)

2. A multidisciplinary approach is optimal to reduce trauma to the alleged child victim. Whenever possible, all investigatory interviews will include FAP presence or participation. DFS and FAP will discuss in advance who will be the lead interviewer.

3. Whenever appropriate, cases will also be referred to the Children's Advocacy Center (CAC) for a forensic interview, medical exam and/or mental health screening.

4. Per 29 DE Code §8735 requires that a person reported to DFS for child abuse and neglect, and who is also licensed by one of the 34 boards listed in that section of the Code, shall be reported to the Division of Professional Regulation (DPR).

5. DFS agrees to provide a representative to attend the monthly Clinical Case Staffing (CCS) with the FAP when requested.

6. DFS will not close an active case involving a military interest without first informing the FAP.

7. Confidentiality

A. Dover Air Force Base - Family Advocacy Program

1. Unless otherwise required to do so by state or federal law the victim's identity and/or specifics about the victim's circumstances shall not be disclosed by DAFB personnel, including but not limited to FAP staff, SFS, or AFOSI Detachment to DFS without the written consent of the victim (or victim's legal guardian).

   a. A victim (or victim's legal guardian) must sign "Release of Information Form" prior to the exchange of any information regarding that victim. Once the "Release of Information has been signed, information shall be exchanged for the purposes of referral, treatment and intervention planning and coordination efforts.

2. A "Release of Information" form will not be required in circumstances where the private information is needed to carry out a civil and/or criminal investigation.

3. The original signed "Release of Information Form" shall be kept on file and a copy will be faxed to DFS at (302) 577-5515.

B. Division of Family Services

1. Unless otherwise required to do so by state or federal law DFS shall not disclose the victim's identity and/or specifics about the victim's circumstances to DAFB personnel, including but not limited to FAP staff, SFS or AFOSI Detachment without the written consent of the victim (or victim's legal guardian).

2. A victim (or victim's legal guardian)\must sign a "Consent to Release of Information" form prior to the exchange of any information with DAFB regarding that victim. Once the "Consent to Release of Information" form has been signed, information shall be exchanged for purposes of referral, intervention planning and coordination efforts, safety assessment, and treatment.

3. The original signed "Consent to Release Information" form shall be kept in the DFS case file and a copy will be faxed to the FAP at (302) 677-4878.

8. Dispute Resolution

Effective execution of this agreement can only be achieved through continuing communication and dialogue between the parties. It is the intent of this MOU that channels of communication will be used to resolve questions, misunderstandings, or complaints that may arise involving the MOU or that are not specifically addressed in this MOU. The first point of contact is the FAO and the DFS Assistant Regional Administrator.

9. Administration of the MOU

A. This MOU shall be reviewed bi-annually and shall remain in full force and effect until

specifically abrogated by one of the parties to this agreement with sixty (60) days written notice to the other party.

B. Personnel from DAFB and DFS shall meet, as necessary and appropriate, to share information regarding individual cases, assessment for safety, and generally discuss and review quality of services provided to victims and offenders.

VICTORIA KELLY, Director
Delaware Division of Family Services
Date: 7/21/14

RICHARD G. MOORE, JR., Colonel, USAF
Commander, 436th Airlift Wing (AMC)
Dover AFB Delaware
Date: 8/8/14

APPENDIX A

FAMILY ADVOCACY REFERRAL FORM

Family Advocacy Program Referral Form

Check only one box: ☐ **Maltreatment** ☐ **NPSP** ☐ **FAST**
Date of Referral: **Referent Name:**
Telephone Number:

Only complete the appropriate sections for the type of referral checked above.

Incident ID *(Maltreatment Only)*

Date of Incident: **Received By**
Referral Source: **Provider Assigned:**
Type of Victim: ☐ **Child** ☐ **Adult Partner**
Type of Maltreatment Suspected: ☐ **Physical** ☐ **Neglect** ☐ **Sexual** ☐ **Emotional**

HIGH INTEREST: ☐ **No** ☐ **Yes** **If yes:** ☐ **Death** ☐ **Out-of-Home Child Sexual Abuse**

Sponsor

***SSN:** **DOB:** **Gender:** ☐ M ☐ F
Name:
Marital Status: **Role in Incident:** ☐ Alleged Offender ☐ Victim ☐ Neither
Address: **City:** **State:**
Home Phone:
Employment Status: ☐ Uniform **(Overseas Only)** ☐ Civil Service ☐ Civ/Retiree/Contract
Pay Grade: **Work Phone:** **Squadron:**
Branch of Service: **Special Status:** ☐ PRP ☐ Flying ☐ PSP

Adult Partner

***SSN:** **DOB:** **Gender:** ☐ M ☐ F
Name:
Marital Status:
Address: **City:** **State:**
Home Phone:
Employment Status: ☐ Uniform ☐ Civil Service ☐ Civ/Retiree/Contract ☐ Family Member ☐ Non Beneficiary
Pay Grade: **Work Phone:** **Squadron:**
Branch of Service: **Special Status:** ☐ PRP ☐ Flying ☐ PSP

Alleged Offender *(Maltreatment Only)*

***SSN:** **DOB:** **Gender:** ☐ M ☐ F
Name:
Marital Status: **Dual Military Marriage/Relationship:** ☐ Yes ☐ No
Address: **City:** **State:**
Home Phone:
Employment Status: ☐ Uniform ☐ Civil Service ☐ Civ/Retiree/Contract ☐ Family Member ☐ Non Beneficiary
Pay Grade: **Work Phone:** **Squadron:**
Branch of Service: **Special Status:** ☐ PRP ☐ Flying ☐ PSP
Alleged Offender's Relationship to Victim:

Alleged Victim *(Maltreatment Only)*

***SSN:** **DOB:** **Gender:** ☐ M ☐ F
Name:
Marital Status:
Address: **City:** **State:**
Home Phone:
Employment Status: ☐ Uniform ☐ Civil Service ☐ Civ/Retiree/Contract ☐ Family Member ☐ Non Beneficiary
Pay Grade: **Work Phone:** **Squadron:**
Branch of Service: **Special Status:** ☐ PRP ☐ Flying ☐ PSP

Summary of Alleged Maltreatment or NPSP/FAST Presenting Problem

Weapons Involved in Incident: ☐Yes ☐No

Substance Involved in Incident: ☐Yes ☐No
If yes, list type of Substance:

Description:

Immediate Safety Plan for Victim:

Incident Occurred: ☐On Base ☐Off Base

Notifications *(Maltreatment Only)*

Agency	N/A	Phone	Time	Date	Person Contacted
Child Protection Agency					
AFOSI					
Security Forces					
Photography					
ER/Physician					
Commander					
Other					

OPRs Ordered/AHLTA Review for All Family Members (Maltreatment Only): ☐Yes ☐No
Background Check Completed (Maltreatment Only): ☐Yes ☐No **Background Check Results:**
Police Report Requested: ☐Yes ☐No ☐N/A If Yes, date requested: **SFS POC:**
Follow-Up Referral Plan with Family Advocacy/Other Clinic or Agency:

Personal Data of Others In Home *(Maltreatment/NPSP/FAST)*

Name	SSN	DOB	Gender	Relation to Sponsor	Location

Person Receiving Referral: **Date:**

FATM or FAO Signature: **Date:**

*This information is obtained under legal authority of Executive Order 9397 (SSN) and Executive Order 13478 (Personally Identifiable Information).
"PRIVACY ACT INFORMATION - The information accessed through this system is FOR OFFICIAL USE ONLY and must be protected in accordance with the Privacy Act and AFI 33-332."

APPENDIX B

STATE OF DELAWARE LIST OF VIOLATIONS

603 Reckless Endangering in the 2nd Degree; Class A Misdemeanor

604 Reckless Endangering in the 1st Degree; Class E Felony

611 Assault in the 3rd Degree; Class A Misdemeanor

612 Assault in the 2nd Degree; Class D Felony

613 Assault in the 1st Degree; Class B Felony

621 Terroristic Threatening

625 Unlawfully Administering Drugs, Class A Misdemeanor

626 Unlawfully Administering Controlled Substance or Counterfeit Substance or Narcotic Drug; Class G Felony

631 Criminally Negligent Homicide; Class E Felony

632 Manslaughter; Class B Felony

633 Murder by Abuse or Neglect in 2nd Degree; Class B Felony

634 Murder by Abuse or Neglect in 1st Degree; Class A Felony

635 Murder in the 2nd Degree; Class A Felony

636 Murder in the 1st Degree; Class A Felony

645 Promoting Suicide; Class F Felony

763 Sexual Harassment; Unclassified Misdemeanor
765 Indecent Exposure in the 1st Degree; Class A Misdemeanor

766 Incest; Class A Misdemeanor

767 Unlawful Sexual Contact in the 3rd Degree; Class A Misdemeanor

768 Unlawful Sexual Contact in the 2nd Degree; Class G Felony

769 Unlawful Sexual Contact in the 1st Degree; Class F Felony

770 Rape in the Fourth Degree; Class C Felony

771 Rape in the Third Degree; Class B Felony

772 Rape in the Second Degree; Class B Felony

773 Rape in the First Degree; Class A Felony

774 and 775 Reserved

776 Sexual Extortion; Class E Felony

777 Bestiality; Class D Felony

778 Continuous Sex Abuse of a Child; Class B Felony

779 Dangerous Crime Against a Child, Definitions, Sentences

780 Female Genitalia Mutilation; Class E Felony

782 Unlawful Imprisonment in the 1st Degree; Class G Felony

783 Kidnapping in the 2nd Degree; Class C Felony

783 A Kidnapping in the 1st Degree; Class B Felony

791 Acts Constituting Coercion; Class A Misdemeanor

1100 Dealing in Children; Class E Felony

1101 Abandonment of a Child; Class A Misdemeanor

1102 Endangering the Welfare of a Child; Class E or G Felony

1107 Endangering Children, Unclassified Misdemeanor

1108 Sexual Exploitation of a Child, Class B Felony

1109 Unlawfully Dealing Child Pornography, Class D Felony

1110 Subsequent Conviction of Sections 1108 And 1109

1111 Possession of Child Pornography; Class F Felony

1259 Sexual Relations in a Detention Facility; Class G Felony

APPENDIX C

DAFB RELEASE OF INFORMATION

AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.
AUTHORITY: Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R.
PRINCIPAL PURPOSE(S): This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information.
ROUTINE USE(S): To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation;or other reasons.
DISCLOSURE: Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.
This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.

SECTION I - PATIENT DATA

1. NAME *(Last, First, Middle Initial)*	2. DATE OF BIRTH *(YYYYMMDD)*	3. SOCIAL SECURITY NUMBER
4. PERIOD OF TREATMENT: FROM - TO *(YYYYMMDD)*	5. TYPE OF TREATMENT *(X one)* ☐ OUTPATIENT ☐ INPATIENT ☐ BOTH	

SECTION II - DISCLOSURE

6. I AUTHORIZE _____ TO RELEASE MY PATIENT INFORMATION TO:
(Name of Facility/TRICARE Health Plan)

a. NAME OF PHYSICIAN, FACILITY, OR TRICARE HEALTH PLAN	b. ADDRESS *(Street, City, State and ZIP Code)*
c. TELEPHONE *(Include Area Code)*	d. FAX *(Include Area Code)*

7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION *(X as applicable)*

☐ PERSONAL USE ☐ CONTINUED MEDICAL CARE ☐ SCHOOL ☐ OTHER *(Specify)*
☐ INSURANCE ☐ RETIREMENT/SEPARATION ☐ LEGAL

8. INFORMATION TO BE RELEASED

9. AUTHORIZATION START DATE *(YYYYMMDD)*	10. AUTHORIZATION EXPIRATION ☐ DATE *(YYYYMMDD)* ☐ ACTION COMPLETED

SECTION III - RELEASE AUTHORIZATION

I understand that:
a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.
b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.
c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR §164.524.
d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.
I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE	12. RELATIONSHIP TO PATIENT *(If applicable)*	13. DATE *(YYYYMMDD)*

SECTION IV - FOR STAFF USE ONLY *(To be completed only upon receipt of written revocation)*

14. X IF APPLICABLE: ☐ AUTHORIZATION REVOKED	15. REVOCATION COMPLETED BY	16. DATE *(YYYYMMDD)*
17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE	SPONSOR NAME: SPONSOR RANK: FMP/SPONSOR SSN: BRANCH OF SERVICE: PHONE NUMBER:	

Adobe Professional 8.0

APPENDIX D

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
DIVISION OF FAMILY SERVICES

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
DIVISION OF FAMILY SERVICES

AUTHORIZATION FOR RELEASE OF INFORMATION

I,_____hereby give consent for the release of information about myself or my minor child _____DOB _____to be released to or obtained from an authorized representative of the Division of Family Services during the course of an investigation or for planning regarding myself and/or my children. Planning includes obtaining information for the development of a holistic service plan aimed at achieving child safety and permanency.
The Division of Family Services is requesting the following information from:

1. **School Name (include specific name of school):** _____
   ☐Attendance Records ☐Report Cards ☐IEP's ☐Progress Reports ☐Psychological/Educational Testing Results
   ☐Disciplinary Reports ☐School Counselor Reports ☐Nursing Reports ☐Other _____
   _____

2. **Medical Resources (include specific names of physicians, hospitals,**

   Physician(s):_____

   Hospital: _____

   PH Clinic: _____

   ☐Immunizations ☐Birth Records ☐Laboratory Reports ☐X-ray Reports ☐Hx/Physical Exam Reports ☐Discharge Reports ☐Operative Reports ☐Consultation Reports ☐Therapy Reports
   ☐Other _____

3. **Mental Health Providers (include specific names):** _____
   ☐Attendance ☐Progress Reports ☐Psychological/Psychiatric Evaluations ☐Prescribed Medication

4. **Other Services, i.e. day care, WIC, probation/parole, public health, parent aide, other contracted services (please identify specific service):**

   Name _____

   Types of information being requested _____

   Name _____

   Types of information being requested _____

   Name _____

   Types of information being requested _____

This authorization is valid until:

_____Six months from the date of signature or the following date _____

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C .F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I also understand that this consent may be revoked at any time, except to the extent that action has been taken in reliance on it. The person completing this form has a right to receive a copy. This form is invalid unless all sections are completed.

Client Signature (if applicable)	Print Name	Date
Parent, Guardian, Custodian (Circle One)	Print Name	Date
Division of Family Services Representative	Print Name	Date