 

Date

Family Name
Address
City, State, ZIP

Dear HOH Name,

My name is       and I am a Title in the FaDSS program at Agency. We recently received a referral for your family from Referral Source. At this time, there is a waiting list for FaDSS services. You have been placed on the waiting list and will be notified when we are able to determine your eligibility for the program.

I am including some local community resources for you to access while you are on the waiting list. We look forward to working with your family in the FaDSS Program and will be in touch when your name comes off the waiting list.

Thank you,

Staff Signature

Phone Number

Email Address

Office Address

**Appeal Notice:**

You have the right to appeal decision(s) made in the FaDSS program. Appeals may be made by telephone or in writing to the FaDSS State Program Manager:
**Phone:** (515) 343-6459
**Mail**: FaDSS State Program Manager
 Lucas State Office Building, 3rd Floor
 321 E 12th St
 Des Moines, Iowa 50319
**Email**: FaDSS@hhs.iowa.gov