 

Date

Family Name
Address
City, State, ZIP

Dear HOH Name,

My name is       and I am a Title in the FaDSS program at Agency. If you are receiving FIP cash assistance, you are eligible to receive FaDSS services. Enclosed is a brochure outlining some of the services we provide.

I look forward to hearing from you.

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