 

Date

Family Name

Address

City, State, ZIP

Gacaliye HOH Name,

Markii la dhammaystiray dibu eegista xaq u yeelashadaada, waxaa la go'aamiyay inaadan buuxin shuruudaha lagama maarmaanka u ah sii wadida ka qaybgalka barnaamijka FaDSS Waxaad xaq u leedahay inaad bilowdo muddo saddex bilood ah oo ikhtiyaari ah, oo dhaqan galaysa maalinta ugu horraysa ee bisha ku xigta taariikhda go'aankan.

Dhammaadka bisha saddexaad ee kala guurka, waxaa lagaa saari doonaa barnaamijka FaDSS. Haddii xaaladaadu isbedesho, waxaad codsan kartaa in xaq u yeelashadaada dib loo eego kahor dhamaadka xilliga kala guurka.

Daacadnimo,

Staff Signature

Phone Number

Email Address

Office Address

**Ogeysiiska Racfaanka:**

Waxaad xaq u leedahay in aad racfaan ka qaadato go'aannada lagu gaaray barnaamijka FaDSS. Rafcaannada waxaa Maareeyaha Barnaamijka Gobolka FaDSS loogu diri karaa telefoon mise qoraal ahaan:

**Telefoon:** (515) 343-6459

**Boosto**: Maareeyaha Barnaamijka Gobolka FaDSS

Lucas State Office Building, 3rd Floor

321 E 12th St

Des Moines, Iowa 50319

**Iimayl**: [FaDSS@hhs.iowa.gov](mailto:FaDSS@hhs.iowa.gov)