 

Date

Family Name
Address
City, State, ZIP

Gacaliye HOH Name,

Warqadan waxaa lagugu ogeysiinayaa ka bixistaada barnaamijka FaDSS. Waxaad heli doontaa casuumaad si aad u dhammaystirto sahanka ku qanacsanaanta qarsoodiga ah oo ikhtiyaari ah. Jawaabaha sahanka ayaa la isticmaali doonaa si ay nooga caawiyaan sii wadida horumarinta adeegyadeenna.

Waan ku bogaadiyay in aan idinla shaqeeyo inta uu barnaamijkan socdo, waxaana idiin rajeynayaa wanaag.

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

**Email:** FaDSS@hhs.iowa.gov