 

Date

Family Name  
Address  
City, State, ZIP

Achengicheng HOH Name,

Itei a kan     me pwan ngang emon a kan ew Title non ewe FaDSS program non Agency. Ika pwe en ka kan angei FIP aninisin moni, iwe en ka kan nafeno ren eom kopwe angei angangen aninisin FaDSS kena. Apachenong a kan echo taropwe a kan aporausa ekkoch ekkewe angangen aninis sia awora.

Uwa wetiwiti ngeni ai upwe rong senuk.

Kinisou ngonuk,

Staff Signature

Phone Number

Email Address

Office Address

**Arongorongen Appeal:**

A kan wor eom pung eom kopwe appealini finata kena ra forita non ewe FADSS program. Appeal kena repwene forino seni fon ika non maak ngeni ewe FaDSS State Program Manicho:   
**Fon:** (515) 343-6459   
**Taropwe:** FaDSS State Program Manicho   
 Lucas State Office Building, 3rd Floor  
 321 E 12th St  
 Des Moines, Iowa 50319  
**Email:** [FaDSS@hhs.iowa.gov](taropwengeni:FaDSS@hhs.iowa.gov)