 

Date

Family Name  
Address  
City, State, ZIP

Gacaliye HOH Name,

Magacaygu waa       waxaana ka ahay Title barnaamijka FaDSS ee Agency. Haddii aad qaadato kaalmada lacagta FIP, waxaad xaq u leedahay inaad hesho adeegyada FaDSS. Waxa halkan ku lifaaqan buug-yar oo qeexaya qaar kamid ah adeegyada aanu bixino.

Adiga ayaan kaa war sugayaa.

Mahadsanid,

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  
**Mail**: 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)