 

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