 

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.

Ngang uwa kan mochen ai upwe chungonuk won Date non Time non imwomuwe non Address. Ika pwe ei fansoun ese kan fich ngonuk, iwe kose mochen koriei non ew mutirin fansoun ka tongeni ren ach sipwe atetenisefani.

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 Manager

Lucas State Office Building, 3rd Floor

321 E 12th St

Des Moines, Iowa 50319

**Email**: [FaDSS@hhs.iowa.gov](taropwengeni:FaDSS@hhs.iowa.gov)