IOWA | Health and Human Services

Date

Name
Address
City, State, ZIP

Dear

You are receiving this notification of approval regarding your application for Kinship Foster Care. The Department appreciates your commitment to being a kinship caregiver. Enclosed please find the Notice of Action for your files. If you have not already received the Kinship Handbook it is available at:

https://hhs.iowa.gov/programs/CPS/foster-care-and-adoption/kinship-care

Please remember the following information:

- You must notify your HHS Caseworker and your HHS Licensing and Approval Worker (listed below) within 30 days of the following: moving to a new home or adding any new members to your household.
- If you want direct deposit, you must make arrangements for this option to be set up with either the HHS Licensing and Approval Worker, or your HHS Caseworker can do this for you.

Becoming an approved kinship provider allows you the following resources:

- Continued monthly support payments
- Childcare reimbursement
- Clothing allowance reimbursement
- Service referrals to support the child(ren)
- Support for caregivers

I am your HHS Licensing and Approval Worker. I can be reached at email address or by calling Phone Number.

Please don't hesitate to contact me with any questions you may have.

Respectfully,

Licensing and Approval Worker Name, Title
Foster Care Licensing and Approval