Iowa Department of Health and Human Services

Policy Approval and Distribution

Originating Unit:				
Date	Writer/Point of Contact, Email Address			
Document Type	Division	Unit/Bureau	Phone	
Program/Sub-Program	Iowa Code	Administrative Rule	Federal Rule	
If an update, note document/Manual Chapter Number and brief description of changes. If new, note proposed document title:				
Effective Date	Requested Publication Date	Manual Appendix		
Does this document require macros/coding?				
Additional Comments				
Bureau Chief Approval (required)		Date	Date	
Division Administrator Approval (optional)		Date	Date	