



CERTIFICATE OF APPROVAL

A Certificate of Approval is hereby granted to _____ to care for a maximum of _____ adult persons at any one time located at _____ for the period beginning _____, as provided by Chapter _____ of the Code of Iowa.

This facility complies with standards established by the Department of Human Services.

*Issued by the authority of the Department of Human Services
this _____ day of _____, 20_____*

Service Area Manager