



Iowa Department of Human Services

## Foster Family Home License Application

Check one: ☐ New  
☐ Renewal

Please return the first three copies to the address stamped below:

I am (we are) applying for a license to operate a foster family home at:

Street address	City	State	Zip code
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I am aware that, subject to the provisions of Iowa Code Chapter 237, the Central Child Abuse Registry, the Department of Public Safety, and references in addition to those I have provided will be checked on all members of the household over the age of 14 for new applications and shall be checked for reapplications for all adult members of the household.

I have read the **Policy Regarding Discrimination** on the back of this form and understand and comply with it.

### Applicant 1

Signature		Date
Social security (optional)	Work telephone (     )	Home telephone (     )
List other names used:		
Other counties and states lived in last five years:		

### Applicant 2

Signature		Date
Social security (optional)	Work telephone (     )	Home telephone (     )
List other names used:		
Other counties and states lived in last five years:		

### Other Adults Living in Home

Signature	Date	Signature	Date
Other names used:		Other names used:	
Other counties and states lived in last five years:		Other counties and states lived in last five years:	

I have been convicted of a crime in another state. ☐ Yes ☐ No

If yes, what state? \_\_\_\_\_ What was the crime? \_\_\_\_\_

I have a founded abuse report in another state. ☐ Yes ☐ No

If yes, what state? \_\_\_\_\_ What was the founded abuse? \_\_\_\_\_

## **You Have the Right to Appeal**

### **What is an appeal?**

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

### **How do I appeal?**

Filing an appeal is easy. You can appeal in person, by telephone or in writing for Food Assistance, Child Care Assistance, Family Investment Program or Medicaid. You must appeal in writing for all other programs by doing **one** of the following:

- Complete an appeal electronically at <https://hhs.iowa.gov/programs/appeals>, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

### **How long do I have to appeal?**

For Food Assistance or Medicaid, you have 90 calendar days to file an appeal from the date of a decision. For all other programs, you must file an appeal:

- Within 30 calendar days of the date of a decision **or**
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing. If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

### **Can I continue to get benefits when my appeal is pending?**

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal within 10 calendar days of the date the notice is received. A notice is considered to be received 5 calendar days after the date on the notice. For the Family Investment Program, Child Care Assistance and Medicaid, benefits can also continue if you file an appeal before the date a decision goes into effect. Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

### **How will I know if I get a hearing?**

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

### **Can I have someone else help me in the hearing?**

You or someone else, such as a friend or relative, can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

## **Policy Regarding Discrimination, Harassment, Affirmative Action, and Equal Employment Opportunity**

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, sexual orientation, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to: Iowa Department of Human Services, Hoover Building, 5th Floor – Bureau of Policy Coordination, 1305 E Walnut, Des Moines, IA 50319-0114 or via email [FDHS@hhs.iowa.gov](mailto:FDHS@hhs.iowa.gov)