

|  | Date:  |
|--|--|
| Dear Foster Care Provider:   |  |
| The Department of Human Services plans to end the pl<br>. The reason for this action is:   | acement of in your home effective  |
| If you do not agree with the plan to remove this child from your Department local office. If you object within seven service area manager responsible for the child will set us reasons for your objection. The conference will be held court has ordered the child to be moved, the parents has a voluntary placement agreement, or there is evidence | days after the date of this letter, the up a conference with you to hear the before the child is removed unless the laye demanded the return of the child unde |
| The service area manager will determine whether the rethe finding is that the removal is not in the child's best in change the decision, if a court or parental decision does  | nterests, the service area manager can   |
| This conference is not a contested case under Iowa Co does not have the right to appeal the removal of a child Section. If you have any questions, please contact me.  | from placement through the Appeals   |
| Sincerely,   |  |
| Social Worker  |  |
| Address  |  |
| Phone  |  |

470-0718 (Rev. 01/19) Copy 1: Provider Copy 2: Case Record