Iowa Department of Human Services

Application for License or Certificate of Approval

Legal Corporation Name		Telephone Number
Address	City/State	Zip
Email Address		Fax Number

Provide information for each facility you wish to license. Choose the **facility type** from the list below:

1. License to operate a *child-placing agency*
   (Iowa Code Chapter 238 and 441 IAC 108)
   - **1a** Foster care
   - **1b** Adoption
   - **1c** Foster care and adoption
   - **1d** Supervised apartment living
2. Certificate of approval
   (Iowa Code Chapter 232 and 441 IAC 105)
   - **2a** Shelter care home (county or multi-county operated)
   - **2b** Detention home (county or multi-county operated)

   (Iowa Code Chapter 237C and 441 IAC 106)
   - **2c** Children's residential facility
3. License to operate *group foster care facility*
   (Iowa Code Chapter 237 and 441 IAC 112, 114, 115 & 116)
   - **3a** Community residential facility
   - **3b** Comprehensive residential facility
   - **3c** Community residential facility for children with an intellectual disability
   - **3d** Comprehensive residential facility for children with an intellectual disability
   - **3e** Private shelter care home
   - **3f** Private detention home

♦ Facility Name	Telephone	County	Facility Type
Address	City/State	Zip	# of Beds
♦ Facility Name	Telephone	County	Facility Type
Address	City/State	Zip	# of Beds
♦ Facility Name	Telephone	County	Facility Type
Address	City/State	Zip	# of Beds
♦ Facility Name	Telephone	County	Facility Type
Address	City/State	Zip	# of Beds
♦ Facility Name	Telephone	County	Facility Type
Address	City/State	Zip	# of Beds

Print Name of Agency Representative	
Signature of Agency Representative	
Title	Date

Email application to:
licensing@hhs.iowa.gov
Iowa Department of Human Services
Division of Adult, Children, & Family Services
5th Floor – Hoover Bldg.
1305 E Walnut St
Des Moines, IA 50319-0114
Attn: Licensing

Retain a copy for your records.