

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:

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| <p>1. License to operate a <i>child-placing agency</i>
(Iowa Code Chapter 238 and 441 IAC 108)</p> <ul style="list-style-type: none"> 1a Foster care 1b Adoption 1c Foster care and adoption 1d Supervised apartment living <p>2. Certificate of approval
(Iowa Code Chapter 232 and 441 IAC 105)</p> <ul style="list-style-type: none"> 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 | <p>3. License to operate <i>group foster care facility</i>
(Iowa Code Chapter 237 and 441 IAC 112, 114, 115 & 116)</p> <ul style="list-style-type: none"> 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
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Address	City/State	Zip	# of Beds
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Print Name of Agency Representative	
Signature of Agency Representative	
Title	Date

Email application to:
cgerlem@dhs.state.ia.us
 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: Carol Gerleman – Licensing
Retain a copy for your records.