

**Application for Certification of Adoption Investigator****PRINT OR TYPE**

|                   |            |   |               |
|-------------------|------------|---|---------------|
| Last Name         | First Name | MI  | Email Address |
| Street            | City       | State   | Zip           |
| Phone (area code) | County     | <input type="checkbox"/> New application <input type="checkbox"/> Recertification |               |

Failure to complete all parts of the application will cause delay and will result in return of your application. Use extra sheets to list additional adoption-related employment. **New applicants only** please attach (a) certified college transcripts and (b) statement of activities, duties, and fees. Do not resubmit college transcript for recertification.

**New Applicants Only**

|  |   |
|--|---|
| Employer                               |   |
| Employer's Address                     |   |
| Supervisor's Name and Title            |   |
| Your Title                             | May we contact employers and supervisors listed? <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| Employed from:                      to | Check one: <input type="checkbox"/> Part time <input type="checkbox"/> Full time      If part time, hours per week: |

**New Applicants Only** List only adoption-related experience, duties, areas of responsibility, and percent of time:

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**New Applicants Only** Please furnish the name and address of two persons unrelated to you who may be contacted for references.

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I certify that this application contains no willful misrepresentations and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected and my name removed from consideration for certification.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

Email application to:

**cgerlem@dhs.state.ia.us**

Iowa Department of Human Services  
 Division of Adult, Children, & Family Services  
 5<sup>th</sup> Floor – Hoover Bldg.  
 1305 E Walnut St  
 Des Moines, IA 50319-0114

**Attn: Carol Gerleman – Licensing**

**Retain a copy for your records.**

When a decision regarding your qualifications for certification is reached, you will be notified by mail. Your appeal rights are described on the back of the form.

## 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 must appeal in writing by doing **one** of the following:

- Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, **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, 5<sup>th</sup> 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?

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 of a decision **or**
- 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, gender identity, 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, Office of Human Resources, Hoover Building – 1<sup>st</sup> Floor, 1305 E. Walnut, Des Moines IA 50319-0114; fax (515) 281-4243, or via e-mail [dhscontact@dhs.state.ia.us](mailto:dhscontact@dhs.state.ia.us)