

Iowa Department of Human Services
GRANDPARENT QUESTIONNAIRE

Date _____

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From _____

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We are doing a Quality Control review of the assistance payment received by the person(s) named below. Federal regulations require a review be made to determine if benefits were correct. It is required that we contact the grandparents of the children to see if any contributions are being made to this family.

Please understand this is not a request that you send money to the family but rather a request for information regarding the current and past situation. Any information you provide will be held in confidence and treated in accordance with state policies.

Please complete the questionnaire below and return the form to me in the enclosed envelope by _____. If you have any questions, call me collect at the above listed number. Thank you for your cooperation.

Re: _____

1. Did you send money, including gifts of money, to your grandchildren or family during the months of:

_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Have you purchased any life insurance for your grandchildren or members of that family? Yes No

3. Do you have a checking or savings account for your grandchildren or family? Yes No

4. Have you purchased stocks or bonds for your grandchildren or family? Yes No

5. If you have answered yes to questions (2), (3), or (4), would you be willing to give these items to your grandchildren or family if they asked for them? Yes No

If any of the answers are yes, please tell us in detail on the back of this letter how much money is involved, how you provided it, and the policy, stock and/or account numbers.

Your Signature		Telephone No. ()		Date	
Street		City		State	Zip Code