

**REQUEST FOR INFORMATION**

Date:

From:

RE:

TO WHOM IT MAY CONCERN:

The Iowa Department of Human Services is conducting a quality control review on the above named person. Federal regulations require that we obtain specific information to determine if the assistance payment received by our client is correct.

Please complete, sign and return the attached form to me. Please note that the client has authorized you to release this information to me.

It is essential that we have this information as soon as possible due to federal requirements. Therefore, a prompt response will be appreciated. A return envelope is enclosed for your convenience. If you have any questions, please call collect. If necessary, at the above listed number.

Thank you for your cooperation.

Sincerely,

Quality Control Reviewer  
Iowa Department of Human Services

Attachment