



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

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From:

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Phone:

Fax:

RE:

Dear _____ :

A quality control review is being conducted on the assistance received by the above named client. This person's case was selected entirely at random and not because there is any special question about it. Federal regulations require that a review of the assistance payment be made to determine if it is correct.

We are required to contact the facility/foster parent of the child for information which has a bearing on eligibility. Any information that you provide will be held in confidence and treated in accordance with state policies.

Please complete the attached questionnaire and return it in the enclosed envelope. If you have any questions, please call me collect at the above listed number.

This review has a deadline by which it must be completed. Therefore, a prompt response is appreciated. Thank you for your cooperation.

Sincerely,

Quality Control Reviewer
Iowa Department of Human Services

Attachment

FACILITY/FOSTER PARENT QUESTIONNAIRE

1. Did _____ reside with you on _____ ? Yes No

2. Date of child's birth: _____ Birth Place: _____

Month	Day	Year	County	City	State
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3. List the grade and the school the child attends.

Grade	School
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4. Are there any bank (checking or savings) accounts for the child? Yes No

If yes, complete the following and send a copy of the bank statement. It will be returned to you.

Name of Bank	Account Number	Balance as of

5. Did the child receive any income in _____ ? Yes No

If yes, what was the source of income and the amount?

Source	Amount
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6. List any other resources for the child; such as cash on hand, bonds, certificates of deposit, real property, vehicles or life insurance. List any account or policy numbers.

7. Does the child have any health insurance coverage? Yes No

If yes, complete the following:

Name of Company	Policy Number
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Your Signature	Telephone No. ()	Date
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