



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

PARENT QUESTIONNAIRE FOR FOSTER CHILDREN

[]

[]

Date:

[]

[]

From:

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 parent of the child(ren) 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 to me in the enclosed envelope. If you have any questions, please call me collect, if necessary, 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

PARENT QUESTIONNAIRE FOR FOSTER CHILDREN

RE:

1. Do you have any pensions, compensations, insurance payments or other benefits payable to the children? Yes No If yes, describe.

2. Are you a veteran? Yes No If yes, complete the following.

Dates of service: _____

VA claim number: _____

Are the children entitled to any VA benefits? Yes No If yes, what is the amount per month? _____

3. Are the children receiving any Social Security benefits from your social security wage record? Yes No If yes, complete the following.

Amount of benefits: _____

Social Security claim number: _____

4. Do you have any of the following resources in the name of the children or owned jointly with you? Check yes or no for each item and complete the information for each item answered yes. If in your name only, do not include. If you have a bank statement for verification, please send a copy. It will be returned to you.

	Yes	No	Amount	Description
Checking account				
Savings account				
Property				
Burial lots				
Life estates				
Trust funds				
Stocks or bonds				
Time certificates				

5. Do you have any life or other death benefit insurance on the children? Yes No
If yes, complete the following.

Person Covered	Company Name	Policy Number	Face Value	Cash Value	Year Purchased

6. Do you have any health insurance on the child(ren)? Yes No If yes, complete the following.

Person Covered	Company Name	Policy Number	Group Number

7. What services are covered under the health insurance?

- Doctor's care Hospital care Major medical
 Prescriptions Dental Other (explain)

I certify that the above statements are correct to the best of my knowledge.

Signature

Street Number

Date

City

Area Code/Telephone

State Zip Code