



Iowa Department of Human Services

Payee/Placement Changes SSI Advocacy Project

Child's name (claimant):		
SSN:	State ID:	DOB:
GAL:		Phone:

Referred by:	
<input type="checkbox"/> Social worker:	Phone:
<input type="checkbox"/> JCO:	Phone:

Placement Change (Includes returning home.)
Prior placement name:
Prior placement address:

Date of new placement change:
New placement name:
New placement address:
New placement contact person:
New placement phone number:

Payee Change (Please attach the current juvenile court order regarding the child.)
Date of payee change:

Send to: MAXIMUS
309 Court Avenue, Box 237
Des Moines, IA 50309

Telephone: 1-800-778-1406
Email: iowassi@maximus.com
Fax: 515-699-8535