

Iowa Department of Health and Human Services
Foster Care Escrow Account Transaction

Email Completed Form with Receipts To:

Bureau of Payments & Receipts

DHS Payments, <DHSPayments@dhs.state.ia.us>

From:

Title:

Email Address:

Request for withdrawal of funds for:

Child's Name	Date of Birth	
Last Four Digits of Child's Social Security Number	State Identification Number	
Payable to:	Relationship to Child	
Mailing Address		
Address		
City	State	Zip
Requested Amount:	<input type="checkbox"/> Do not close this account	
Explanation:		

Please contact the Service Help Desk if you have any service-related policy questions or issues, or visit us at the [Service Help Desk SharePoint](#).

Service Area Manager or Designee Approval	Date
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