STATE OF IOWA DEPARTMENT OF Health and Human Services

	Date:

## **Notice to Relatives and Parents**

This notice is to inform you that a court order was or will be issued for [children's names] to be removed from the custody of their parent or parents, with which they currently reside, and placed in the custody of the lowa Department of Health and Human Services. You have been identified as either a parent or relative of the child. If you are willing to be considered for placement of the child, want to provide assistance or support, or have any questions regarding accepting placement or providing support to the child, please contact me by telephone, email, or the mailing address listed below as soon as possible. If you do not respond to this notice and choose not to participate in the care or placement of the child, the child may remain in foster care until reunification with the parent or parents or another permanency plan is made.

HHS Worker Name	
Address	
Telephone	Email

Relatives willing to participate in the care and placement of the child may be eligible for financial and medical assistance for the child's health needs, as well as, potentially eligible to participate in legal proceedings.

Although not all relatives caring for children are licensed foster parents, you may be eligible to become a licensed foster parent. If you are interested in becoming a licensed foster parent, you will be provided with the information needed to go through the licensing process. You may also be eligible for the State's Subsidized Guardianship Program. This program provides financial assistance to caregivers who agree to be the legal guardian for a youth in foster care. Specifics regarding program eligibility and benefits can be provided upon request.

Thank you for your consideration in this matter.

Sincerely,