

Iowa Department of Human Services

Request for a One Year Foster Family License

To: Administrator, Division of Adult, Children and Family Services			Date		
Service Area		Licensing Worker			
Name of Licensee 1		License Number			
Name of Licensee 2		County			
Street		City	State	Zip Code	
Basis for One year Foster Parent License Request					
	The foster parent has been placed on a Corrective Action Plan in the last 12 months.				
	The foster parent has had one or more child abuse assessments that resulted in an unfounded or confirmed but not placed on the child abuse registry determination.				
	The foster parent had not completed their annual in-service training.				
	The foster family is not taking into due consideration the health, sanitation, hygiene, comfort or well-being of foster children. (112.6(1)"b")				
	Other reasons, i.e., a family placed on hold. Explain reasons in detail (attach another page of explanation if needed:				
License Decision					
License is renewed for: 1 year 2 years Effective date:					
Sign	nature of Administrator, Division of Adult, Childi	ren and Family Services	Date		

Copy 1 – DHS licensing file

Copy 2 – ACFS

Copy 3 – Contractor

Copy 4 – Control