



Iowa Department of Health and Human Services
Foster Home Property Fund Notice of Loss

Send completed notice to:

Email: ERS@EMCINS.COM

Address: EMC Risk Services
Foster Care Property Damage Fund
PO BOX 9399
Des Moines, IA 50306

NOTE: All claims must be submitted within six months of the date of occurrence to be considered for reimbursement.

Date of Report: \_\_\_\_\_

Foster Parent: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Date Of Damage: \_\_\_\_\_

Address Of Damage: \_\_\_\_\_

Description Of Damage: \_\_\_\_\_

\$ Estimate of Damage: \_\_\_\_\_

Owner Of Damaged Property: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Responsible Foster Child Name:

Name: \_\_\_\_\_

Accidental [ ] Yes [ ] No

Did Anyone Witness the Foster Child Damage the Property? [ ] Yes [ ] No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Items Being Submitted?

Picture(s) Of Damage [ ] Yes [ ] No

Receipt(s)/Estimate(s) [ ] Yes [ ] No

Declaration: I declare that the information provided by me on the above form is true and correct to the best of my knowledge and belief.

Signature Date

Additional Notes Area (if needed):