IOWA HHS | Iowa Connected Family Health Database

Provider/Organization/Program Request

Return this form to
iowaconnectedhelpdesk@idph.iowa.gov

Provider Information

Provider Full Name: _____

Provider Credentials (i.e. RN, RDH, MD): _____

Provider Email Address: _____

Provider Phone Number: _____

Languages or Specialties: _____

Organization Information

Name of Organization: _____

Organization Phone Number: _____

Organization Website: _____

Organization Address : _____

Organization Type (i.e. hospital, clinic) _____

Program Information

Name of Program: _____

Organization program is associated with: _____

Address of Program:_____

County of Program:_____

NOTE: The information provided on this form will appear in the search function of Iowa Connected. Please be as accurate as possible and provide as much information as possible.

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