



# Iowa Department of Human Services

Terry E. Branstad  
Governor

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Lt. Governor

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Director

June 10, 2016

## GENERAL LETTER NO. 12-C-AP-11

ISSUED BY: Bureau of Child Welfare and Community Services  
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title XII, Chapter C, **FOSTER GROUP CARE LICENSING APPENDIX**, the following forms:

- 470-0723 *Application for License or Certificate of Approval*; renamed, renumbered, and revised
- 470-0728 *Notice of Action*, renamed, renumbered, and revised

### Summary

This chapter is revised to update the following forms:

- ◆ 470-0723, *Application for License or Certificate of Approval*
- ◆ 470-0728, *Notice of Action*

### Effective Date

Upon receipt.

### Material Superseded

This material replaces the following forms from Employees' Manual, Title XII, Chapter C, Appendix:

<u>Page</u>	<u>Date</u>
SS-3105-0 (470-0723)	9/86
SS-3307 (470-0728)	7/86

### Additional Information

Refer questions about this general letter to the Bureau of Child Welfare and Community Services in the Division of Adult, Children and Family Services.



## Application for License or Certificate of Approval

Legal Corporation Name		Telephone Number
Address	City/State	Zip
Email Address		Fax Number

Provide information for each facility you wish to license. Choose the **facility type** from the list below:

1. License to operate a *child-placing agency* (Iowa Code Chapter 238 & 441 IAC 108)
  - 1a Foster care
  - 1b Adoption
  - 1c Foster care and adoption
  - 1d Supervised apartment living
2. Certificate of approval (Iowa Code Chapter 232 and 441 IAC 105)
  - 2a Shelter care home (county or multi-county operated)
  - 2b Detention home (county or multi-county operated)
3. License to operate *group foster care facility* (Iowa Code Chapter 237 & 441 IAC 112, 114, 115 & 116)
  - 3a Community residential facility
  - 3b Comprehensive residential facility
  - 3c Community residential facility for children with intellectual disabilities
  - 3d Comprehensive residential facility for children with intellectual disabilities
  - 3e Private shelter care home
  - 3f Private detention home

◆ Facility Name	Telephone	County	Facility Type
Address	City/State	Zip	# of Beds
◆ Facility Name	Telephone	County	Facility Type
Address	City/State	Zip	# of Beds
◆ Facility Name	Telephone	County	Facility Type
Address	City/State	Zip	# of Beds
◆ Facility Name	Telephone	County	Facility Type
Address	City/State	Zip	# of Beds
◆ Facility Name	Telephone	County	Facility Type
Address	City/State	Zip	# of Beds

Print Name of Agency Representative	
Signature of Agency Representative	
Title	Date

**Send two copies to:**

Iowa Department of Human Services  
 Division of Adult, Children and Family Services  
 5<sup>th</sup> Floor – Hoover Bldg.  
 1305 E Walnut St  
 Des Moines, IA 50319-0114  
**Attn: Carol Gerleman – Licensing**  
 Or email: [cgerlem@dhs.state.ia.us](mailto:cgerlem@dhs.state.ia.us)



### Notice of Action

Date		
Name of Facility		
Address		
County	Identification No.	B/F #

- This is to inform you that a *(check one)*:
- full
  - certificate of license
  - preschool
  - child care center
  - child-placing agency:
    - adoption
    - foster care
    - supervised apartment living
  - community residential facility
  - comprehensive residential facility
  - community residential facility for children with intellectual disabilities
  - comprehensive residential facility for children with intellectual disabilities
  - shelter facility
  - detention facility
- (check one)*:
- provisional
  - certificate of approval
- to operate a *(check as applicable)*:

has been issued for the period from \_\_\_\_\_ to \_\_\_\_\_. The maximum number of children to be cared for at one time in this facility is \_\_\_\_\_.

Special Provisions:

- cc:
- Bureau File
  - Health Facilities Surveyor:
  - Purchased Services (POS):
  - Program Coordinator:
  - Project Manager:
  - Service Area Manager:

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Administrator, Division of Adult, Children and Family Services

## You Have the Right to Appeal

### What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

### How do I appeal?

Filing an appeal is easy. You must appeal in writing by doing **one** of the following:

- Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5<sup>th</sup> Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

### How long do I have to appeal?

You must file an appeal:

- Within 30 calendar days of the date of a decision **or**
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

### Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date of a decision **or**
- Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

### How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

### Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

### **Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity**

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to: Iowa Department of Human Services, Office of Human Resources, Hoover Building – 1<sup>st</sup> Floor, 1305 E. Walnut, Des Moines IA 50319-0114; fax (515) 281-4243, or via e-mail [dhscontact@dhs.state.ia.us](mailto:dhscontact@dhs.state.ia.us)