



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## Iowa Department of Human Services Child Welfare Advisory Committee Membership Application

*(Defined in Iowa Code, Chapter 217.3A)*

Date: \_\_\_\_\_

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

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

Current Employer: \_\_\_\_\_

Telephone Number(s): (H) \_\_\_\_\_ (W) \_\_\_\_\_  
(C) \_\_\_\_\_ (ALT) \_\_\_\_\_

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Position you are eligible to represent: (Check all that apply)

- \_\_\_\_\_ Parent of a child that is or has been in the Iowa child welfare system
- \_\_\_\_\_ A youth that is currently or has been placed in the foster care system
- \_\_\_\_\_ A licensed shelter care service provider
- \_\_\_\_\_ A licensed group care service provider
- \_\_\_\_\_ A licensed psychiatric medical institute service provider
- \_\_\_\_\_ A licensed in-home services provider
- \_\_\_\_\_ A representative of the juvenile courts system
- \_\_\_\_\_ A representative from the legal community
- \_\_\_\_\_ A representative of the child advocacy board
- \_\_\_\_\_ A representative of an agency supporting foster parents
- \_\_\_\_\_ A representative from the education community

[Type text]

What is your background? What has prompted your interest in being appointed to this advisory committee?

Would you be able to attend committee meetings every month (in person and/or via phone with adequate prior knowledge) in the Des Moines area?