



## 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)