



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: _____

County: (optional)*: _____

Current Employer: _____

Telephone Number(s): (H) _____ (W) _____
(C) _____ (ALT) _____

Email 1: _____

Email 2: _____

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

- An active [Parent Partner](#)
- An active member of a local [AMP](#) chapter
- 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 with a focus on Child Welfare
- A representative of the state child advocacy board
- A representative of the Iowa Foster and Adoptive Parent Association
- A representative from the education community

Gender: (optional)*	
_____	Male
_____	Female

System Involvement: (optional)*	
Have you ever been formally involved with the child welfare system or a recipient of child welfare services?	
_____	No
_____	Yes

**Note: While these categories are optional for applicants to be considered for appointment, applicants may receive additional points in application scoring in order to promote a diverse and well represented committee.*

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

In respond please also describe your background. Discuss any experience you have in program development and oversight, including but not limited to budgeting, policy development and program management as it relates to the provision of child welfare services.

Are you involved in any other legislatively mandated councils, committees, boards, or advisory groups? If yes, please describe the purpose for the committee/group as well as your role.

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?

Please return your completed application for membership to Michelle Muir at mmuir@dhs.state.ia.us, or by mailing a hard copy to:

Iowa Department of Human Services
Attn: Michelle L. Muir, ACFS
Hoover State Office Bldg., 5th Fl.
1305 E. Walnut St.
Des Moines, IA 50319-0114