**Foster Home Property Fund
Notice of Loss**

Approved by Iowa Department of Human Services

**Send completed notice to:**
Email: **ERS@EMCINS.COM**
Address: EMC Risk Services

Foster Home Property Damage Fund

 PO BOX **9399**

Des Moines, IA 50306

|  |  |  |
| --- | --- | --- |
| **Date of Report:** |  |  |
| **Foster Parent:** |  |  |
|  | Home Address: |  |  |
|  | Home Phone Number: |  |  |
|  | Cell Phone Number: |  |  |
| **Date Of Damage:** |  |  |
| **Address Of Damage:** |  |  |
| **Description Of Damage:** |  |  |
|  |  |  |
|  |  |  |
| **$ Estimate of Damage:** |  |  |  |
| **Owner Of Damaged Property:** |  |  |
|  | Address: |  |  |
|  | Phone: |  |  |
| **Responsible Foster Child Name:** |  |  |
|  | Name:  |  |  |
|  |

|  |  |
| --- | --- |
| Accidental | [ ]  Yes [ ]  No |

 |  |  |
| **Did Anyone Witness the Foster Child Damage the Property?** | [ ]  **Yes** [ ]  **No** |  |
|  | Name:  |  |  |
|  | Address: |  |  |
|  | Phone: |  |  |
| **Items Being Submitted?****Picture(s) Of Damage** | [ ]  **Yes** [ ]  **No** |
| **Receipt(s) / Estimate(S)** | [ ]  **Yes** [ ]  **No** |

**Declaration: I declare that the information provided by me on the above form is true and correct to the best of my knowledge and belief.**

**Signature / DATE:**

**Additional Notes Area (If Needed):**