**Foster Home Property Fund  
Notice of Loss**

Approved by Iowa Department of Human Services

**Send completed notice to:**  
Email: [**ERS@EMCINS.COM**](mailto:richard.a.sunde@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):**