

Iowa Department of Human Services
Appeal and Request for Hearing

Fill out the top part of this form. You do not need to fill out the worker information part.

Name: Last	First	Mi
Mailing Address		
City	State	Zip Code
Phone Number	County	
()		

- Check the programs you want to appeal.
- Family Investment Program (FIP), Refugee Cash Assistance (RCA) or PROMISE JOBS
 - Child Care Assistance
 - Food Assistance
 - Medicaid including Waivers
 - Attribution
 - Administrative Hearing (only for attribution appeals)
 - Child Abuse
 - State Supplementary Assistance
 - Child Support
 - Adoption or Foster Care
 - Other (explain): _____

- I want my benefits to continue, if they can. Yes No
 I want an interpreter for my hearing. Yes No
 If yes, what language do you read? _____
 I want a pre-hearing conference. Yes No
 Tell us why you are appealing. Please be brief.

You may have to pay them back if you lose your appeal.
 We will provide an interpreter for you.
 What language do you speak? _____

Your Signature _____ Date _____

If you want someone to help you with your appeal, please write the person's name and address below. This person will get information about your appeal. **You are not required to list someone here.**

Name	Phone Number ()		
Mailing Address	City	State	Zip Code

Worker Information

Worker Name		Phone Number ()	
Worker Number	County/Office	Case Number/SID Number	

Will benefits continue or did you reinstate benefits because of this appeal? Yes No
 If not, why? Application/recertification Appellant chose **not** to have benefits continue
 Appeal not filed before the effective date Other (explain) _____

If the consumer wants an interpreter, what language is needed? _____

The adverse action appealed is the result of a:
 DDS report IFMC decision CSC worker action _____
 LBP PJ worker _____ Office _____
 QC report QC worker _____ Office _____
 DIA investigation Investigator _____ Office _____

Attach a copy of the NOD being appealed. If it isn't attached, explain why: _____

Tell us your vacation and training schedule for the next 3 months. _____

Instructions

Use of this form is not mandatory. Any written appeal is a valid appeal.

Verbal appeals are valid only in the Food Assistance program. The worker receiving the Food Assistance appeal should record verbal appeals on this form. Be sure to indicate that this is a verbal appeal. Also, include the date the appeal was requested.

If you get a letter stating the consumer wants to appeal, attach the letter to this form. You need to fill in the consumer's information and your information.

If you do not know what the consumer is appealing, you need to indicate what you think the appeal is about. The DHS Appeals Section will ask the consumer for additional information, if necessary. **Do not hold an appeal if you need to get additional information from the consumer.**

On the front of this form, date-stamp all appeals on the date they are received in your office. If you got the appeal in the mail, keep the postmarked envelope and attach it to this form.

Attach a copy of the Notice of Decision that the consumer appealed to this form. Send this to:

Department of Human Services
Appeals Section, 5th Floor
1305 E Walnut St
Des Moines, IA 50319-0114

Send in an appeal summary to the DHS Appeals Section within 10 calendar days of the date the appeal was filed. Do not delay sending in an appeal while you work on your appeal summary.

Send all new appeals to the DHS Appeals Section within one working day of receipt. Be sure to include the Notice of Decision and the postmarked envelope, if applicable. Use local mail if available.

If the appellant requests that benefits continue, but the appellant does not meet the criteria listed in Employees' Manual 1-E, then issue a manual notice of decision stating that the appellant's request for continuation of benefits while an appeal is pending is denied. The appellant has the right to appeal this action also.

Be sure to indicate your vacation and training schedule for the next 3 months. This will be used when scheduling a hearing.

For more information about appeals, check out the Appeals Section intranet site at <http://dhsintranet/appeals/>