

Iowa Department of Human Services
Family Planning Medicaid Review

County Number

Worker Name

Case Number

State ID

Age

Telephone

It is time for your yearly review. Your family planning benefits will stop unless you fill out and return this form by _____ . If you have any questions, call us at _____

List the people who live with you.

Name	How are they related to you?	Age
	Self	

Have you had any medical procedures or surgeries that keep you from becoming pregnant? Yes No

Income:

- List the income you received in the last 30 days and send in pay stubs or other proof of this income.
- If you are unmarried and live with your parents, only list your income.
- If you are married, list the income of your husband and children that live with you.

Who gets the money?	Where does the money come from?	Amount per month

List any health insurance coverage you have that covers family planning:

Name of insurance company	Policyholder	Policy number

If you cannot use this insurance for your family planning services, explain why. _____

I certify that these statements are correct to the best of my knowledge and belief.

Signature	Date
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Your Responsibilities

Tell your worker if you have a change in your health insurance coverage. You may still get Medicaid if you have health insurance. If you have health insurance coverage and have good cause for not filing family planning related claims with the insurance company, be sure to tell your worker why.

You must give the Department of Human Services (DHS) any money you get to pay medical bills that have already been sent to Medicaid to be paid. If you don't, your Medicaid benefits may be stopped.

Your social security number (SSN) is required to be eligible for Medicaid. Your SSN will be used to check the identity of household members, keep you from getting the same benefits in other places and to make changes easily.

Your SSN will also be used in a computer match with Iowa Workforce Development, the Social Security Administration, and the Internal Revenue Service to check the answers you gave us for income and other eligibility information about all household members. This is done to make sure that you are eligible for benefits. The information we get from this computer match may result in court action or administrative claims for over issuance of benefits against persons fraudulently receiving benefits.

You Have the Right to Appeal

You, or the person helping you, may request an appeal hearing if you do not agree with any action taken on your case. You must appeal in writing by doing **one** of the following:

- Fill out an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form from your worker.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your worker.

You can represent yourself. Or, you can have a friend, relative, lawyer or someone else act on your behalf.

You may contact your worker about legal services. You may have to pay for these legal services. If you do, your payment will be based on your income. You may also call Iowa Legal Aid at (800) 532-1275. If you live in Polk County, call (515) 243-1193.

You Will Not Be Discriminated Against

It is our policy to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, religion, age, disability, political belief or veteran status.

If you feel your Iowa Family Planning Network worker has discriminated against or harassed you, you can send a letter of complaint to:

Iowa Department of Human Services, Administrator, Diversity Program Unit, 1305 E. Walnut, Des Moines IA 50319-0114; phone (800) 972-2017; fax (515) 281-4243.