



Date:

Iowa Department of Human Services
Notice of Food Assistance Debt
Account Number:

Keep This Part

If you have questions about this notice, call **1-800-572-3945** (toll free).

You were found guilty of trafficking or misuse of Food Assistance benefits and ordered to pay the Iowa Department of Human Services \$

What You Need to Do

Step 1: Choose a Payment Plan

If a payment was set by a court you must pay that amount.

If a court did not set your payments, you can choose one of the following:

- Plan 1. Pay the full amount in one payment.
- Plan 2. Make monthly payments.*
- Plan 3. Pay part of what you owe now and pay the rest in monthly payments.*
- Plan 4. Have DHS take benefits from your EBT account now. (If this does not pay all of the claim, choose an additional plan to pay the rest.) Note: Call DIA if you want to make monthly payments from your EBT account.
- Plan 5. Have DHS keep part of your monthly benefits if you get Food Assistance now.

* If you choose Plan 2 or 3:

- If you get Food Assistance benefits, your monthly payments must be more than \$20 or 20% of your monthly Food Assistance benefit, whichever is higher.
- If you do not get Food Assistance benefits, your monthly payments cannot be less than \$50 or the amount you owe divided by 36 months, whichever is more. **Note:** If you are not able to pay this amount each month, call DIA at 1-800-572-3945 to discuss other payment options.

Step 2: Fill Out and Mail the Agreement to Pay – Remember to:

- Fill in all the blanks.
- Choose a payment plan.
- Sign and date the form.
- Return the Agreement to Pay within 20 days of the date of this letter.

Mail the form to:
Iowa Department of Inspections and Appeals
Public Assistance Debt Recovery Unit
321 E 12th St 3rd Floor
Des Moines, IA 50319-0083

If you choose Plan 1, 2, or 3, you will get a bill with instructions on how to make payments. If your household's income changes, you can ask us to change your agreement.

Action to Collect the Debt

An Intentional Program Violation or court hearing found you guilty of trafficking or misuse of Food Assistance benefits. This debt has been passed on to the Department of Inspections and Appeals (DIA). DIA will collect on this debt by doing one of the following:

- Bill you for the debt, or
- If you do not return the signed agreement and make payments, we may:
 - Keep part of your monthly benefit if you get Food Assistance,
 - Take your Iowa income tax refund,
 - Take your federal tax refund, or
 - Take a part of your Social Security benefits or part of your salary if you work for the federal government.

If you don't provide the signed agreement, we will ask the Department of Treasury to collect the debt for us. If this happens, you will be charged for extra processing fees.

You can stop this action if you provide a signed agreement that says you will pay your debt before it is referred to the Department of Treasury.

Request to Reduce or Settle a Debt

You have the right to ask the Department of Human Services not to collect some or all of your debt. We may reduce any part or all of the debt if we believe you are not able to repay the full amount.

If you want to ask us to lower part or all of your debt, write us a letter telling us:

- Your name and mailing address,
- A phone number where we can reach you or leave a message for you,
- Your social security number, and
- Why you cannot pay part or all of your debt.

Mail the letter to: Exceptions to Policy, DHS Appeals Section, 5th Fl, 1305 E Walnut, Des Moines, IA 50319-0114.

When you ask us to lower part or all of the amount you owe, we will look at things like:

- How much you owe,
- When (the date) the trafficking or misuse happened, and
- Things that make it hard for you to pay, like financial hardship or other unusual problems.

We may then agree to settle, adjust, compromise or deny part or all of the debt. In other words we may agree that you don't have to pay back any of the debt or that you only have to pay back part of it.

NOTE: If your family's income changes, you can ask to change your repayment agreement to lower the amount you pay.

Agreement to Pay

Due Date:

Mail This Part

Case Name:

Account Number:

I, _____, agree to pay the Iowa Department of Human Services.
(First Name, Middle Initial, and Last Name)

If a court ordered payment, you must pay that amount.

If you do not have a court ordered payment amount, check one of the plans below:

- Plan 1: Pay the full amount in one payment.
- Plan 2: Make monthly payments of \$_____ per month.
Starting date: _____.
- Plan 3: Pay \$_____ now and pay the rest in monthly payments of \$_____ per month.
- Plan 4: Have DHS take benefits from my EBT account now. (If this does not pay all of the claim, choose an additional plan to pay the rest.) Note: Call DIA if you want to make monthly payments from your EBT account.
- Plan 5: Having DHS keep \$20 or 20% of my monthly Food Assistance benefits, whichever is more.

By signing this agreement, I understand that:

*** If I choose Plan 2 or 3:**

- If I get Food Assistance benefits, my monthly payments must be more than \$20 or 20% of my monthly Food Assistance benefit, whichever is higher.
- If I do not get Food Assistance benefits, my monthly payments cannot be less than \$50 or the amount I owe divided by 36 months, whichever is more. If DIA agreed to a different amount, I understand I need to pay that amount.
- I can pay the balance off at any time.
- If I sign this agreement and do not follow its terms, it will break the contract and other action may be taken against me.

Signature

Phone

Date

For Office Use Only:

Signed:

Date:

Title:

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief, or veteran status. To file a complaint of discrimination, write to: USDA – Director, Office of Adjudication, 1400 Independence Ave SW, Washington, DC 20250-9410, or call 1-866-632-9992 voice. Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339; or 800-845-6136 (Spanish). USDA is an equal opportunity provider and employer.

