Iowa Department of Human Services

Notice of Child Care Assistance Overpayment

Date: Account Number:

Keep this part

If you have questions about repayment, call **1-800-572-3945** (toll free). If you have questions about the establishment of this claim, call your worker or local DHS office.

Our records show that you owe money to the Department of Human Services (DHS). The reason is checked below. The amount that you owe is $ for the months of :

1 ☐ A mistake by you that gave you child care assistance in error.

2 ☐ A mistake by DHS that gave you child care assistance in error.

3 ☐ A mistake by a provider that caused DHS to pay the provider incorrectly for child care services.

4 ☐ A mistake by DHS that incorrectly paid a provider for child care services.

This overpayment happened because of

What You Need to Do

Step 1: Decide

- If you ***agree*** that an overpayment has been made:
  1. Fill out the repayment agreement below.
  2. Make sure you sign and date the agreement.
  3. Using the enclosed envelope, return the agreement within 20 days.
- If you ***do not agree*** that you owe DHS money or if you do not agree with the amount, you may appeal within **30 calendar days** of the date on the first notice that was sent to you. Your appeal rights are explained on the back of this letter.

Step 2: Choose a Payment Plan

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.

Monthly Payments: If you choose Payment Plan 2 or 3, your monthly payments cannot be less than $50 or the amount you owe divided by 60 (one monthly payment for five years), whichever is greater. You can pay the entire balance at any time.

Note: If your household's income changes, you may ask to change this agreement.

Step 3: Fill Out and Mail the Agreement to Pay – Remember to:

- Fill in all the blanks.
- Choose a payment plan.
- Sign and date the form.

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

After we get your signed agreement, you will get a bill with instructions on how to make payments.

Actions to Collect the Debt

The debt has been referred to the Department of Inspections and Appeals (DIA) for collection. DIA will collect on this debt by doing one of the following:

- Bill you for the debt, or
- If you are not making payments and you are past due on your account:
  - Take your Iowa income tax refund, or
  - Take money that is owed to you by any state agency. For example, all or part of your income tax refund or state wages.
- If you gave wrong information on purpose or kept information from DHS to get more benefits than you were eligible for, your case can be referred for a criminal investigation.
- File a civil suit to collect the debt.

You Have the Right to Appeal

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

How do I appeal?

Filing an appeal is easy. You can appeal in person, by telephone or in writing for Food Assistance or Medicaid. You must appeal in writing for all other programs. To appeal in writing, do **one** of the following:

- Complete 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 at your county DHS office.

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 county DHS office.

How long do I have to appeal?

For Food Assistance or Medicaid, you have 90 calendar days to file an appeal from the date of a decision. For all other programs, you must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to:
Iowa Department of Human Services, Hoover Building, 5th Floor – Policy Bureau, 1305 E Walnut, Des Moines, IA 50319-0114 or via email contactdhs@dhs.state.ia.us

Iowa Department of Human Services

Notice of Child Care Assistance Overpayment

Agreement to Pay

Mail this part

Name: Account Number:

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

☐ ***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

By signing this agreement, I understand that:

- If I choose Payment Plan 2 or 3, my monthly payments cannot be less than $50 or the amount I owe divided by 60 (one monthly payment for five years), whichever is greater.
- 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 action may be taken against me.

Signature	Phone	Date

For Office Use Only:

Signed: Date: Title: