

Promise *Jobs* PROVIDER MANUAL

APPENDIX



The Department of Human Services in Partnership with
the Departments of Economic Development, Education,
Human Rights, Management, and Workforce Development.

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Adjustment to Overpayment Balance, Form 470-0010

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| Purpose | Form 470-0010 is used to record payments and adjustments to debtor accounts established on the Overpayment Recovery System. Note: The total amount of the claim is not adjusted with this form. Submit an updated <i>Overpayment Recovery Information Input</i> to adjust the total owed. |
| Source | Form 470-0010 may be completed on line using the template provided by DHS. |
| Completion | The PROMISE JOBS worker prepares two copies of this form when: <ul style="list-style-type: none">◆ Payments (cash, returned warrants) are received in the PROMISE JOBS office, or◆ A monetary adjustment needs to be made to a debtor’s account (e.g., credits to date were applied incorrectly), or◆ An offset needs to be credited. Complete one form for each transaction. |
| Distribution | Send the original of this form with the receipt and the payment, if applicable, to the DHS Bureau of Purchasing, Payments and Receipts, Cashier’s Office, Room 14, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. Keep a copy in the client’s case file. If the reduction is a result of cash payment, the check or money order must accompany this form. Do not send cash. |
| Data | Complete the following fields: <ul style="list-style-type: none">◆ <u>Date</u>: Enter the date the form is being submitted.◆ <u>Submitting Worker</u>: Enter your name.◆ <u>Agency/Office</u>: Enter “IWD.”◆ <u>Phone</u>: Enter your phone number. |

- ◆ **Debtor Name:** Enter the name of the debtor whose overpayment recovery account needs adjustment. Enter the name as listed on the *Overpayment Recovery Information Input*, form 470-0464.
- ◆ **Identifying Number and Prefix:** Enter the prefix and the main identifier, as listed in fields 3 and 4, 5, or 6 of the *Overpayment Recovery Information Input*.
- ◆ **Program:** Enter the code listed in field 16 of the *Overpayment Recovery Information Input* for the claim to which the change is being made, the offset is being credited, or the payment is being applied. If this payment could be applied to more than one claim, list all that apply.
- ◆ **Date Established:** Enter the date listed in field 17 of the *Overpayment Recovery Information Input* for the claim to which the change is being made, the offset is being credited, or the payment is being applied.
- ◆ **Action:** Check whether the claim balance should be increased or decreased.
- ◆ **Reduce Balance:** Enter the amount by which the debtor's account balance should be reduced, if applicable.
- ◆ **Increase Balance:** Enter the amount by which the debtor's account balance should be increased, if applicable.
- ◆ **Reason:** Check the reason for the adjustment, and identify what the "other" reason is, if "other" is checked. If more than one reason is checked, indicate a separate amount for each reason. These amounts must total to the amount entered after the action.

Appeal and Request for Hearing, Form 470-0487

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| Purpose | <p>Form 470-0487 is used to initiate the appeal process and to supply information needed to proceed with an appeal.</p> <p>Note: A person may request appeal without completing this form. Any written appeal is valid.</p> |
| Source | <p>Form 470-0487 is printed in pads of 25 three-part carbonized sets. Order Supplies from Iowa Prison Industries at Anamosa. The form may also be completed on line using the template provided by DHS.</p> <p>Appellants may also complete this form electronically at www.dhs.state.ia.us/appeals.asp. The request will be submitted directly to the DHS Appeals Section to be processed.</p> |
| Completion | <p>The form is divided into two parts. Part I is completed by the person who wishes to appeal (the appellant) or someone acting for the appellant. Assist the appellant in completing this part of the form if the appellant wishes.</p> <p>The PROMISE JOBS worker completes Part II for the case as soon as the worker receives the appeal.</p> <p>If the appellant submits the form to request an appeal, complete Part II then. If the appellant does not use this form to request an appeal, attach the appeal request to the form and complete the identifying information in Part I.</p> <p>If you are using the template form, make three copies of the completed form.</p> |
| Distribution | <p>Distribute the form as follows:</p> <ul style="list-style-type: none">◆ Give one copy to the appellant.◆ Keep one copy in the case file.◆ Within 24 hours of receipt, send the original copy to: <p>DHS Appeals Section, 5th Fl 1305 E Walnut St Des Moines, Iowa 50319-0114</p> |

Attach a copy of the *Notice of Decision* or other notice of an adverse action that is being appealed. If no copy of the notice is attached, note why. Attach the postmarked envelope if the appeal was mailed to you.

Within ten days of the receipt of the appeal, forward a summary of all actions taken. The summary is a review of the facts about the situation and should include:

- ◆ Information on the household composition.
- ◆ The issue being appealed.
- ◆ A detailed explanation of actions taken which led to the appeal.
- ◆ Copies of all supporting documents, including applications, notices, any other applicable forms, and narratives.
- ◆ Manual references on the actions taken.

Provide the appellant and appellant's representatives, if any, with copies of all materials submitted to the Appeals Section. Note on the materials sent to the Appeals Section that copies were sent and to whom.

Notify the Appeals Section if other agencies or staff are parties to the appeal.

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| Data | Part I | Complete all the information, including phone number, if applicable. Check the programs under appeal. The statement of complaint may be as specific as the appellant wishes to make it. |
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Indicate if the appellant requests an interpreter for the appeal hearing.

Indicate whether the appellant wishes to have a pre-hearing conference to discuss the appeal. Explain the purpose of a pre-hearing conference. The form should be signed and dated, if possible.

List any other people whom the appellant wishes to have notified of the time and place of the hearing, with their addresses. This may include an attorney or representative.

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| | Part II | Complete the worker name, number, telephone number, county office and case number or state identification number. |
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Refer to **Continuation of Benefits Pending an Appeal Decision** to determine whether the appellant's assistance or services are continuing or being reinstated pending the outcome of the appeal. If assistance is not being continued or reinstated, check no, and note the reason why it is not.

Check the box to indicate the PJ worker and enter your office location. If you have a special scheduling request (such as a compressed workweek), list it on the line indicated.

Authorization for Examination and Claim for Payment, Form 470-0502

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| Purpose | Form 470-0502 is used to authorize an examiner to perform an examination for people who do not receive Medicaid. It also serves as a billing form for the examiner to present a claim to DHS for payment. |
| Source | Complete form 470-0502 on line using the template provided by DHS. |
| Completion | <p>The PROMISE JOBS worker initiates the form when it is necessary to determine the illness of a household member who is not a Medicaid recipient, because the participant claims to be needed in the home to care for this person.</p> <p>Complete and sign the top section of the form. The examiner completes the claim section. DHS staff complete the certification section.</p> |
| Distribution | <p>Send the form to the examiner, along with form 470-0447, <i>Report on Incapacity</i>. The examiner shall return form to the PROMISE JOBS office. Make a copy of the form to file in the case record.</p> <p>Write “PROMISE JOBS” across the top of the original and send it to DHS, Division of Medical Services 5th Fl, 1305 E Walnut, Des Moines, Iowa 50319-0114.</p> |
| Data | The top section of the form is self-explanatory. The PROMISE JOBS worker shall sign the line designated for county director. The examiner completes the middle section. |

Child Care Assistance Provider Agreement, Form 470-3871

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| Purpose | The <i>Child Care Assistance Provider Agreement</i> sets the terms for payment of a child care provider by the Department of Human Services. |
| Source | Form 470-3871 is printed in pads of 50 two-part carbonized sets. Order supplies from Iowa Prison Industries at Anamosa. |
| Completion | <p>A provider selected by a Child Care Assistance client initially completes the form and signs and dates it to indicate understanding and agreement to all of the terms and conditions stated on the form. The provider returns both copies of the form to the local DHS or PROMISE JOBS office.</p> <p>The DHS Child Care Assistance worker in the local office:</p> <ul style="list-style-type: none">◆ Reviews the agreement.◆ Determines if the provider meets all of the requirements.◆ Completes the back page with:<ul style="list-style-type: none">• The provider's approved rates.• The effective date of the <i>Agreement</i>, based on the client's application date or the first date of child care service, whichever is later.• The termination date, which shall be no more than two years from the effective date. <p>The <i>Agreement</i> must be renewed at least every two years, or when the provider reports changes.</p> |
| Distribution | When the <i>Agreement</i> is approved and all signatures are secured, the DHS worker sends one copy of the <i>Agreement</i> back to the child care provider, keeps one copy in the local DHS office, and sends a photocopy to the PROMISE JOBS worker when a PROMISE JOBS client selects this provider. |

Data

The first page of the form gathers provider information. The second through fourth pages set forth the terms and conditions to which both parties agree, as indicated by their signature on the last page.

On the first page, the provider:

- ◆ Enters the following data:
 - Provider name
 - Address
 - Phone number
 - Social security number or federal identification number
 - County where the child care provider resides
- ◆ Checks the applicable box to indicate the type of provider:
 - Licensed child care center
 - Nonregistered provider
 - Exempt facility
 - In-home provider
 - Child development home category A
 - Child development home category B
 - Child development home category C
- ◆ Enters all of the rates the provider charges for basic and special needs care for each age group. Providers may enter hourly, half-day, or daily rates. If the provider does not enter half-day rates, the Child Care Assistance worker must calculate the half-day rate.

Both the provider and Child Care Assistance worker should sign the agreement.

Also, on page four, the DHS Child Care Assistance worker:

- ◆ Fills out the table with the approved half-day rates for the provider.
- ◆ Enters the services codes for the rates approved. The first two digits of this code represent the provider type and the type of care (special needs, basic). The second two digits represent the age group of the child.

PROVIDER TYPE

| | |
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| 14xx | Child development home category C (basic) |
| 61xx | Child development home category C (special) |
| 15xx | Child care center (basic) |
| 62xx | Child care center (special) |
| 16xx | Nonregistered family home (basic) Child development home category A or B (basic) |
| 63xx | Nonregistered family home (special) Child development home category A or B (special) |
| 17xx | In-home care (basic) |
| 64xx | In-home care (special) |

AGE GROUP

| | |
|------|------------------------------------|
| xx01 | Infant and toddler |
| xx02 | Infant and toddler (nonregistered) |
| xx16 | Preschool |
| xx17 | Preschool (nonregistered) |
| xx46 | School age |
| xx47 | School age nonregistered) |

- ◆ Enters the effective date, which can be no sooner than the date of the client's application or first day of child care services, whichever is later.
- ◆ Enters the termination date, which can be no later than 24 months from the effective date.

Reserve this page for future use.

Consent to Obtain and Release Information, Form 470-0429

Purpose

The *Consent to Obtain and Release Information* is used to obtain permission from a participant to allow the PROMISE JOBS worker to contact a third-party source to obtain information about the participant or to release information about the participant.

The form can be used alone or in conjunction with the *Report on Incapacity* when medical information is needed. PROMISE JOBS may request medical verification to determine if:

- ◆ A medically related barrier to participation exists.
- ◆ Assignment to a specific component or activity is acceptable.
- ◆ A participant should be temporarily excused from participation due to a medically related problem with participation.

When asking for medically related information, the **only** use of this release for PROMISE JOBS is to determine the ability of the participant to engage in job search, full-time employment, and other PROMISE JOBS activities.

It is not necessary to receive a medical diagnosis of the participant's condition. Ask only whether the participant is able to meet PROMISE JOBS component requirements or can participate in a meaningful manner.

This form can also be used to request information about participation and progress in a treatment plan. However, the progress notes must involve only information concerning the ability of the participant to be involved in:

- ◆ The program outcome of full-time employment, or
- ◆ Specific components that will lead to full-time employment and self-sufficiency.

When participants claim to have medical problems that would exempt them from PROMISE JOBS entirely, refer them to the income maintenance worker. The IM worker is responsible for obtaining verification and determining whether the client should be exempt.

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| Source | <p>Form 470-0429 is printed in pads of 25 two-part carbonized sets. Order supplies from Iowa Prison Industries at Anamosa. You may also complete this form on line using the template provided by DHS.</p> |
| Completion | <p>The PROMISE JOBS worker completes the form when PROMISE JOBS needs to:</p> <ul style="list-style-type: none">◆ Obtain verification from a third-party source and the participant is unable to provide the information.◆ Provide information to a third-party source at the participant's request. <p>The participant signs the form. Discuss the authorization and the explanation paragraph regarding the use of the form and answer any questions raised. Ensure that the participant understands the right to withdraw authorization for one or more of the listed people or agencies.</p> |
| Distribution | <p>File the original in the case record and give a copy to the participant. You may need to send a photocopy of the form with your request for information.</p> |
| Data | <p>Complete:</p> <ul style="list-style-type: none">◆ Participant's name.◆ Participant's identification number (social security number).◆ Participant's address.◆ Participant's date of birth. <p>Complete the parent or guardian's name if the participant is a minor.</p> <p>Leave the FACS# field and the parent's address field blank. They do not apply to PROMISE JOBS.</p> <p>Cross out the words "DHS" and "County." Enter "PROMISE JOBS" in the blank.</p> |

Enter the name of the person, the name of the agency, and the address of the agency to release the information or receive the information.

Above the worker box, cross out “DHS or County” and write in “PROMISE JOBS.” Enter the phone number, name, and address of the PROMISE JOBS office.

If the participant states that he or she is involved in a mental health or substance abuse treatment plan, circle “Agency participation, plans, and progress reporting” to describe the information shared. Cross out the other types of information listed. No other information in this area is necessary for PROMISE JOBS use.

For medical issues, complete the “Other” field with a statement asking for information to determine if the participant is able to seek, secure, and maintain full-time employment on a long term basis. This should include any limitations this participant has in relation to job search, full-time employment, or any other components of PROMISE JOBS.

For other sources of information, use a statement of the types of information you need to exchange.

Never complete the “Specific Authorization for Release” for PROMISE JOBS use.

Have the participant sign and date the form. If a parent signs the form for a minor, enter the parent’s relationship.

The “Expiration date” can be to the end of projected participation with PROMISE JOBS. If medical information is being requested, the expiration date cannot be more than a year from the date the document was signed by the participant.

The “record of Disclosures” section on the back of the form is not used for PROMISE JOBS. Document contacts with narrative notation when other documentation is not available.

Demand Letter for PROMISE JOBS Agency Error Overissuance, Form 470-3990

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| Purpose | Form 470-3990 informs the debtor on an agency error claim of the amount and reason for the overpayment and requests repayment. |
| Source | The Overpayment Recovery System, located in the DHS Division of Data Management, generates form 470-3990 on the last working day of the month. |
| Completion | <p>This form is first printed for an agency error claim on the last working day of the month when the claim was added to the Overpayment Recovery System. The form is sent to the debtor each month until:</p> <ul style="list-style-type: none">◆ The claim is suspended,◆ DIA receives an agreement to repay, or◆ Four forms have been sent. <p>One form must be sent before grant reduction can take place and before a match can be made for debt setoff (state tax refunds) or any other income offset (state warrant). The debtor is responsible for completing the agreement to repay.</p> |
| Distribution | <p>One copy is mailed to the debtor from Central Office with a return envelope enclosed.</p> <p>The debtor should return the completed bottom portion of the form to Iowa Department of Inspections and Appeals, Overpayment Recovery Unit, 3rd Floor, 321 E 12th Street, Des Moines, IA 50319-0083.</p> |
| Data | <p>The Overpayment Recovery system completes:</p> <ul style="list-style-type: none">◆ The reason for the overissuance.◆ The percentage of withholding.◆ The conditions for cash or monthly payments. <p>The debtor completes the choice of grant reduction or cash payment, and the conditions of cash payment (if applicable), and signs and dates the form. Agreement for grant reduction is not acceptable if the debtor is not an active FIP or RCA recipient.</p> |

Demand Letter for PROMISE JOBS Client Error Overissuance, Form 470-3991

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| Purpose | Form 470-3991 informs the debtor on a client error claim of the amount and reason for the overpayment and requests repayment. |
| Source | The Overpayment Recovery System, located in the DHS Division of Data Management, generates form 470-3991 on the last working day of the month. |
| Completion | <p>This form is first printed for a client error claim on the last working day of the month when the claim was added to the Overpayment Recovery System. The form is sent to the debtor each month until:</p> <ul style="list-style-type: none"> ◆ The claim is suspended, ◆ DIA receives an agreement to repay, or ◆ Four forms have been sent. <p>One form must be sent before grant reduction can take place and before a match can be made for debt setoff (state tax refunds) or any other income offset (state warrant).</p> |
| Distribution | <p>One copy is mailed to the debtor from Central Office with a return envelope enclosed.</p> <p>The debtor should return the completed bottom portion of the form to Iowa Department of Inspections and Appeals, Overpayment Recovery Unit, 3rd Floor, 321 E 12th Street, Des Moines, IA 50319-0083.</p> |
| Data | <p>The system completes:</p> <ul style="list-style-type: none"> ◆ The reason for the overissuance. ◆ The percentage of withholding. ◆ The conditions for cash or monthly payments. <p>The debtor completes the choice of grant reduction or cash payment, and the conditions of cash payment (if applicable), and signs and dates the form. Agreement for grant reduction is not acceptable if the debtor is not an active FIP or RCA recipient.</p> |

Demand Letter for PROMISE JOBS Provider Error Overissuance, Form 470-3992

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| Purpose | Form 470-3992 informs the debtor on a PROMISE JOBS provider error claim of the amount and reason for the overpayment and requests repayment. |
| Source | The Overpayment Recovery System, operated by the Division of Data Management, generates form 470-3992 on the last working day of the month. |
| Completion | <p>The Overpayment Recovery System first prints this form for a provider error claim on the last working day of the month when the month when the claim is entered on the System. The form is sent to the debtor each month until:</p> <ul style="list-style-type: none">◆ The claim is suspended,◆ DIA receives an agreement to repay, or◆ Four forms have been sent. <p>One form must be sent before a match can be made for debt setoff (state tax refunds) or any other income offset (state warrant). The debtor is responsible for completing the agreement to repay.</p> |
| Distribution | <p>One copy is mailed to the debtor from DHS central office with a return envelope enclosed.</p> <p>The debtor should return the completed bottom portion of the form to Iowa Department of Inspections and Appeals, Overpayment Recovery Unit, 3rd Floor, 321 E. 12th Street, Des Moines, IA 50319-0083.</p> |
| Data | <p>The system completes:</p> <ul style="list-style-type: none">◆ The reason for the overissuance.◆ The conditions for cash or monthly payments. <p>The debtor completes the choice of repayment and signs and dates the form.</p> |

Estimate of Cost, Form 470-0510

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| Purpose | The <i>Estimate of Cost</i> is used to obtain an estimate of the amount of PROMISE JOBS expense allowances needed in order to allow the client to participate in a component. This information also is used to determine if the participant has an approvable classroom training plan. |
| Source | Print this form from the DHS web site or photocopy the sample. This form is also printed in pads of 25 sets. Order supplies from Iowa Prison Industries. |
| Completion | When documentation of financial need for goods or services is required, provide the participant with a supply of <i>Estimate of Cost</i> forms. The participant asks the provider who furnishes the service or goods to complete the form when: <ul style="list-style-type: none">◆ The participant has applied for vocational secondary classroom training.◆ The participant has a change in previously reported expenses.◆ It is necessary to obtain estimates of new expenses. |
| Distribution | Once the form has been completed, signed, and dated by the provider, the participant returns the form to the PROMISE JOBS worker. File the completed form in the PROMISE JOBS participant file. |
| Data | Providers of goods such as books or supplies must list each item separately and enter the total charge for the goods. The “other” category (E) is used for services or goods not addressed in sections A through D. |

FaDSS Monthly Report to PROMISE JOBS, Form FaDSS-00-02-M

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| Purpose | The purpose of the <i>FaDSS Monthly Report to PROMISE JOBS</i> is to give a monthly update to the PROMISE JOBS worker on the progress and activity of the FaDSS family. |
| Source | Form FaDSS-00-02-M originates from the FaDSS grantee. PROMISE JOBS does not initiate the form. |
| Completion | The local FaDSS worker assigned to the family prepares three copies of this report each month. This form is to be mailed to the local PROMISE JOBS office by the 10 th day of the month following the reporting month: i.e., July report should be mailed by August 10 th . |
| Distribution | The FaDSS worker sends the original to the PROMISE JOBS worker, places a copy in the FaDSS' file and sends a copy to the family. |
| Data | <p>The local FaDSS worker completes the form as follows:</p> <ul style="list-style-type: none">◆ <u>Report Month</u> Enters the month of the report. In most cases, this will be the previous month.◆ <u>PJ Worker</u> Enters the name of the PROMISE JOBS worker.◆ <u>FaDSS Worker</u> Enters the name of the person providing the FaDSS services.◆ <u>Phone #</u> Enters the phone number of the FaDSS worker that wrote the report.◆ <u>Participant</u> Enters the name of the head of the household. This name used should be the same name that PROMISE JOBS or DHS originally referred to the FaDSS program.◆ <u>SS#</u> Enters the social security number of the person that PROMISE JOBS or DHS referred. |

- ◆ Date Enrolled Enters the date the family was assigned to FaDSS.
- ◆ In-Person Enters the number of times in the report month that the FaDSS worker met with the family. This could be in the home, office, or any other location where goal setting, assessment, or personal support was offered.
- ◆ Attempted Visits Enters the number of visits that the FaDSS worker had scheduled with the family and the family did not appear for the scheduled visit.
- ◆ Identified Strengths Lists the strengths of the family observed by the FaDSS worker or identified by the family. These strengths can change from month to month.
- ◆ Identified Barrier(s) Lists the barriers that the family has that are identified as prohibiting the family from gaining economic self-sufficiency. Lists additional barriers on the back of the form.
- ◆ Steps Taken Writes any steps the family has taken to overcome or to cope with the identified barrier(s) that are listed to the left of this section. For example, if the family has identified childcare to be a barrier, a step taken may be to have contacted daycare providers to see about openings and appropriateness.
- ◆ Employment (as reported by the FaDSS participant)

No Change: Marks this box if there have been no changes in the employment status of the participant.

Changed: Marks this box if there has been any change in the employment status of the participant and

- ◆ Fills in the “Reason.”
- ◆ Makes the change to the appropriate areas in the “New” information section if the change has something to do with a change of current employment.

- Reason: Writes the reason for the change.
- New: Marks this box if the participant started employment or has a different employer from the last reporting period.
- Where: Writes employer's name.
- Start Date: Enters the first day the participant started work with the above employer.
- Hours per Week: Enters the number of hours, on the average, that the participant will be scheduled to work per week.
- Hourly Wage: Enters the pay rate per hour the participant will receive. If not paid an hourly rate, calculates by dividing the number of hours per week/month that the person worked by the dollar amount they received.
- Job title: Writes in the job title or position of the participant.
- ◆ Significant Changes Writes in any changes that have occurred since the last reporting period. Notes any progress the family has made. Includes any changes that may effect a person's participation in PROMISE JOBS. I.e. if the family has secured reliable child care, they could be ready for Job Club.
 - ◆ Activities Participating In Writes any activity that the participant is participating in that will assist in gaining economic self-sufficiency or to family stability. This can be FaDSS-related, PROMISE JOBS-related, or other community activities.
 - ◆ Recommendations/Comment Writes in any other information that might be helpful to the PROMISE JOBS worker about the progress that the family is making. Notes if a family is ready to move on with another step of their FIA or if the FIA needs to be renegotiated.

FaDSS Universal Referral, Form FaDSS-00-01-R

| | |
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| Purpose | <p>The <i>FaDSS Universal Referral</i> is used to:</p> <ul style="list-style-type: none">◆ Make a referral to the FaDSS program.◆ Transfer a participant from one FaDSS grantee to another.◆ Inform PROMISE JOBS of the referral and the status of that referral.◆ Document the enrollment date if FaDSS services are accepted. |
| Source | <p>Usually form FaDSS-00-01-R originates from the FaDSS grantee. If PROMISE JOBS does initiate the form, print it from on-line manual or photocopy the sample.</p> |
| Completion | <p>Two copies of this form are completed when a referral to the FaDSS program is made.</p> <p>The PROMISE JOBS worker may either:</p> <ul style="list-style-type: none">◆ Complete Part A of the form and send it to the FaDSS grantee by regular mail, electronic mail, or fax.◆ Telephone the FaDSS grantee and relay the information over the phone, with the FaDSS worker completing the form. <p>Another option is for the FaDSS worker to complete the referral form by gathering the information from the list of eligible FaDSS participants provided by the DHS central office.</p> |
| Distribution | <p>The FaDSS grantee keeps the original and distributes a photocopy to the local PROMISE JOBS office each time a section is completed.</p> |
| Data | <p>Part A: Self-explanatory – completed upon referral.</p> <p>Part B: Completed by the FaDSS worker to notify PROMISE JOBS within 20 working days of the status of the referral.</p> <p>The referral is considered closed if the family declines services or FaDSS is unable to meet with the family. PROMISE JOBS or DHS would need to refer the family again if the family decides in the future that they would like to participate in the FaDSS program.</p> |

Family Investment Agreement, Form 470-3095

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| Purpose | The <i>Family Investment Agreement</i> outlines the family or individual goal to achieve self-sufficiency. |
| Source | Complete this form on line using the template provided by DHS. |
| Completion | <p>The PROMISE JOBS worker prepares this form during the assessment process with the assistance of the client and related family members. The FaDSS case worker assists when the family is enrolled in the FaDSS program.</p> <p>Complete this form for each family that is required to complete a family investment agreement. All family members who are required to have a family investment agreement, involved PROMISE JOBS workers, and a PROMISE JOBS supervisor must sign and date the bottom of the form.</p> |
| Distribution | <p>File one copy in the client’s case file. Give one copy to the client. Send one copy to the client’s DHS IM worker. Give one copy to the client’s FaDSS worker if the client is enrolled in the FaDSS program.</p> |
| Data | <p>Enter the name and social security number of each person required to have a family investment agreement. Indicate the date completed.</p> <p>Either the PROMISE JOBS worker or a family member must enter the final goal and the date by which the family plans to achieve self-sufficiency. When long-term planning is not possible, enter “to be negotiated” and establish a date at the earliest possible time.</p> |

FIA Appointment, Form 470-3897

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| Purpose | <p>Eligibility for FIP is determined through both financial and nonfinancial requirements. Form 470-3897 is used to schedule an appointment for a referred person to meet with PROMISE JOBS for the nonfinancial eligibility criterion of completing and signing a family investment agreement.</p> <p>Receipt of the form from IM notifies PROMISE JOBS of the scheduled appointment for the FIA-responsible adults to develop and sign a family investment agreement. For applicants, failure to complete and sign a family investment agreement results in denial of the family's FIP application.</p> |
| Source | <p>Complete this form on line using the template provided by DHS.</p> |
| Completion | <p>The <i>FIA Appointment</i> form is issued:</p> <ul style="list-style-type: none">◆ By the IM worker during the initial face-to-face interview with the applicant to determine a family's eligibility for FIP.◆ By PROMISE JOBS when rescheduling appointments initiated by IM.◆ By either IM or PROMISE JOBS when a client has requested reconsideration of a first LBP and can be scheduled before the effective date. <p>For applicants, the IM worker completes the form if the family appears to meet FIP eligibility criteria and includes members of the assistance unit who are mandatory referrals to PROMISE JOBS. (When it appears that the family does not meet FIP criteria, 470-3897 will not be completed, as no involvement from PROMISE JOBS is needed.)</p> <p>The IM worker schedules an appointment for applicants who appear eligible for FIP and who are mandatory referrals to the PROMISE JOBS program, to meet with PROMISE JOB to complete and sign a family investment agreement.</p> |

The IM worker also uses the form to:

- ◆ Identify the FIA-responsible adults to PROMISE JOBS.
- ◆ Provide additional information to PROMISE JOBS using the “Comment” section, such as, but not limited to:
 - A referral is a non-English speaking applicant.
 - A referral to the FaDSS program is being made.
 - The InfoShare has not been viewed.
 - A scheduling conflict exists for families with multiple referred members.

Distribution

When the IM worker completes the form, the IM worker will:

- ◆ Hand-issue the form to the FIP applicant.
- ◆ Send an electronic copy to the appropriate PROMISE JOBS SDR mailbox within one working day of scheduling the appointment.
- ◆ File a copy in the FIP case record.

Each PROMISE JOBS SDR shall have designated staff disperse referrals within 24 hours of receipt. Upon the receipt of a referral PROMISE JOBS shall:

- ◆ Ensure that the PROMISE JOBS worker’s name appears in PJCase as responsible for this particular referred individual,
- ◆ Forward a copy of this form to FaDSS if the family is currently enrolled in the FaDSS program, and
- ◆ File a copy in the case file.

If PROMISE JOBS completes the form:

- ◆ Hand issue or send the form to the client,
- ◆ File a copy in the PROMISE JOBS case record, and
- ◆ Forward a copy to FaDSS if the family is currently enrolled in the FaDSS program.

Data

The form is self-explanatory. Complete all entries, ensuring that the appropriate PROMISE JOBS office is chosen from the list of PROMISE JOBS office addresses displayed as choices.

FIA Referral for Mandatory Participants, Forms 470-3105 (IWD) and 470-3106 (BRS)

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| Purpose | <p>Form 470-3105 (IWD) informs clients that they have been referred to the PROMISE JOBS as a mandatory participant and that they have 10 days to contact the PROMISE JOBS to schedule orientation and assessment.</p> <p>Form 470-3106 (BRS) informs refugee clients that they have been referred to the Bureau of Refugee Services as a mandatory participant and that they have 10 days to contact the Bureau of Refugee Services to schedule orientation and assessment.</p> |
| Source | <p>Form 470-3105 and 470-3106 are system-generated.</p> |
| Completion | <p>The DHS Automated Benefit Calculation (ABC) system issues these letters to clients when the IM worker changes the client's PROMISE JOBS referral status from exempt to mandatory on the system.</p> <p>Form 470-3105 (IWD) is sent when the IM worker changes a referral code for a non-refugee who is an active FIP participant from exempt to mandatory.</p> <p>Form 470-3106 (BRS) is sent when the IM worker changes a referral code for a refugee who is an active FIP participant from exempt to mandatory.</p> |
| Distribution | <p>DHS Central Office sends the original to the participant.</p> |
| Data | <p>The system completes the date and the names and addresses of the client and the worker.</p> |

FIA Steps to Achieve Self-Sufficiency, Form 470-3096

| | |
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| Purpose | The <i>FIA Steps to Achieve Self-Sufficiency</i> outlines the client’s plan to achieve self-sufficiency by identifying the resources and supportive services to be provided to the participant and the activities to be completed by the participant in order to reach the final goal. |
| Source | Complete form 470-3096 on line using the template provided by DHS. |
| Completion | The PROMISE JOBS worker prepares this form during the assessment process with the assistance of the client and related family members. Complete this form for each family member required to complete a family investment agreement (FIA). |
| Distribution | File one copy in the client’s case file. Give one copy to the client. Send one copy to the client’s DHS IM worker. |
| Data | Enter the name and social security of each person required to have an a family investment agreement. Indicate the date completed, the IM worker number, and county number. Either the PROMISE JOBS worker or a family member must enter the final goal and the date by which the family plans to achieve self-sufficiency. Under “Needs to be Resolved to Achieve Self-Sufficiency,” list the barriers that need to be addressed for self-sufficiency to be achieved. Under “Interim Goals and Action Steps,” list actions to be taken by the participant for each barrier listed in the previous section. In the “Time Frames” section, enter the targeted and actual start and end dates for each action listed in the interim goals section. Indicate if the client wants family planning counseling services by marking the applicable box. Mark each box that indicates assistance and supportive services that PROMISE JOBS will provide. The client and the PROMISE JOBS worker must sign and date the bottom of the form. |

Hardship Exemption Determination, Form 470-3876

Purpose

Families that have received FIP for 60 months may receive FIP beyond that limit only if they request and are determined eligible for a “hardship exemption.” Form 470-3876 is used to document approval or denial of a family’s request for a hardship exemption.

The hardship exemption eligibility determination is a two-step process. Failure to meet either step results in denial of the family’s request.

1. The IM worker determines whether the family has a hardship condition that affects its ability to be self-supporting.
2. If so, the family must develop and sign a six-month *Family Investment Agreement* that addresses the hardship condition.

The IM worker also uses the form to:

- ◆ Notify PROMISE JOBS of families that have met Step 1.
- ◆ Identify the FIA-responsible adults to PROMISE JOBS.
- ◆ Identify the family’s service worker if the family has an active service case.

Source

Form 470-3876 originates from Income Maintenance. PROMISE JOBS does not initiate the form.

Completion

Income Maintenance completes Part A to document the results of Step 1. If the family meets the requirements in Step 1, the form notifies you that you must now develop and sign a six-month FIA before the hardship exemption request can be granted.

Upon receipt of the documents from IM, you need to schedule an appointment for the FIA-responsible adults to develop and sign the six-month FIA. Complete Part B to document the results of Step 2 and return the form to IM.

Then the IM worker completes Part C to document the final determination.

Distribution

The IM worker will forward a copy of the form to the local PROMISE JOBS office within one working day of making the hardship determination. IM will also include:

- ◆ A copy of form 470-3826, *Request for FIP Beyond 60 Months*.
- ◆ A copy of form 470-3897, *FIA Appointment*.
- ◆ A copy of the family's supporting hardship evidence.
- ◆ A copy of form 470-3884, *Hardship Exemption: Service Information*, from the family's service worker (if available).

When you complete Part B, return the form to IM. File a copy in the case file.

IM forwards a copy of form 470-3876 that reflects the final hardship exemption determination to:

- ◆ PROMISE JOBS.
- ◆ The family's service worker identified on form 470-3884.
- ◆ DHS central office.

Maintain the final copy of form 470-3876 in the "Hardship Exemption" section of the PROMISE JOBS case record. If FaDSS is involved with the case, send a copy to the FaDSS worker along with copies of the completed FIA.

Upon receipt of a form showing that the request for a hardship exemption has been approved, forward a copy of the FIA to:

- ◆ The income maintenance worker.
- ◆ The family's service worker identified in Part B of form 470-3884.
- ◆ The FaDSS worker (when the family has an open FaDSS case).
- ◆ DHS central office.

Transmit the FIA to DHS central office by e-mail, fax, or mail.

E-mail address: Hardship@dhs.state.ia.us

Fax number: (515) 281-7791

Mail address: Division of Financial, Health and Work Supports
Hoover State Office Building – 5th Fl
1305 E Walnut St
Des Moines, IA 50319-0114

Data

IM completes Part A as follows:

- ◆ When the family does not meet hardship criteria, IM documents the specific denial reason in Section 2 of Part A and completes the remaining items in Part A except Section 1. No involvement from PROMISE JOBS is needed.
- ◆ When the family meets hardship criteria, IM documents the family's particular hardship conditions in Section 1 of Part A and complete the remaining items in Part A except Section 2.

PROMISE JOBS documents in Part B whether the family has met the FIA requirement. If FIP approval for a family reconsidering a limited benefit plan is contingent upon the completion of 20 hours of work or work activities, note this in Part B.

IM completes Part C as follows:

- ◆ If the family failed to attend the required interview or failed to sign the FIA, IM documents the final hardship denial.
- ◆ If the family attended the interview and signed the FIA but fails to meet some other FIP eligibility requirement, IM documents the final hardship denial.
- ◆ If the family attended the interview, signed the FIA, and is otherwise eligible for FIP, IM documents the final approval of the family's hardship exemption.

Hardship Exemption: Service Information, Form 470-3884

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| Purpose | Form 470-3884 is used to request and submit information from a family's service worker for use in the hardship exemption process when form 470-3826, <i>Request for FIP Beyond 60 Months</i> , is returned complete. This information assists PROMISE JOBS in developing a <i>Family Investment Agreement</i> with the family and provides an additional source to substantiate the family's hardship claim. |
| Source | Form 470-3884 originates with the IM worker. PROMISE JOBS does not initiate the form. |
| Completion | <p>If the family that submits a <i>Request for FIP Beyond 60 Months</i> has an active service case, the IM worker requests information about the family by sending the service worker a paper copy of form 470-3826 and an electronic copy of form 470-3884 with Section A completed.</p> <p>The DHS service worker completes Part B and returns the form to the IM worker identified in Part A within five working days.</p> |
| Distribution | <p>IM sends the partially completed form to the service worker, who returns the completed form to the IM worker.</p> <p>If the family meets the hardship requirements, the IM worker forwards the completed form 470-3884, along with other pertinent documents, to the local PROMISE JOBS office.</p> <p>Completed copies of form 470-3884 are maintained:</p> <ul style="list-style-type: none">◆ In the IM case file.◆ In the "Other Reports" section of the service case file.◆ In the "Hardship Exemption" section of the PROMISE JOBS case file. |

Data

Completion of Part A is self-explanatory. Services completes Part B as follows:

- ◆ The purpose of question 1 is to assist PROMISE JOBS in developing a family investment agreement that will not conflict with appointments or responsibilities the family has.

For example, if a parent is court-ordered to attend therapy with the child every Monday, Wednesday and Friday, the PROMISE JOBS worker will want to take this into consideration when developing the FIA with the family.

- ◆ In question 2, requests a brief service assessment of the challenges the family has that should be addressed in the family investment agreement, including safety issues.
- ◆ The service worker's name goes in the first box.
- ◆ The second box identifies who filled out the form. (This may be someone other than the assigned worker.)
- ◆ Other boxes request the phone number, fax number, and e-mail address of the person filling out the form and the date the form was completed.

Job Search Record, Form 470-3099

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| Purpose | The <i>Job Search Record</i> is completed to document job search activities that the PROMISE JOBS worker cannot document in another manner. The form also gives authorization for the PROMISE JOBS worker to contact any of the employers listed to verify the contact. |
| Source | Form 470-3099 is printed in pads of 25 sheets. Order supplies from Iowa Prison Industries at Anamosa. |
| Completion | The PROMISE JOBS participant prepares one copy of this form and provides it to the PROMISE JOBS worker within five days after the last working day of any week during which the participant has chosen to make the employer contacts. |
| Distribution | The participant submits the original to the PROMISE JOBS worker. |
| Data | Participants shall: <ul style="list-style-type: none">◆ Enter their name, address, and social security number.◆ Complete the employer name and address, contact name, and telephone number, and the result of the job search for each contact made.◆ Sign and date the form. |

Non-Law Enforcement Record Check Billing Form, Form 595-1494

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| Purpose | Form 595-1494 authorizes payment to the Division of Criminal Investigations (DCI) for performing criminal record checks for nonregistered child care providers. DCI will return record check requests to the sending agency and ask the agency to pay for the criminal check unless form 595-1494 is also submitted. |
| Source | Form 595-1494 is printed with 100 forms on a pad. Order supplies from Iowa Prison Industries at Anamosa. |
| Completion | <p>When the participant chooses a child care provider that is not licensed or registered, the PROMISE JOBS worker or designee completes one copy of this form and sends it to the local DHS CCA contact along with copies of the following forms:</p> <ul style="list-style-type: none"> ◆ 470-2890, <i>Payment Application for Nonregistered Providers</i> ◆ 470-0643, <i>Request for Child Abuse Information</i> ◆ 470-3871, <i>Child Care Assistance Provider Agreement</i> ◆ 595-1489 or 595-1489(S), <i>Non-Law Enforcement Record Check Request Form A</i> <p>DHS forwards forms 595-1494 and 595-1489 or 595-1489(S), to DCI to determine whether criminal records exist that make a nonregistered child care provider ineligible to receive PROMISE JOBS payment.</p> <p>Prepare only one <i>Billing Form</i> when sending or faxing more than one form 595-1489 or 595-1489(S) to DHS at the same time.</p> |
| Distribution | Send or fax one copy of form 595-1494 with one or more copies of form 595-1489 to your DHS contact for Child Care Assistance. |
| Data | <p>Enter the date and the DHS agency name, address, and phone number in the “From:” section.</p> <p>Enter the number of names to be checked for criminal records in the “Number of Requests:” section. This number is equal to the number of forms 595-1489 or 595-1489(S) to be sent with the <i>Billing Form</i>.</p> <p>Leave the “Amount Enclosed” field blank. Check “Pre-arranged billing” category in the “Method of Payment” section.</p> |

Non-Law Enforcement Record Check Request Form A, Forms 595-1489 and 595-1489(S)

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| Purpose | Forms 595-1489 and 595-1489(S) are used to find out whether a person has a criminal conviction. If a nonregistered child-care provider, a person living in the provider’s home, or a person with access to a child when a child is alone has a conviction, it could make the provider ineligible to receive state payment for child care. |
| Source | The English version can be completed on line using the template provided by DHS. Both the English and Spanish versions of the form are printed in pads of 50 two-part carbonized sets. Supplies can be ordered from Iowa Prison Industries at Anamosa. |
| Completion | <p>Complete the form when a PROMISE JOBS participant wants a nonregistered provider to receive payment for providing child care.</p> <p>The provider or the person to be checked, the PROMISE JOBS worker, and the Division of Criminal Investigation each complete a section of this form.</p> <p>Complete a separate form for the provider and for each person aged 14 or older who is in the home or who has access to a child when the child is alone. Use the Spanish translation of the form when the person to be checked does not read English well enough to understand the form.</p> <p>Enter the DHS return address in the “From” section. Complete the “Request” section and sign the form.</p> <p>The provider or the person to be checked signs and dates the “waiver” section.</p> <p>DCI completes the “results” section.</p> |

Distribution

Mail completed forms to the DHS along with copies of the:

- ◆ *Non-Law Enforcement Record Check Billing Form*, form 595-1494
- ◆ *Request for Child Abuse Information*, form 470-0643
- ◆ *Child Care Assistance Provider Agreement*, form 470-3871
- ◆ *Payment Application for Nonregistered Providers*, form 470-2890

DCI returns form 595-1489 or 595-1489(S) with the results of the record check by regular mail to the address shown in the upper right corner of the form in the “From:” section.

When form 595-1489 or 595-1489(S) shows there is a criminal record, The DHS Child Care Assistance worker will send the form to the DHS unit that does the evaluations for registered and licensed child care providers in your area.

The “evaluation” team will begin the evaluation process by sending form 470-2310, *Record Check Evaluation*, to the person with the criminal record, and will notify PROMISE JOBS of the evaluation decision.

Data

In the “request” section, enter the name, birth date, sex, and social security number of the person whose records are requested. The PROMISE JOBS worker signs as the requestor.

Complete a separate form for each last name which needs to be checked, such as maiden, alias, and previous married names. Enter the maiden, alias, or previous married name, rather than a current name in this section.

Notice of Appointment or Participation, Form 470-0813

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| Purpose | The <i>Notice of Appointment or Participation</i> notifies clients of appointments with PROMISE JOBS staff and about assignments to specific PROMISE JOBS components. |
| Source | Complete form 470-0813 on line using the template provided by DHS. |
| Completion | PROMISE JOBS staff prepare two copies of this form when: <ul style="list-style-type: none">◆ A client has been selected to participate in PROMISE JOBS.◆ It is necessary to notify a client of assignment to a specific PROMISE JOBS component or of an appointment. |
| Distribution | Send one copy to the client at least five working days before the scheduled meeting or activity. Keep one copy in the client's file. |
| Data | The top part of this form is self-explanatory. Complete all entries, checking the applicable PROMISE JOBS component. Make certain the purpose of the notice is clear to the client. |

Notice of Child Care Assistance Provider Sanction, Form 470-4053

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| Purpose | <p>The <i>Notice of Child Care Assistance Provider Sanction</i> is used to notify families that:</p> <ul style="list-style-type: none"> ◆ Their child care provider has been sanctioned by the Child Care Assistance (CCA) program; and ◆ They may need to select another provider if they want CCA to continue paying for their child care services. |
| Source | Complete this form on line using the template provided by DHS. |
| Completion | The <i>Notice of Child Care Assistance Provider Sanction</i> is completed by the DHS child care worker or PROMISE JOBS worker and sent to every family using the sanctioned provider. |
| Distribution | One copy is mailed to the family using the sanctioned provider and a copy is kept in the family's DHS or PROMISE JOBS case file. Provide a copy of this letter to PROMISE JOBS if necessary. |
| Data | <p>The template will automatically enter the notice date. Use the "tab" key to navigate between fields requiring data entry. Enter the following information:</p> <ul style="list-style-type: none"> ◆ The family's name and mailing address. ◆ The parent or guardian's first name. ◆ The child care provider's name. <p>Click or tab to the text box and:</p> <ul style="list-style-type: none"> ◆ Choose "Yes" if the letter is going to a CCA family or "No" if the letter is going to a family who does not get CCA. ◆ Select the applicable sanction type. ◆ Click the "insert language" button. ◆ Enter the sanction effective date. |

If the letter is going to a CCA family, enter:

- ◆ The child care worker's name.
- ◆ The county name.
- ◆ The worker's phone number.

If the letter is **not** going to a CCA family, enter:

- ◆ The county name.
- ◆ The DHS office phone number.

Once all fields have been entered, print a copy of the letter for the family and another copy for the CCA case file, if any.

Notice of Decision: Child Care Assistance, Form 470-3915

| | |
|--------------|---|
| Purpose | The <i>Notice of Decision: Child Care Assistance</i> , is used to notify clients and providers of agency actions that affect the client's eligibility or benefit level. Each client or provider has the right to be given information regarding eligibility and benefit determination. |
| Source | Complete form 470-3915 on line using the template provided by DHS. This form is not available in printed form. It must be accessed on line. |
| Completion | <p>The <i>Notice of Decision: Child Care Assistance</i> is used when:</p> <ul style="list-style-type: none">◆ An application is approved.◆ An application is denied.◆ A new or different provider is selected.◆ Benefits are changed as a result of a review or redetermination.◆ Benefits are canceled.◆ A provider is not eligible to provide child care.◆ There is a change in family circumstances that results in a fee change (job or income change, etc.) <p>Note: If the participant uses multiple providers, each provider must be issued a separate <i>Notice of Decision: Child Care Assistance</i> when benefits are approved, changed, or canceled.</p> |
| Distribution | Send one copy to the client and file a copy in the case record. If there is a guardian, conservator, protective payee, or representative, provide that person with a photocopy of the notice. If a child care provider is affected by the decision, also mail a copy of the notice to the provider. Provide a copy to the IM worker if necessary. |
| Data | The template automatically enters the notice date. Use the "tab" key to navigate between fields on the form. Enter dates as MM/DD/YY or month/DD/YY. The template will reformat the date automatically to the month/DD/YY format. |

Page 1 Enter the following identifying information.

- ◆ Worker county name and number.
- ◆ Case #: Enter the ABC case number.
- ◆ Client name and current mailing address.
- ◆ The action taken (approval, denial, change, etc.).

Enter the explanation of the action being taken. This must include:

- ◆ What action you are taking (approval, denial, etc.).
- ◆ An explanation of the action.
- ◆ The effect of the action on the client's eligibility and benefits.
- ◆ The effective date of the action.
- ◆ The legal references supporting the action.

There are two "protected" fields within the "explanation of action" box. You will normally use only the first box. The second box is available if additional text is necessary to describe special situations or to provide information not present in the template language available.

The template provides "drop-down" boxes to fill in this section automatically. Tab to the first protected field in the "Explanation of Action" box to open the notice table box. Choose the applicable selection (approval, denial, cancellation, etc.).

Another drop-down box will open, allowing you to select the specific reason for the notice. The template will automatically enter the legal references for the selected notice reason.

If no reason fits the specific situation, choose the "other" category. This allows you to enter the appropriate language. **Note:** Make sure to complete the applicable legal reference, since the template will not fill in this section automatically when you choose "other."

You may change the information in a particular field at any time if you make an error. Double-click the button at the end of the form to remove the language in the "Explanation of Action" box.

Select “will not” from the drop-down box to indicate the family is not responsible to pay fees. Enter \$0 as the amount.

Complete page 1 by entering:

- ◆ Your name.
- ◆ Your office address. Choose “PROMISE JOBS” from the drop-down box and complete the mailing address for the office.
- ◆ Your phone number.
- ◆ The name of the child care provider.

Notice Language The notice language choices for each action are listed below:

Approval

- ◆ You have been approved for Child Care Assistance for _____ effective _____, through _____. The units you have been authorized to use are shown on page 3.
- ◆ You have been approved for Child Care Assistance for _____ effective _____, through _____. The units you have been authorized to use are shown on page 3.

You have also chosen a back-up provider who will provide child care services during the time that your regular provider is unable to provide care.

The back-up provider is eligible to bill only for the actual time that children are in their care while the parent is going to school, working or doing approved job search activities. The back-up provider is not eligible to bill for days of absence.

The back-up provider must complete and submit an attendance record and invoice for each month in which child care services are provided. The attendance record will be compared with that of the regular provider to verify eligibility for payment.

- ◆ You have been approved for Child Care Assistance for _____ effective _____, through _____. However, the provider you have chosen, _____, is not eligible to be paid with state funds. If you wish to receive Child Care Assistance, you must use a provider that is eligible for state payment. Contact your worker to choose another provider.
- ◆ You have been approved for Child Care Assistance for _____ effective _____, through _____. However, the provider you have chosen, _____, has not yet been approved to be paid by state funds.

If this provider is not approved, you will be responsible to pay for all child care bills from this provider. You may want to change to an approved provider. If you change your provider, you must notify your worker immediately so that the new provider can be approved for you.
- ◆ Other (**Note:** You must type in the notice language.)

Denial

- ◆ Your application for the Child Care Assistance program is denied because _____. (**Note:** You must type in the notice language.)

Change, Review, or Reduction:

- ◆ Effective _____, the number of units that you have been authorized to use for Child Care Assistance have been changed as shown on page 3.
- ◆ Effective _____, the number of units that you have been authorized to use for Child Care Assistance have been reduced as shown on page 3.
- ◆ You have requested a change in providers. Services provided by _____ for _____ are approved effective _____. Information about your fee is located below on this page. The units authorized for this provider are shown on page 3.
- ◆ You have requested a change in providers. Services provided by _____ for _____ are terminated effective _____, per your request.

- ◆ Your Child Care Assistance benefit is reinstated because you filed a timely appeal.
- ◆ Other (**Note:** You must type in the notice language.)

Cancellation:

- ◆ You have been canceled from the Child Care Assistance program effective ____, because your family does not meet the requirements of need for service from the program. In a household with two adults, both adults must meet the definition of need regarding hours of employment, hours of school or training, absence, or work search.
- ◆ You have been canceled from the Child Care Assistance program effective ____, because of your request.
- ◆ Your child ____, is canceled from the Child Care Assistance program effective ____, because ____. Your other child(ren), ____, remain eligible through ____. The units you have been authorized to use are shown on page 3.
- ◆ You have been canceled from the Child Care Assistance program effective ____, because your children do not meet age requirements.
- ◆ You have been canceled from the Child Care Assistance program effective ____, because you are eligible for another funding source.
- ◆ You have been canceled from the Child Care Assistance program effective ____, because you failed to provide requested information.
- ◆ You have been canceled from the Child Care Assistance program effective ____, because you are not enrolled in an approvable training program.
- ◆ You have been canceled from the Child Care Assistance program effective ____, because you have exhausted your 24-month funding limit for postsecondary education.
- ◆ You have been canceled from the Child Care Assistance program effective ____, because you are not participating in an approved PROMISE JOBS activity.

- ◆ You have been canceled from the Child Care Assistance program effective _____, because you are not seeking employment.
- ◆ You have been canceled from the Child Care Assistance program effective _____, because _____. (**Note:** You must type in the notice language.)

Provider Eligibility

- ◆ Your application to receive Child Care Assistance program payments is denied because you have fraudulently received Child Care Assistance payments.

You will remain sanctioned. You are no longer eligible to receive Child Care Assistance funding from the state of Iowa.

- ◆ Your application to receive Child Care Assistance program payments is denied because you have fraudulently received Child Care Assistance payments.

You will remain sanctioned. You will not be able to receive Child Care Assistance program funding until _____. Once your suspension expires, you may reapply to receive Child Care Assistance funding.

- ◆ Because you have fraudulently received Child Care Assistance program payments, you are subject to the following sanction:

Effective _____, the invoices you submit for Child Care Assistance payment for the next six months will be subject to a detailed review before payment will be issued.

- ◆ Your *Child Care Assistance Provider Agreement* is terminated effective _____. You will no longer be eligible to receive funding from the Child Care Assistance program because you do not meet the minimum health and safety requirements established by the Department.
- ◆ You are not eligible to provide child care or to receive public funds for providing child care as you did not return a completed *Record Check Evaluation* form to the Department of Human Services.
- ◆ You are not eligible to provide child care or to receive public funds for providing child care as a result of the Department of Human Services' evaluation of a child abuse or criminal record.

Page 3 Complete the “Hours of Eligibility” section as follows:

- ◆ Check the boxes indicating the reasons child care is being approved (e.g., work, training, job search, etc.).
- ◆ Complete a section for each child authorized for care, entering
 - The child’s name.
 - The parent’s ABC case number.
 - The provider’s name.
 - The number on the *Child Care Assistance Provider Agreement*.
 - The maximum units of child care authorized each day.
 - The total maximum units authorized each week for that child.

If more than six children in any family need child care, complete another *Notice of Decision* to show the hours of eligibility for the remaining children.

Note: The weekly maximum units do not always equal the sum of the daily maximum units. Daily units are based upon days a person may be eligible for child care. Weekly units are based upon average weekly hours of need.

Example: If a person works 8-hour shifts, 40 hours per week, but may be scheduled on any day Monday through Saturday, then each of those six days would show 2 units, but the weekly total would be only 10 units (since the person would work only 5 days in any given week).

Use the tab key to navigate to the “cc: Child Care Provider” box and the template will automatically duplicate the entry from page 1.

To print the form, double click on the box labeled “Double-Click to Print,” following page 3.

- ◆ For denials, cancellations, or other actions where the hours of eligibility page is not necessary, click on the choice “NOD and Right of Appeal.”
- ◆ For all approvals and other action where the hours of eligibility information is necessary, click on the choice “NOD, Right of Appeal and the Hours of Eligibility.”

Notice of Decision: Services, Form 470-0602

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| Purpose | <p>Workers use form 470-0602 to notify a participant or provider of all approvals or changes to services which effect the participant's case.</p> <p>Exception: <u>Do not</u> use this form for notices affecting the Child Care Assistance program. Instead, use form 470-3915.</p> |
| Source | <p>Form 470-0602 may be completed on line using the template provided by DHS.</p> |
| Completion | <p>The worker responsible for the case issues this notice when a service is approved, denied, withdrawn, or changed.</p> |
| Distribution | <p>Send one copy to the participant or the provider. Keep one copy in the participant's PROMISE JOBS case file.</p> |
| Data | <p>Complete the form as follows:</p> <ul style="list-style-type: none">◆ Enter the county in which the action is taken.◆ Enter the current date.◆ Enter the DHS case number.◆ Enter the effective date of the action. <p>When denying services that have not yet been approved, the effective date is the date the notice is issued.</p> <p>When canceling ongoing services, the effective date is:</p> <ul style="list-style-type: none">• The first day of the month following the month the action is taken, or• The first day of the second following month, if timely notice cannot be issued for the first following month. <ul style="list-style-type: none">◆ Enter the client's or provider's name, as appropriate, and mailing address.◆ Check the box that indicates the specific action being implemented by the notice. |

- ◆ If notice is to a provider, enter “Regarding (client’s name)” in the “Explanation of Action” section. Enter a full explanation of the action, the effective date, and the reason the action is being taken.
- ◆ Enter the provider manual heading that supports your action.
- ◆ Fees are NOT applicable for PROMISE JOBS.
- ◆ Sign at the bottom of the form. List your office address and phone number.

Notice of Employment, Form 470-0820

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| Purpose | The <i>Notice of Employment</i> is used to notify DHS IM staff when a participant has become employed. The form is also used as a source document for PROMISE JOBS statistical reporting. |
| Source | Complete form 470-0820 on line using the template provided by DHS. |
| Completion | PROMISE JOBS staff initiate this when a participant who has been referred to PROMISE JOBS becomes employed. PROMISE JOBS staff complete Part A of the form. IM staff complete Part B. |
| Distribution | The PROMISE JOBS worker sends the form to the IM worker, keeping a control copy. After completing Part B or attaching a completed <i>Employer's Statement of Earnings</i> , the IM worker makes a copy for the participant's FIP case file and returns the form to the local PROMISE JOBS agency. Destroy the control copy when the original is returned. |
| Data | Complete Part A to describe the participant's employment. Note: The "Hours Employed/Week" box requests the expected number of hours to be worked each week. Sign and date the form, and enter the office telephone number. |

Notice of Waiting List Placement, Form 470-2925

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| Purpose | <p>The <i>Notice of Waiting List Placement</i> is used to inform a participant that the participant has been placed on a waiting list for the participant's selected training component.</p> <p>The notice informs the participant of the reason for the waiting list and informs the participant that the participant has the option of pursuing training independently, without PROMISE JOBS services, without affecting the participant's placement on the waiting list.</p> <p>In addition, the notice informs the participant to talk to the PROMISE JOBS worker about alternative sources of assistance that may be available if the participant chooses to pursue training while on the waiting list.</p> |
| Source | <p>Form 470-2925 is printed in pads of two-part carbonized sets. Order supplies from Iowa Prison Industries at Anamosa.</p> |
| Completion | <p>The PROMISE JOBS worker prepares two copies of this form when the PROMISE JOBS worker places a participant on the waiting list for work and training services.</p> |
| Distribution | <p>Issue the white copy to the participant. Keep the yellow copy in the PROMISE JOBS case file.</p> |
| Data | <p>The PROMISE JOBS worker completes the participant's name, address, and social security number, the date, the office name, the name of the component the participant is on the list for, and the worker's name and phone number.</p> |

Overpayment Recovery Codes, Reference Card RC-0008

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|---------|---|
| Purpose | Reference card RC-0008 lists the codes used in completing form 470-0464, <i>Overpayment Recovery Information Input</i> . Case status codes, program codes, cause codes, referral source codes, and appeal status and fraud status codes are also listed on the OVCD screens. |
| Source | Print copies of this chart from the DHS web site or photocopy the sample in the manual, as needed. |

Overpayment Recovery Information Input, Form 470-0464

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| Purpose | Form 470-0464 is used to notify the Department of Inspections and Appeals that an overpayment exists in the PROMISE JOBS program. |
| Source | Complete form 470-0464 on line using the template provided by DHS. This form is also printed in pads of 25 sheets. Order supplies from Iowa Prison Industries at Anamosa. |
| Completion | <p>The PROMISE JOBS worker prepares two copies of the form when the worker determines that there has been an overpayment of an expense allowance.</p> <p>Prepare this form to establish a claim for a client or provider overpayment. Do not submit this form:</p> <ul style="list-style-type: none">◆ If the overpayment is for the current month's allowance only and the client returns the warrant.◆ When a client voluntarily returns assistance to which the client was otherwise entitled. <p>Also prepare the form to enter changes on a claim previously submitted, such as:</p> <ul style="list-style-type: none">◆ Reassigning the primary responsibility for the claim from one debtor to another.◆ Correcting the amount of the claim or any other information erroneously submitted.◆ Filing a resolution of an appeal.◆ Updating the address for a debtor who is not on allotment reduction. <p>If not using the template, complete the form in RED ink. Prepare the original and one photocopy. Submit updates on a new form or on a photocopy of the original form with changes made in red.</p> <p>Complete a separate claim information section for each claim. A "claim" is a consecutive period of overpayment in one program for one debtor. The form contains space for three claims.</p> |

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| | <p>If you are referring more than three claims at once, use additional forms as necessary. If all are attached together for submission, complete only the page number (field 7), and the claim information on the additional forms.</p> |
| Distribution | <p>Send the original to the Department of Inspections and Appeals, Overpayment Recovery 3rd Fl, 321 E 12th St, Des Moines, IA 50319-0083.</p> <p>File the copy in the case record.</p> <p>When the form as submitted is incorrect or incomplete, DIA will return it to the originator to make needed corrections and resubmit to DIA.</p> |
| Data | <p>Debtor fields 1 through 9 enable a computer search to be done for any claims associated with that debtor. This portion must be completed each time this form is submitted for an initial claim.</p> <p>Never set up a claim with a child's name, state identification number, or social security number.</p> <p>When revising information, complete fields 3 through 9 and 16 through 20 to identify the debtor and claim records being revised. Then complete only information to be changed.</p> <ol style="list-style-type: none"> 1. Initial: Enter the current date when this is the first claim submitted for this debtor. View OPR claim screen OVCI to determine if the debtor has previous claims. 2. Update: Enter the current date when submitting an update of a previous referral or adding a new claim to an existing debtor file. 3. Prefix: Use the following codes to complete this item: <ul style="list-style-type: none"> I Use whenever the debtor's state identification number is available. (You must also complete both fields 4 and 5.) |

S Use when the debtor does not have a state ID number and for providers with no provider number who are identified by social security number or federal ID number. You must also complete field 5.

Example: The caretaker is not on the case and has no state ID number, but the claim is the caretaker's responsibility.

P Use when a provider claim is being established and a provider number is available. You must complete field 6.

- 4. State ID #:** When "I" is the prefix, enter the debtor's state identification number.
- 5. Social Security #:** Enter the debtor's social security number or (for providers) federal tax identification number.
- 6. Provider #:** Enter the provider's identification number when the claim is for a provider overpayment.
- 7. Page of :** Complete with the page number of this page in sequence and the total number of pages of input data completed and submitted at one time. (One side of this form is the same as one page. Example: Submission of five claims for the same debtor requires entries on three pages.)
- 8. Old identifier:** If field 4, 5, or 6 needs to be changed from the previous entry, enter the correct entry to the appropriate item, and enter the previous identification number (with the identifier prefix in field 8 for tracking purposes).
- 9. Debtor name:** Enter the name of the person responsible for repayment. Enter the last name first, then leave two blank spaces and enter the first name. Example: GOODMAN PENELOPE.

If the debtor is a provider, such as a child care center, enter the full name listed with only one space between words. Example: TENDER YEARS CENTER.

If two people are responsible for the repayment, enter the name of the head of the household in field 9.

If the head of the household later leaves the home, enter the other debtor's name in field 9 on an update form (field 2). Write the first debtor's identification number in field 8, and the new debtor's identification in fields 2, 4, and 5.

If a court order divides the amount of the overpayment between two debtors and requires each one to make restitution, the overpayment recovery investigator will:

- ◆ Divide the claim between the debtors according to the order.
- ◆ Add the new debtor and that person's claim to the system.
- ◆ Reduce the original claim by the amount of the new claim.

Fields 10 through 15 report general information on a particular debtor.

- 10. Debtor address:** Enter the debtor's current mailing address in full.
- 11. Case # / SRS #:** For each client and provider overpayment, always enter the client's ABC case number.
- 12. Case Status:** Enter the status of the debtor's case, except for provider overpayments. Use the following codes:
 - A If any program on ABC is active
 - C If all programs on ABC are closed
 - P If application is pending for any ABC program and for provider overpayments
- 13. Case county:** Enter the two-digit number for the county in which the debtor's case is located. Example: 77 for Polk.
- 14. Case name:** Enter the ABC or SRS case name for the debtor who was overpaid. (For provider overpayments, enter the case name for the client for whom the provider was overpaid.) When possible, include the middle initial one space after the first name.

- 15. Case worker:** Enter the number of the Department worker assigned to the case.

The Overpayment Recovery System automatically updates addresses for active recipients with allotment reduction each time the ABC system records an address change. Report all other changes on an update form.

Fields 16 through 28 report information pertaining to one claim in one program for the debtor identified in fields 3 through 15.

- 16. Program:** Enter the program area in which the overpayment occurred. Use the following codes:

- 15 Child Care Assistance client overpayments (for overpayments that occurred after 4/30/01)
- 16 Child Care Assistance registered provider overpayments (for overpayments that occurred after 4/30/01)
- 17 Child Care Assistance nonregistered provider overpayments (for overpayments that occurred after 4/30/01)
- 18 Child Care Assistance licensed provider overpayments (for overpayments that occurred after 4/30/01)
- 19 Child Care Assistance exempt facility provider overpayments (for overpayments that occurred after 4/30/01)
- 65 PROMISE JOBS transportation
- 66 PROMISE JOBS child care (for child care overpayments that occurred before 7/1/99)
- 67 Other PROMISE JOBS expense allowances

- 17a. Date of Discovery:** Leave blank. For food stamps only.

- 17b. Date Completed:** For all claims, enter the date that:

- ◆ The overpayment was established, or
- ◆ A claim is completed for the overissuance.

This date identifies a particular claim in a program area. If two or more claims in any one program area are completed on the same day, enter a different "Date Completed" for each claim.

When submitting changes to an existing claim, always enter the original "date completed" for the claim.

18. From date: Enter the date of the first day of the overpayment on this claim.

19. To date: Enter the date of the last day of the overpayment on this claim. This is always the last day of the month.

There must be an overpayment in this program for each month of this period. If there is a month without an overpayment, enter two separate claims.

20. Total owed \$: Enter the total dollar amount of the overpayment on this claim. Do not deduct payments or offsets from this amount.

21. Cause: Enter the code for the reason for the overpayment. If more than one reason applies, choose the major reason. If the overpayment is caused by both client and agency error, enter the client error code and note the other cause code in the comment section. Use the following codes:

- 01 Unreported earned income
- 02 Unreported unearned income
- 05 Unreported child support
- 06 Absent parent in home
- 07 Assistance for child not in the home or not in school
- 08 Unreported resources
- 10 Unreported marriage
- 11 Receiving assistance in more than one county or state

- 12 Unable to locate client
- 14 Pending appeal
- 15 Agency error or administrative error
- 16 Failure to provide correct information
- 17 Failure to timely report changes
- 19 Duplicate warrants
- 21 Assistance received greater than amount on NOD
- 23 Loss of residence
- 24 Rate change
- 25 Failure to participate in program
- 26 Voluntary return of overpaid FIP, RCA, or PJ assistance
- 27 Other
- 28 Buy-in
- 29 Child care provider not registered or licensed
- 39 Client flood disaster error
- 40 Agency flood disaster error
- 63 Transfer of assets

22. Referral source: Enter the code for the source that originally brought a possible overpayment to the attention of the Department. Use the following codes:

- 01 IEVS match
- 02 Caseworker
- 03 Quality control
- 04 Front-end investigator
- 05 Child Support Recovery Unit
- 06 Anonymous tips
- 09 Federal audits
- 10 State audits
- 11 Other state agency
- 13 Division of Criminal Investigation
- 15 Reports by client
- 16 Law enforcement official
- 17 POS rate change
- 18 Other

23. Classification of debtor: Leave blank. Used by DIA for medical providers only.

24. Appeal status: Enter the code indicating whether the client has requested an appeal (not an administrative disqualification hearing) and the disposition of the appeal.

- 1 No appeal pending
- 2 Appeal pending
- 3 Appeal decided; overpayment exists
- 4 Appeal decided; no overpayment exists

When entering an update because the debtor files an appeal or a final decision is issued, complete fields 16 through 20 to identify the pertinent claim. (DIA uses this field to denote the status of claims that have been referred for further collection efforts. The appeal codes take precedence over those entered by DIA.)

25. Fraud status: Enter the code indicating whether the case has the potential of being referred for fraud or has already been determined to be fraud.

- 1 Stolen warrant.
- 2 Pending an appeal. Use with cause code 14 (pending appeal).
- 3 Fraud or intentional program violation. Use only after fraud has been determined by a court ruling or an administrative fraud hearing.
- 4 Not fraud, but question of fraud exists; or inadvertent household error.
- 5 No question of fraud (agency error). Use only with cause codes 15 and 40 (administrative or agency errors).

26. Reason(s): Leave blank. For food stamps only.

- 27. Send letters Yes/No:** Indicate whether to send a demand letter for an FIP, RCA, Medicaid, State Supplementary Assistance, Child Care Assistance, or food stamp overpayment. If this item is left blank or a Y is entered, the computer automatically sends a demand letter.

Enter N when the claim is to be referred for a fraud investigation and for lost or stolen warrant claims.

- 28. Months of claim message:** Leave blank. For food stamp claims only.

(Child Care Assistance demand letters automatically take the “months of claim” from the “From” and “To” dates.)

- 29. Household member not eligible for Medicaid:** Leave blank.

- 30. Number of claims:** Enter the number of claims being submitted for this debtor at this time.

- 31. County:** Enter the county number of the worker completing the form.

- 32. Worker:** Enter the worker number of the worker completing the form.

Legibly sign the form. Enter your work telephone number.

- 33. Leave blank.** For food stamps only.

- 34. Comments:** List all adult household members (other than the debtor identified in field 9) who are jointly and severally liable for the debt, along with a social security number and a state ID number for each person.

Overpayment Recovery Supplemental Information, Form 470-0465

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| Purpose | <p>Form 470-0465 informs the Department of Inspections and Appeals, Overpayment Recovery Unit, of additional information about an overpayment.</p> <p>DIA uses the information to determine which recovery action to pursue (voluntary repayment, investigation, civil prosecution, or criminal prosecution). If DIA refers the case for prosecution, the form is submitted to the county attorney to summarize the basis for the investigation.</p> |
| Source | <p>Form 470-0465 is printed in pads of 25 sheets. Order supplies from Iowa Prison Industries at Anamosa. You may also complete this form on line using the template provided by DHS.</p> |
| Completion | <p>PROMISE JOBS workers complete an original and one copy of the form when they determine that:</p> <ul style="list-style-type: none"> ◆ The overpayment in any one program area is over \$1,000; or ◆ The combined overpayment in all program areas exceeds \$1,000; or ◆ The DIA Division of Investigations requests the information to pursue recovery actions. DIA may request the form because they find that combined FIP, food stamps, Medicaid, and PROMISE JOBS overpayments total more than \$1,000. <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>For \$760 owed for child care and \$250 owed for transportation (total \$1,010), complete this form.</p> <p>For \$300 owed for child care, \$200 owed for transportation, and \$200 owed for tuition (total \$700), do not complete this form.</p> <p>For \$900 owed for child care, \$500 owed for transportation, and \$800 owed for tuition and books (total \$2,200), complete this form.</p> </div> |
| Distribution | <p>Submit the original along with the <i>Overpayment Recovery Information Input</i>, form 470-0464, to DIA Overpayment Recovery 3rd Fl, 321 E 12th St, Des Moines, IA 50319-0083 (or send by local mail). Keep a copy in the case record.</p> |

Data

Make the following entries:

Identifier: Enter the prefix and debtor identifying number (field 3 and field 4, 5, or 6 from the *Overpayment Recovery Information Input*).

ABC Case No.: Enter the debtor's ABC case number (field 10 on the *Overpayment Recovery Information Input*).

Summary Regarding Overpayment: Give a brief statement regarding the condition that caused the overpayment. In a brief, concise summary, describe the reasons that support the conclusion that an overpayment has occurred. Include the dates and the amount of the overpayment.

Possible Witnesses and Evidence: List separately each person who can provide truthful and relevant testimony regarding the overpayment. Include the person's name, current address, and telephone number.

Under each witness's name, describe what that witness can testify to, including time and dates of contacts or statement. Be specific, but brief.

If the person is an employee of a state agency or WIA agency, name the county or location where the person is employed. List the office telephone number and the type of caseload carried.

List all related documents, giving the date of each document. (Examples: *Notice of Decision: Services, PROMISE JOBS Time and Attendance, Estimate of Cost, Child Care Estimate of Cost.*)

In addition, list all signed statements available from either the participant or a collateral source. Maintain all related documents in the case record until complete recovery has been made or the Division of Investigations requests the documents.

Worker: Sign the form when it is completed.

Date: Enter the date the form is completed.

Participation No Longer Required, Form 470-2758

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| Purpose | Form 470-2758 informs clients that they are no longer mandatory PROMISE JOBS participants. |
| Source | Form 470-2758 is system-generated. |
| Completion | The Automated Benefit Calculation (ABC) system issues this letter to when the IM worker changes the client's PROMISE JOBS referral status from a mandatory referral code to an exempt code on the ABC system. |
| Distribution | DHS Central Office sends the original to the participant. |
| Data | The system completed. |

Payment Application for Nonregistered Providers, Form 470-2890

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| Purpose | Nonregistered providers apply for payment by completing form 470-2890. The applicant-provider shall certify compliance with the minimum requirements of the Department of Human Services. |
| Source | Form 470-2890 is printed with 25 three-part forms on a pad. Order supplies from Iowa Prison Industries at Anamosa. |
| Completion | <p>The applicant-provider completes the application:</p> <ul style="list-style-type: none">◆ When applying for payment for the first time,◆ When applying for a two-year renewal,◆ When there is a change of address, a change of name, or a change in household composition. <p>The applicant-provider shall complete the form after reading all the instructions and the minimum requirements in Comm. 95 or Comm. 95(S), “Minimum Health and Safety Requirements for Nonregistered Family Day Care Home Providers.”</p> |
| Distribution | The applicant-provider keeps the pink copy of the application and returns the original and one copy to the worker in the county office. The worker files the original and one copy in the child care case record. |
| Data | <p>The applicant-provider shall:</p> <ul style="list-style-type: none">◆ Indicate whether this is a new application or a renewal.◆ Carefully print the name (and maiden name and other last names, if any) and address.◆ Enter the birth date, social security number, telephone number with area code, and name of the county.◆ Add the name of other adults and children living in the home with birth dates and social security number, if available.◆ Read carefully the seven numbered statements.◆ Sign the application and date it where indicated. |

PROMISE JOBS Child Care Attendance and Invoice, Form 470-3896

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| Purpose | The <i>PROMISE JOBS Child Care Attendance and Invoice</i> is used to document and verify the number of hours a child receives state approved child care services. This form also serves as a billing form between the child care provider and PROMISE JOBS for state payment of child care services. |
| Source | Complete this form on line using the template provided by DHS. |
| Completion | <p>The PROMISE JOBS worker initiates the form when Child Care Assistance is required for participation in any PROMISE JOBS component other than orientation or monitored employment and when payment is not available from any other source.</p> <p>Note: Income maintenance workers authorize Child Care Assistance for child care needed due to employment. Refer participants to their income maintenance worker for child care required during hours of employment.</p> <p>Ask the provider to prepare and submit the form:</p> <ul style="list-style-type: none">◆ After close of business on the last day of each month, or◆ When the participant's participation in PROMISE JOBS components has terminated, ending the need for Child Care Assistance. <p>PROMISE JOBS staff complete the "Return form to" field.</p> <p>The provider and participant complete the rest of the form. Providers may attach a copy of their attendance record, instead of completing the information in the center section of the form, as long as the attachment contains all the requested information. Both the provider and the parent or responsible adult need to sign the form.</p> |

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| | <p>When the completed form 470-3896 is returned, the PROMISE JOBS worker:</p> <ul style="list-style-type: none">◆ Compares the information completed on it to the <i>Notice of Decision: Child Care Assistance</i>, form 470-3915, checking the approved number of units and approved children.◆ Enters the approved total cost, and signs and dates the form. <p>Authorize payments monthly, directly to the child care provider. Do not issue payments to the participants.</p> |
| Distribution | <p>Return a copy to the provider. File one copy in the client's case record under EXPENSE ALLOWANCES AND OTHER AUTHORIZATIONS.</p> <p>Enter payment approval by accessing PJOB, "S" screen.</p> |
| Data | <p>The <i>Notice of Decision: Child Care Assistance</i>, form 470-3915, lists the children approved to receive child care services, the maximum number of units of service, and any applicable parent fee.</p> <p>The <i>PROMISE JOBS Child Care Attendance and Invoice</i>, form 470-3896, lists the children and the number of units of care billed. Signatures from the parent or responsible adult and the provider certify the number of hours of care provided for the children listed.</p> |

PROMISE JOBS Data Codes, Reference Card RC-0014

Purpose

The RC-0014 chart lists the codes used in reporting information on individual client's PROMISE JOBS participation on the provider reporting systems. See the instructions for completion of specific forms for more details on the use of these codes.

Source

Print the chart from the DHS web site or photocopy the sample in the manual, as needed.

Referral for Work Experience (WEP) Placement, Form 470-0810

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| Purpose | <p>The <i>Referral for Work Experience (WEP) Placement</i> is used to refer participants to WEP sponsors to interview for specific assignments. The form also notifies PROMISE JOBS whether the client has been accepted for assignment, when assignment will begin, and the number of days and hours per week that the client will work in the position.</p> |
| Source | <p>Form 470-0810 is printed in individual four-part carbonized sets. Order supplies from Iowa Prison Industries at Anamosa.</p> |
| Completion | <p>PROMISE JOBS staff initiate this form when the participant is referred to a sponsor for WEP placement. The sponsor completes the form.</p> |
| Distribution | <p>Give the white, yellow and pink copies to the participant. Keep the gold copy.</p> <p>The participant gives the white and yellow copies to the sponsor at the participant's interview.</p> <p>The sponsor returns the white copy to PROMISE JOBS after completing the sponsor's section.</p> |
| Data | <p>The PROMISE JOBS worker completes the referral section, which is self-explanatory.</p> <p>The sponsor completes the "Interview Results" section.</p> |

Referral to Community Agencies, Form 470-3102

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| Purpose | The <i>Referral to Community Agencies</i> is used to refer PROMISE JOBS clients to community agencies for services. |
| Source | Complete form 470-3102 on line using the template provided by DHS. |
| Completion | The PROMISE JOBS worker completes three copies of this form when the worker refers a client for services provided by a community agency. |
| Distribution | Send one copy to the community agency. Keep one copy in PROMISE JOBS office. Send one copy to the client. |
| | Attach a completed, signed and dated <i>Consent to Obtain and Release Information</i> if asking for medical or mental health information. |
| Data | Complete each section of the form, identifying the referral agency, the client, the services requested, and the referring worker. |

Report on Incapacity, Form 470-0447

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|--------------|--|
| Purpose | The <i>Report on Incapacity</i> is used to obtain verification of medical reasons for temporarily waiving participation in PROMISE JOBS activities or for establishing that a client had good cause for not participating in PROMISE JOBS activities. |
| Source | Complete this form on line using the template provided by DHS. |
| Completion | <p>The PROMISE JOBS worker initiates this form when medical verification is needed to:</p> <ul style="list-style-type: none">◆ Determine to what extent a client should be temporarily waived from participation in PROMISE JOBS activities, or◆ Prove that good cause exists for not participating in PROMISE JOBS activities. <p>The PROMISE JOBS worker completes the form through the end of Section A. The physician completes section B.</p> |
| Distribution | <p>You can mail the form to the doctor, hospital, or other facility, or give it to the client to hand-deliver.</p> <p>When a completed report is returned, send a copy to the income maintenance worker and file a copy in the PROMISE JOBS client file.</p> |
| Data | <p>Enter the client’s case number, local office, name, birth date, and address. Have the client sign and date the “Release of Information” section. Make entries in Section A based on the information provided by the client.</p> <ul style="list-style-type: none">◆ Item 1. The participant’s usual employment.◆ Item 2. The last date the participant was employed.◆ Item 3. The participant’s version of disability or medical problem.◆ Item 4. Your observations about the participant’s attitude and limitations. <p>Sign and date the form. Enter the name of the doctor or facility from which the information is being requested on the top of page two.</p> |

Request for Child Abuse Information, Form 470-0643

| | |
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| Purpose | Use form 470-0643 to find out whether a nonregistered child-care provider, or a person who lives in the provider's home or has access to a child when the child is alone has a child abuse history. |
| Source | Complete form 470-0643 on line using the template provided by DHS. |
| Completion | <p>The PROMISE JOBS worker completes the form when a PROMISE JOBS participant wants a nonregistered provider to provide child care and receive payment from PROMISE JOBS for providing the care.</p> <p>Complete Sections I and II of the form. Section III is not used for PROMISE JOBS purposes.</p> <p>Prepare form for the provider, for each person living in the provider's home, and for each person with access to a child when the child is alone.</p> <p>The person authorized to access information on the Central Abuse Registry for the local area completes Section IV of the form and states whether the provider is eligible or not eligible to provide child care considering the result of the Registry check.</p> |
| Distribution | <p>Forward form 470-0643 to your DHS contact along with copies of the forms:</p> <ul style="list-style-type: none">◆ <i>Payment Application for Nonregistered Providers, 470-2890</i>◆ <i>Child Care Assistance Provider Agreement, 470-3871</i>◆ <i>Non-Law Enforcement Record Check Billing Form, 595-1494</i>◆ <i>Non-Law Enforcement Record Check Request Form A, 595-1489 or 595-1489(S)</i> <p>DHS will return a copy of the form to you with the results of the registry check.</p> <p>When the form shows there is a child abuse record, send the form to the DHS service unit that does the evaluations for registered and licensed child care providers in your area.</p> |

Data

Complete Section I as follows:

- ◆ Enter your **name, telephone number, and address**.
- ◆ Enter “**PROMISE JOBS worker**” as your relationship to the person listed in Section II.
- ◆ Sign and date as the requestor.

Complete Section II, using the information the provider reported on form 470-3496, *Nonregistered Child Care Provider Application*. Enter information regarding the person whose record is to be checked as follows:

- ◆ Name.
- ◆ County of residence.
- ◆ Birth date.
- ◆ Social Security number.
- ◆ Address.
- ◆ Any known maiden names, previous married names, or alias names.

Do not complete Section III.

Request for FIP Beyond 60 Months, Form 470-3826

| | |
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| Purpose | <p>Families may receive Family Investment Program (FIP) Assistance beyond 60 months only if they request and are determined eligible for a “hardship exemption.” Form 470-3826, <i>Request for FIP Beyond 60 Months</i>, is used to request this exemption.</p> <p>The form is also an authorization for release of information that allows IM, PROMISE JOBS, DHS service, and FaDSS staff to share information about the family that may be relevant to the hardship exemption determination with each other. This includes substance abuse, mental health, and AIDS/HIV-related information.</p> |
| Source | <p>Form 470-3826 originates with the IM worker. PROMISE JOBS does not initiate the form.</p> |
| Completion | <p>The IM worker issues form 470-3826 to applicant or participant families when:</p> <ul style="list-style-type: none">◆ The family has received FIP for 58, 59 or 60 months, or◆ The family requests it. <p>Families may submit the form to any DHS or PROMISE JOBS office. Receipt of the form in either office protects the date of the request. Upon receipt of the form, IM screens the family’s FIP case circumstances. IM will deny the request if:</p> <ul style="list-style-type: none">◆ It does not appear appropriate for the circumstances of the case, e.g., the family is in a six-month ineligibility period of a subsequent limited benefit plan, or◆ The family fails to provide supporting evidence of its hardship condition by the requested due date, or◆ The family does not meet the criteria for a hardship condition, or◆ A FIP application is required and the family fails to return it. <p>If the family has an active service case, IM asks the service worker to submit recommendations for steps to consider in the <i>Family Investment Agreement</i> on form 470-3884, <i>Hardship Exemption: Service Information</i>.</p> |

| | |
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| | <p>IM will make appropriate referrals to PROMISE JOBS and schedule an appointment for the adults in the family to attend the required interview with PROMISE JOBS to develop and sign the six-month family investment agreement.</p> |
| Distribution | <p>If the family submits the form to a PROMISE JOBS office, forward it to the local DHS office within one working day. The form must be date-stamped.</p> <p>After IM has determined that the family has a hardship condition, IM forwards a copy of the family's hardship exemption request form to the local PROMISE JOBS office along with:</p> <ul style="list-style-type: none">◆ A copy of form 470-3876, <i>Hardship Exemption Determination</i>.◆ A copy of the supporting hardship evidence.◆ A copy of form 470-3897, <i>FIA Appointment</i>.◆ A copy of form 470-3884, <i>Hardship Exemption: Service Information</i>, received from the family's service worker. |
| | |
| Data | <p>The family must complete designated items. To be considered valid, the form must contain a legible name and address, and must be signed by the "adult" in the family who is:</p> <ul style="list-style-type: none">◆ The parent in the home, even if the parent is or will be excluded from the FIP grant. When both parents of the FIP child are in the home, one parent's signature is sufficient to protect the request date. However, both parents' signatures are required before the hardship exemption can be approved.◆ The incapacitated stepparent when the stepparent is or requests to be on the FIP grant.◆ The needy nonparental specified relative who is or requests to be on the FIP grant. <p>When the adult is incompetent or incapacitated, someone acting responsibly on the adult's behalf may sign the form.</p> |

Request for Withdrawal of Appeal, Form 470-0492

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| Purpose | Form 470-0492 is used to withdraw an appellant's request for an appeal and a hearing. |
| Source | Form 470-0492 is printed in pads of 25 three-part carbonized sets. Order supplies from Iowa State Industries at Anamosa. |
| Completion | The worker, the Appeals Section, or the appellant may prepare the form whenever an appellant indicates a wish to withdraw. However, the appellant or the appellant's representative must sign it. |
| Distribution | The original goes to the Appeals Section. One copy is filed in the case record. One copy goes to the appellant. |
| Data | The form contains: <ul style="list-style-type: none">◆ The appellant's name and address.◆ The appeal number.◆ The program being appealed.◆ The date of the appeal.◆ The appellant's comments, if any.◆ The appellant's signature.◆ The date the form was signed. |

Self-Assessment, Form 470-0806

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| Purpose | Use form 470-0806, <i>Self-Assessment</i> , in partnership with any other assessment device used in your service delivery region, to obtain information about the client. Use this information as part of the client assessment process and to identify potential barriers to participation in the PROMISE JOBS program or specific components. |
| Source | Print form 470-0806 from the PROMISE JOBS MS Library. |
| Completion | <p>The client completes the <i>Self-Assessment</i> during the initial PROMISE JOBS orientation and assessment session. Give the client the form at the start of assessment unless IM has already issued a copy to the client. Instruct the client to complete all entries on the form.</p> <p>Review the completed form. Obtain more complete information, if needed, during the individual meeting with the client.</p> |
| Distribution | The completed form becomes part of the client's PROMISE JOBS case file. |
| Data | <p>The form requests information about the client's:</p> <ul style="list-style-type: none">◆ Family composition.◆ Social and health history.◆ Educational background.◆ Employment history.◆ Individual goals. |

Sponsor's Request for Work Experience (WEP) Participant, Form 470-0809

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| Purpose | The <i>Sponsor's Request for Work Experience (WEP) Participant</i> is used by public and non-profit agencies to request Work Experience Program (WEP) participants for positions that qualify for placements for that program. |
| Source | Form 470-0809 is printed in individual two-part carbonized sets. Order supplies from Iowa Prison Industries at Anamosa. |
| Completion | <p>The sponsor prepares an original and one copy of this form when the agency wishes to request a WEP participant for an available position.</p> <p>The PROMISE JOBS worker shall review the position being offered. If approved, the authorized PROMISE JOBS person shall sign and date the form.</p> |
| Distribution | <p>The sponsor returns both copies of the form to PROMISE JOBS when completed.</p> <p>PROMISE JOBS keeps the white copy and returns the yellow copy to the sponsor if the placement request is approved.</p> |
| Data | The sponsor must complete all entries on the form, and sign and date the form to attest that the sponsor understands the terms of the WEP program. |

Time and Attendance, Form 470-2617

Purpose Form 470-2617 is used to verify and document a participant's hours of participation in PROMISE JOBS activities.

Source Complete form 470-2617 on line using the template provided by DHS.

Completion Use this form to verify hours of attendance or participation when a participant is involved in:

- ◆ Work and training services provided by training institutions, organizations, agencies, or people outside of the PROMISE JOBS program (unless you agree on some other method with the provider).

The participant may complete the form, but it should be signed and dated by the training provider training institution or work site. When a training provider refuses or fails to verify the hours of attendance, accept a signed and dated statement from the participant on this form instead.

- ◆ WEP. The work site shall report hours of participation on this form, unless other arrangements are made.
- ◆ An activity (such as job search) which is not directly monitored by the PROMISE JOBS worker or training provider. The participant shall complete and return this form.

The training provider or participant shall return the form within ten calendar days following the end of each month.

When the training provider fails or refuses to complete the form, allow the participant five working days after the request to provide the form, even if the fifth working day falls on or after the tenth calendar day following the end of the month.

| | |
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| Distribution | When the training provider, work site, or participant returns the form to the PROMISE JOBS worker, it is filed in the case record. The provider or participant may keep the control copy or it can be destroyed. |
| Data | When the training provider or work site chooses to complete the form or the participant is required to complete the form, review the form. If you accept the accuracy of the hours, also sign and date the form. |

Transfer Between PROMISE JOBS Offices, Form 470-2604

| | |
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| Purpose | The <i>Transfer Between PROMISE JOBS Offices</i> is used to inform the PROMISE JOBS client and the new office when a case is transferred. |
| Source | Complete form 470-2604 on line using the template provided by DHS. |
| Completion | <p>The PROMISE JOBS worker completes three copies of this form when:</p> <ul style="list-style-type: none">◆ A client is being referred from one PROMISE JOBS office to another, or◆ A client has moved to a new county, or◆ A client is passed on to a different provider for additional program services (i. e., from IWD to BRS). |
| Distribution | <p>Send one copy to the client. Send one copy to the receiving office. Keep one copy in the case file.</p> |
| Data | <p>Complete all entries. Enter the client's social security number, phone number, and county at the top of the form. Be sure to enter the client's correct PROMISE JOBS referral code.</p> <p>Describe the nature of the transfer. Include the address and phone number of the office to which the case is being transferred. Sign and date the form.</p> |

Unpaid Community Service Monthly Report, Form 470-3097

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| Purpose | The <i>Unpaid Community Service Monthly Report</i> is used to provide both the participant and the PROMISE JOBS unit with a monthly evaluation of the client's unpaid community service performance. |
| Source | Form 470-3097 is printed in pads of 25 three-part carbonized sets. Order supplies from Iowa Prison Industries at Anamosa. |
| Completion | Provide three copies to the sponsor. Ask the sponsor to prepare the form after close of business on the last day of each month, or when the participant's unpaid community service participation in a specific placement is terminated. |
| Distribution | Ask the sponsor to: <ul style="list-style-type: none">◆ Return the white copy to PROMISE JOBS.◆ Give the pink copy to the participant or return it to PROMISE JOBS.◆ Keep the yellow copy. |
| Data | The sponsor reports whether the participant is carrying out the terms of the agreement, whether the participant's work performance is satisfactory, and when and how much the participant worked. |

Work Experience Participant Evaluation, Form 470-0805

| | |
|--------------|---|
| Purpose | The <i>Work Experience Participant Evaluation</i> is used to provide both the participant and the PROMISE JOBS unit with a monthly evaluation of the client's WEP performance. |
| Source | Complete form 470-0805 on line using the template provided by DHS. |
| Completion | Provide three copies to the sponsor. Ask the sponsor to prepare the form: <ul style="list-style-type: none">◆ After close of business on the last day of each month, or◆ When the participant's WEP participation in a specific placement is terminated. |
| Distribution | Ask the sponsor to: <ul style="list-style-type: none">◆ Return one copy to PROMISE JOBS.◆ Keep one copy.◆ Give one copy to the participant or return it to PROMISE JOBS. |
| Data | The form asks the sponsor to rate the participant's overall performance and several particular work traits. |

Worker's Guide to the Appeals Process, Reference Card RC-0038

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|---------|--|
| Purpose | Reference card RC-0038 is a desk aid that flowcharts the appeals process and lists instruction on viewing the Appeals Inquiry screen. Field staff can use this reference guide to help them become familiar with the appeals process and to determine the status of a specific appeal. |
| Source | Print the desk aid from the DHS web site, or photocopy the sample, as needed. |

Your Family Investment Agreement Reminder, Form 470-3300

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| Purpose | <i>Your Family Investment Agreement Reminder</i> informs FIP participants who have signed a family investment agreement and who have experienced a break in FIP assistance that they continue to be responsible for their family investment agreement. |
| Source | Print this form from the PROMISE JOBS MS Library. |
| Completion | PROMISE JOBS staff complete this form as soon as DHS refers a participant who has signed an FIA to PROMISE JOBS after a break in FIP assistance and you have determined that a valid family investment agreement already exists. Follow instructions found at FAMILY INVESTMENT AGREEMENT: FIA and a Break in Assistance . |
| Distribution | Send one copy to the participant, along with a copy of the family investment agreement. Keep a copy in the PROMISE JOBS case file. |
| Data | PROMISE JOBS should use the blank lines on this form to remind the participant of: <ul style="list-style-type: none">◆ Appointments that have been previously scheduled or will soon be scheduled.◆ FIA activities they are expected to be attending.◆ Required information that needs to be returned. |

Your FIA Rights and Responsibilities, Form 470-3104

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| Purpose | Form 470-3104 is used to document that a FIP client who has been called up for participation in the PROMISE JOBS program has received a detailed explanation of the PROMISE JOBS program. |
| Source | Print this form from the PROMISE JOBS MS Library. |
| Completion | The client and the PROMISE JOBS worker review, sign, and date this form as part of the PROMISE JOBS orientation and assessment process. |
| Distribution | Once the form is signed and dated, give the client one copy and keep one copy in the client's file. |
| Data | The form describes: <ul style="list-style-type: none">◆ How PROMISE JOBS works.◆ Services that are available.◆ Potential consequences for failure to participate.◆ The rights and responsibilities that the client has as a participant in the PROMISE JOBS program. |

Your PROMISE JOBS Reminder, Form 470-3103

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|--------------|--|
| Purpose | <p><i>Your PROMISE JOBS Reminder:</i></p> <ul style="list-style-type: none">◆ Informs FIP participants who are not following through with orientation activities of the consequences of their lack of action.◆ Explains the first and subsequent limited benefit plan.◆ Tells the participant to contact PROMISE JOBS if the participant has problems that make it difficult to work with PROMISE JOBS.◆ Explains that the PROMISE JOBS supervisor is available to discuss any problems or questions. <p>Failure to respond to this form within ten calendar days from the mailing date will prompt the issuance of a <i>Notice of Decision</i>, form 470-0486, establishing:</p> <ul style="list-style-type: none">◆ The beginning date of the limited benefit plan.◆ The beginning and ending dates of the six-month period of ineligibility of a subsequent limited benefit plan. |
| Source | Form 470-3103 may be completed on line using the template provided by DHS. |
| Completion | <p>DHS generates a list of participants who have been referred to PROMISE JOBS to start their family investment agreement process. The PROMISE JOBS worker prepares two copies of this form:</p> <ul style="list-style-type: none">◆ Ten days after DHS sent the original referral letter to the participant, if the participant has not established an orientation appointment.◆ When a participant fails to keep or reschedule an orientation appointment. |
| Distribution | <p>Send one copy to the participant. Keep one copy in the PROMISE JOBS case file.</p> |
| Data | <p>Complete all entries. Enter the mailing date and PROMISE JOBS worker's the name and phone number at the top of the form. Be sure to enter the participant's name and a response due date that is ten days from the mailing date. Check the box that describes the participant's situation.</p> |



July 15, 1997

GENERAL LETTER NO. 4-AP-138

ISSUED BY: Bureau of Family Investment, Division of Economic Assistance

SUBJECT: Employees' Manual, Title 4, Appendix, **PROMISE JOBS, Provider Manual**, Contents (pages 1, 2, and 6), revised; and pages 1, 10 through 13, 56, 65, 66, 67, 88, 89, 90, 165, 166, 167, 169, 190, 213, 231, 257, and 258, revised; and **PROMISE JOBS Provider Manual Appendix**, Contents (pages 1 and 2), revised; pages A5 through A8, A15 through A36, A46 through A50, and A53, revised; and the following form:

WI-3302-0 (470-0809) *Sponsor's Request for Work Experience (WEP) Placement*, revised.

Summary

Pages 165-167 and 169 are revised to incorporate the changes related to the child care rate changes.

Pages 10-13, 56, 65, 231, and 257 are revised to incorporate the changes in the policies and procedures related to exemption from referral of PROMISE JOBS.

Page 90 is revised to make it clear that PROMISE JOBS may contact an employer for information about a job quit based on the authorization signed by the participant on the *Employer's Statement of Earnings*, form 470-2844.

Pages have been revised throughout regarding Family Investment Program (FIP) regular policy, control groups, and control group policies. The FIP regular policies and control groups were eliminated January 1, 1997.

Child Care Rate Changes

Maximum payment rates used for all DHS child care programs have been revised. Base arrangements for child care provided in July 1997 and after on the maximum rates as shown in the new Table I and Table II.

The new rates represent statewide maximums derived from a market rate survey of child care providers conducted in November 1996. This survey asked providers to provide the rate that they use for private pay customers. Rate information was requested from a randomly selected sample of nearly 1,500 child care providers.

In addition to maximum rate changes, there are other changes and additions to the chart that need your close attention.

The order of the care settings has been changed and a setting has been added. The care settings are now listed as follows:

- ◆ Child care center.
- ◆ Registered group home.
- ◆ Registered family home.
- ◆ Nonregistered family home.

Note that family home day care providers are now divided into two groups:

- ◆ **Registered family homes** are those homes who have received a *Certificate of Registration* from the state.
- ◆ **Nonregistered family homes** are homes, including those of relatives, who provide care but do not have a *Certificate of Registration* from the state.

Because family home providers are not mandated to be state-registered, the Child Care Work Group of the Welfare Reform Advisory Group and the State Child Day Care Advisory Council recommended a rate differential in favor of state-registered family homes.

They believe it is important to the welfare of children to encourage family home child care providers to become state-registered providers. They will then be able to access services, including the Child and Adult Care Food Program, that can improve the circumstances of children in day care. Registration gives parents the assurance that child abuse and criminal records checks have been completed.

The nonregistered family home category uses the rate that was formerly used for all family homes. The rates developed through the market rate survey are used for registered family homes.

The age groups of the children in care have been changed also. The age groups are now as follows:

- ◆ “Infant/toddler” means children age two weeks to two years.
- ◆ “Preschool” means children age two years to kindergarten.
- ◆ “School age” means a child in attendance in full-day or half-day classes, beginning with kindergarten.

You may use the RC-0020, *Maximum Payment Rates for Child Care Providers*, or copies of the May 19, 1997, letter to PROMISE JOBS child care providers to explain the change in maximum rates to participants and child care providers.

See Workforce Development Field Memo 97-31 of May 28, 1997, with PROMISE JOBS MEMO # 129--July 1, 1997, Increase in Child Care Maximum Half-Day Rate Ceilings of May 13, 1997, for copies of the letter to PROMISE JOBS child care providers. See the DHS Circular Letter 27Z-220-EA, dated June 17, 1997, for the revised RC-0020.

You may send a copy of the May 19, 1997, letter to providers with ongoing arrangements who may not have received a payment in March or April and, therefore, did not receive the letter through the DHS mailing.

As always, use the *Child Care Estimate of Cost*, form 470-3281, to establish approvable providers for all new participants and for participants for whom a change in circumstances means a change in hours of child care, etc. Include the RC-0020 with the *Child Care Estimate of Cost* when arrangements are for July 1997 or after.

Continue to follow all policies in the ***PROMISE JOBS Provider Manual*** regarding:

- ◆ Eligibility for child care payment.
- ◆ Converting hours of PROMISE JOBS participation to cumulative half day units.
- ◆ Establishing a half-day rate for providers who do not have a half-day rate.
- ◆ Eligibility for special needs rate.

Use of in-home child care continues to be limited. Whenever you use the *Child Care Estimate of Cost*, make the following pencil or pen and ink change: Under TYPES OF CHILD CARE, cross out the indicator box and text as follows: ~~“IN-HOMECARE: An individual provides day care in the child’s own home.”~~

If nonregistered family home child care providers ask for information about becoming a state-registered provider, refer them to the DHS county office. Use your local coordination procedures to establish a contact person for this purpose.

Changes in Policies for Referral to PROMISE JOBS

The First Session of the Seventy-seventh Iowa General Assembly authorized the following welfare reform changes in the exemptions from referral to PROMISE JOBS:

- ◆ A parent or other relative caring for a child under three months of age at the time of FIP approval is no longer exempt for that reason.
- ◆ A person employed 129 hours or more a month in unsubsidized employment at the time of FIP approval is no longer exempt.

Members of the Legislature believed that persons who are employed full time and still eligible for FIP should have the support of the PROMISE JOBS program to continue to move toward self-sufficiency. Services will have to be tailored to employed persons who need help in advancing in their organizations, finding better employment, combining sources of employment, or enhancing job skills.

Similarly, members of the Legislature believed that parents or other relative caretakers of newborns who are newly eligible for FIP should not postpone making plans for self-sufficiency. The FIA should be completed soon after referral to PROMISE JOBS so that the participant can begin self-sufficiency activities at once when the family leave is complete.

On FIP applications received or processed on or after July 1, 1997, DHS income maintenance (IM) workers will not exempt anyone due to the age of the child or full-time employment.

For ongoing cases, where persons have been exempt for one of these reasons, DHS IM will complete at referral at the time of next redetermination, but not later than the next review. Many of those who are exempt due to the age of a child will, of course, be redetermined when the child reaches age three months, before they reach their review date.

For PROMISE JOBS, this means approximately 2,000 more referrals above current level throughout the next twelve months.

See revised pages 56 and 65 for instructions on providing orientation, assessment, FIA development, and FIA renegotiation and amendment services to parents and caretaker relatives of infants under age three months.

Effective Date

July 1, 1997.

Material Superseded

Remove the following pages from Employees' Manual, Title 4, Appendix, **PROMISE JOBS Provider Manual**, and destroy them:

| <u>Page</u> | <u>Date</u> |
|---|------------------|
| Welfare Reform Title Page | Undated |
| Contents (pages 1, 2, and 6) | October 15, 1996 |
| 1, 10-13, 56, 65, 88-90, 165-167, 169, 190, 213, 214, 231, 257, 258 | October 15, 1996 |
| Appendix Contents (pages 1 and 2) | November 1996 |
| 470-2636 Conciliation Agreement | 1/94 |
| A4a, A4b, A5, A6 | November 1996 |
| WI-3304 Employability Plan | 7/92 |
| A7, A8 | January 1994 |
| 470-2926 Employability Plan Guidebook | 7/93 |
| A14a | November 1996 |
| A15-A30 | January 1994 |
| 470-2601 Notice of Failure to Participate | 1/94 |
| 470-2600 Notice of Potential Sanction | 1/94 |
| 470-2667 Notice of Potential Sanction--Exempt Volunteers | 1/94 |

| | | |
|-----------------|--|---------------|
| 470-0817 | Notice of Probation and Appointment | 7/93 |
| A30a, A30b, A32 | | November 1996 |
| A32, A33 | | January 1994 |
| A34-A36 | | November 1996 |
| | PROMISE JOBS Program Letters | January 1994 |
| 470-2757 | Change Voluntary to Mandatory (Status (IWD)) | January 1994 |
| 470-2756 | Change Voluntary to Mandatory Status (BRS) | January 1994 |
| 470-2885 | Employment Provides Mandatory Participation | January 1994 |
| 470-2760 | End of PROMISE JOBS Sanction | January 1994 |
| 470-2753 | Referral for Mandatory Participant (BRS) | January 1994 |
| 470-2752 | Referral for Mandatory Participant (IWD) | January 1994 |
| 470-2755 | Referral for Voluntary Participant (BRS) | January 1994 |
| 470-2754 | Referral for Voluntary Participant | January 1994 |
| WI-3302-0 | Sponsor's Request for WEP Placement | 4/93 |
| RC-0020 | Statewide 75th Percentile Cost of Child Career | (Rev. 12/93) |
| A46-A50 | | January 1994 |
| A50a | | November 1996 |
| 470-0812 | Your Rights and Responsibilities | 1/94 |
| A53, A54 | | January 1994 |

With the revised page numbering, form samples should be filed as follows:

| | |
|--|---------------------------------|
| 470-3282 | Before page A15 |
| 470-3099, 470-0813 | After page A16, before page A17 |
| SS-1104-0 | After page A18 |
| 470-0820, 470-2666 | After page A20, before page A21 |
| 470-3116, 470-2925 | After page A22, before page A23 |
| PA-2228-0 | After page A24 |
| RC-0008, PA-2229-0 | After page A28, before page A29 |
| 470-2736, | Before page A31 |
| RC-0014, 470-3110, 470-3109 | After page A32, before page A33 |
| 470-3106, 470-3105, 470-3108, 470-3107 | After page A34, before page A35 |
| 470-2758, 470-2759, 470-2761 | After page A36 |
| WI-3302-0, 470-2604 | After page A46, before page A47 |
| 470-3097, WI-1103-5 | After page A48, before page A49 |
| 470-3300 | After page A50 |

Additional Information

Use up the current supply of form WI-3302 or discard it and order the new form from Anamosa, based on local decision.

Please contact your Department of Human Services regional benefit payment administrator or Iowa Workforce Development PROMISE JOBS coordinators for additional information.



October 14, 1997

GENERAL LETTER NO. 4-AP-139

ISSUED BY: Bureau of Family Investment, Division of Economic Assistance

SUBJECT: Employees' Manual, Title 4, *Family Investment Program Appendix*, *PROMISE JOBS Provider Manual Appendix*, Contents (page 2), revised; pages A13, A14, A17, A42 and A47, revised; page A14a, new; Employees' Manual 1-E-Appendix, Title page, Contents, pages 1 through 3, revised, and page 4, new; and the following forms:

| | |
|-----------|---|
| 470-3095 | <i>Family Investment Agreement</i> , revised |
| 470-3096 | <i>FIA Steps to Achieve Self-Sufficiency</i> , revised |
| 470-0813 | <i>Notice of Appointment or Participation</i> , revised |
| RC-0014 | <i>PROMISE JOBS Data Codes</i> , revised |
| 470-2604 | <i>Transfer Between PROMISE JOBS Agencies</i> , revised |
| PA-3138-0 | <i>Appeal and Request for Hearing</i> , revised |

The *Family Investment Agreement* and the *FIA Steps to Achieve Self-Sufficiency* are revised to correct a minor error. Their instructions are revised to reflect the copy for the DHS IM worker and the addition of family planning items in the last revision.

The *Notice of Appointment or Participation* and the *Transfer Between PROMISE JOBS Agencies* are revised and form 470-3111, *Second Notice of Appointment or Participation*, is eliminated to simplify program procedures.

PROMISE JOBS Data Codes is revised to add component reporting codes that are needed due to the new welfare reform initiatives. Replace any copies of this form that are in use as desk aids.

Employees' Manual 1-E-Appendix, *Appeals and Hearings*, is revised, and revisions have been made to form PA-3138-0, *Appeal and Request for Hearing*, to add:

- ◆ Phone numbers for the appellant and the appellant's representative.
- ◆ Updated program choices, including administrative hearings for attributions.
- ◆ A question on whether the appellant wants benefits to continue.
- ◆ A log for LBP appeals.
- ◆ Space for names and addresses of the PJ worker, QC worker, or DIA investigator involved.

Material Superseded

Remove the following pages from Employees' Manual, Title 4, Appendix, *PROMISE JOBS Provider Manual Appendix* and destroy them:

| <u>Page</u> | <u>Date</u> |
|-------------------------------|----------------|
| Appendix: | |
| Contents (page 2) | July 1997 |
| 470-3095 | 11/96 |
| A13, A14 | January 1994 |
| 470-3096 | 11/96 |
| 470-0813 | 2/96 |
| A17 | July 1997 |
| RC-0014 | 07/95 |
| A42 | January 1994 |
| 470-3111 | 2/96 |
| 470-2604 | 5/92 |
| A47 | July 1997 |
| Appeals and Hearings Appendix | 3/87 |
| Title page, Contents | April 10, 1990 |
| PA-3138-0 | 7/93 |
| Pages 1-3 | April 10, 1990 |

Additional Information

Use up existing supplies of forms 470-3095, 470-3096, 470-0813, and 470-2604 before reordering. Discard the current version of RC-0014 and PA-3138-0 and begin using the revised version immediately.

Contact your Department of Human Services regional benefit payment administrator or Iowa Workforce Development PROMISE JOBS coordinators if you need additional information.



March 24, 1998

GENERAL LETTER NO. 4-AP-141

ISSUED BY: Bureau of Family Investment, Division of Economic Assistance

SUBJECT: Employees' Manual, Title 4, *Family Investment Program Appendix*, *PROMISE JOBS Provider Manual*, Contents (pages one and two) revised; page A15, revised; page A14b, new; Employees' Manual 1-E-Appendix Contents, revised, and page 5, new; and the following forms:

AA1283-0 *Adjustment to Overpayment Balance*, revised
RC-0040 *Income Maintenance Discussion of PROMISE JOBS*, new
RC-0008 *Overpayment Recovery Input Codes*, revised
470-3106 *FIA Referral for Mandatory Participants (BRS)*, revised
470-3105 *FIA Referral for Mandatory Participants (IWD)*, revised
PA 2126-5 *Report on Incapacity*, revised
RC-0038 *Worker's Guide to the Appeals Process*, new

Summary

In the Limited Benefit Plan Study of May 1997, the majority of the cases studied (97%) entered the LBP before signing an FIA. Of those who entered a pre-FIA LBP, 31% failed to arrange an appointment with PROMISE JOBS and 58% failed to keep their appointment with PROMISE JOBS. Most of the families that did not make the appointment with PROMISE JOBS (70%) said their reason for failing to do so was because they did not understand the program requirements.

As a result of these findings, staff in the Division of Economic Assistance decided that revisions to the initial PROMISE JOBS Program Letters were needed. The letter was too detailed, complicated, and lengthy. Staff from PROMISE JOBS and DHS assisted in the design of the attached revised Program Letters 470-3105 and 470-3106. They have been sent to participants referred on or after March 10, 1998.

The IM Steering Committee also recommended development of a tool to assist DHS income maintenance staff in explaining the need for participants to contact PROMISE JOBS. Staff will review the attached desk aid RC-0040, *Income Maintenance Discussion of PROMISE JOBS*, with applicants during the face-to-face interview when it appears they will be eligible for FIP.

This general letter also transmits a new desk aid, entitled *Worker's Guide to the Appeals Process*. This reference guide was created to help staff understand the steps of the appeals process.

Samples of AA1283-0, *Adjustment to Overpayment Balance*; RC-0008, *Overpayment Recovery Input Codes*; and PA-2126-5, *Report on Incapacity*, are also updated to reflect changes in other programs.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from the *PROMISE JOBS Provider Manual Appendix*, and destroy them:

| <u>Page</u> | <u>Date</u> |
|-------------------------------|-----------------|
| Contents (page 1) | July 1997 |
| Contents (page2) | October 1997 |
| AA-1283-0 | 8/93 |
| A15 | July 1997 |
| RC-0008 (following page A32) | 7/93 |
| 470-3106 (following page A34) | 11/96 |
| 470-3105 (following page A34) | 11/96 |
| PA-2126-5 | 3/78 |
| 1-E-Appendix Contents | August 12, 1997 |

Additional Information

Revised forms AA-1283-0 and PA 2126-5 have been available at Anamose for some time. You may use up supplies of the previous versions before reordering. Forms 470-3015 and 470-3106 are generated by DHS central office. Photocopy supplies of desk aids RC-0008 and RC-0038 as needed. Desk aid RC-0040 is provided for information only.

Contact your regional benefit payment administrator if you need additional information.



June 23, 1998

GENERAL LETTER NO. 4-AP-142

ISSUED BY: Bureau of Family Investment, Division of Economic Assistance

SUBJECT: Employees' Manual, Title 4, Appendix, **PROMISE JOBS Provider Manual**, pages 120, 121, 136d, and 136e, revised and;

RC-0008 *Overpayment Recovery Codes*, revised

PA-2126-5 *Report on Incapacity (470-0447)*, revised.

Summary

PROMISE JOBS rules were revised effective July 1, 1998, to extend the length of time a PROMISE JOBS participant is considered eligible to receive funding for postsecondary education.

Previously, participants were allowed only 24 consecutive months of funding. This meant that participants who did not enroll for summer classes, or who dropped out of school for a semester due to barriers to participation, lost some of their months of eligibility for funding.

This new rule allows classroom training participants 36 consecutive months in which to use a maximum of 24 months of funding for classroom training. The maximum number of months in which a participant may receive funding has not changed. Only the length of time that a participant is allowed to use this funding has been extended.

Identify any participants who will not have used all 24 months of their postsecondary education funding by the end of June 1998. Inform these participants that they are now allowed 36 consecutive months in which to use up to 24 months of supportive services for postsecondary education, rather than 24 consecutive months.

Contact these participants before their original 24-consecutive-month eligibility period ends, so that there will be no break in PROMISE JOBS supportive services.

A PROMISE JOBS memo will be issued to provide suggested text for an informational letter that can be used to inform participants about this rule change.

All other **PROMISE JOBS Provider Manual** policies regarding postsecondary education still apply.

No changes to existing FIAs will be necessary due to this rule change.

Codes used for form PA-2228-0, *Overpayment Recovery Information Input*, and form PA-2126-5, *Report on Incapacity*, are revised for reasons unrelated to PROMISE JOBS use.

Effective Date

July 1, 1998, is the effective date of this new policy. However, this policy is retroactive to July 1, 1996.

Material Superseded

Remove the following pages from the PROMISE JOBS Provider Manual and destroy them:

| <u>Page</u> | <u>Date</u> |
|--------------------------------|-------------------|
| 120, 121, 136d, 136e | November 12, 1997 |
| RC-0008 (after p. A28) | 3/98 |
| PA-2126-5 (in front of p. A41) | 1/94 |

Additional Information

Use up existing supplies of form PA-2126-5 before reordering the revised form.

Please contact Department of Human Services regional benefit payment administrator or Iowa Workforce Development PROMISE JOBS coordinators for additional information.



August 11, 1998

GENERAL LETTER NO. 4-AP-143

ISSUED BY: Bureau of Family Investment, Division of Economic Assistance

SUBJECT: Employees' Manual, Title 4, *Family Investment Program Appendix*, *PROMISE JOBS Provider Manual*, Contents (pages 1 and 5), revised; pages 4 through 7, 162, and 172, revised; pages 162a through 162d and 172a, new; *PROMISE JOBS Provider Manual Appendix*, Contents (pages 1 and 2), revised; pages A42 through A45, revised; pages A16a and A16b, new; and the following forms:

- 470-3496 *Nonregistered Provider Application*, new
- 595-1489 *Non-Law Enforcement Record Check Request, Form A*, new
- SS-1606-0 *Request for Child Abuse Information (470-0643)*, new

Summary

Legislation passed in 1997 requires all nonregistered child care providers and anyone living in the home of the provider to be checked for criminal convictions and child abuse records. Persons who have a founded child abuse or criminal record cannot get PROMISE JOBS payments for providing child care, unless DHS finds through an evaluation of their record that they are eligible to provide child care services despite the record.

The PROMISE JOBS Provider Manual is revised to incorporate policies and procedures to accomplish this. Three new forms are added for this process. Nonregistered providers who want to get PROMISE JOBS payments for providing child care must:

- ◆ Complete form 470-3496, *Nonregistered Child Care Provider Application*.
- ◆ Agree to allow PROMISE JOBS to check for child abuse and criminal records that would make them ineligible to provide child care.
- ◆ Complete form 595-1489, *Non-Law Enforcement Record Check Request, Form A*.

The participant is responsible for securing these forms from the provider. PROMISE JOBS completes form SS-1606-0, *Request for Child Abuse Information*, to initiate the check for a child abuse history.

PROMISE JOBS must deny child care arrangements with nonregistered providers who:

- ◆ Do not complete and sign forms 470-3496 and 595-1489 when required.
- ◆ Have a child abuse or criminal record, unless DHS has evaluated the record and approved the person to provide child care.
- ◆ Provide the care in their own home and live with a person who has a child abuse or criminal record, unless DHS has evaluated the record and approved the person to provide child care.

When participation will be delayed while awaiting the results of the records checks, PROMISE JOBS may make payment to a nonregistered provider who:

- ◆ Signs and completes forms A, 470-3496, and 595-1489, and
- ◆ States on the application that the provider has no criminal or child abuse record, and no person living in the home of a family home provider has such a record.

The *PROMISE JOBS Provider Manual* is also updated with the changes due to the redesign of the Iowa Volunteer Mentor Program.

Effective Date

August 1, 1998, is the effective date of the changes that require child abuse and criminal record checks for non-registered providers. Apply these policies to child care arrangements approved on or after August 1, 1998. Apply these policies at the time of next review or change for those participants who are active in a PROMISE JOBS component with child care arrangements that were approved before August 1998, but no later than July 31, 1999.

The other changes are effective upon receipt of this letter.

Material Superseded

Remove the following pages from the Employees' Manual, Title 4, Appendix, *PROMISE JOBS, Provider Manual*, and destroy them:

| <u>Page</u> | <u>Date</u> |
|-----------------------------------|-------------------|
| Contents (pages 1 and 5) | November 12, 1997 |
| 4-7 | November 12, 1997 |
| 162 | October 15, 1996 |
| 172 | November 12, 1997 |
| Appendix Contents (pages 1 and 2) | March 24, 1998 |
| A42 | October 1997 |
| A43 | January 1994 |
| A44, A45 | November 1996 |

Additional Information

All of these new forms can be ordered from Iowa State Industries at Anamosa in the usual manner.

Contact your Department of Human Services regional benefit payment administrator or Iowa Workforce Development PROMISE JOBS coordinators if you need additional information.



December 8, 1998

GENERAL LETTER NO. 4-AP-144

ISSUED BY: Bureau of Family Investment, Division of Economic Assistance

SUBJECT: Employees' Manual, Title 4, *Family Investment Program Appendix*, *PROMISE JOBS Provider Manual*, Contents (pages 5, 6, and 7), revised; pages 162a through 162d, 255, and 256, revised; pages 162e, 162f, and 256a, new; *PROMISE JOBS Provider Manual Appendix*, Contents (pages 1 and 2), revised; pages A16a, A16b, A42, and A43, revised; pages A16c through A16e, new; and the following forms:

595-1494 *Non-Law Enforcement Record Check Billing Form*, new
595-1489 *Non-Law Enforcement Record Check Request Form A*, revised
SS-1104-0 *Notice of Decision: Services*, revised
SS-1606-0 *Request for Child Abuse Information*, revised

Summary

This general letter transmits:

- ◆ Revisions to the process of securing criminal record checks for nonregistered child care providers.
- ◆ Instructions for a new form 595-1494, *Non-Law Enforcement Record Check Billing Form*.

Beginning with the effective date of this letter, PROMISE JOBS staff must mail or fax form 595-1489, *Non-Law Enforcement Record Check Request Form A*, directly to the Division of Criminal Investigation (DCI) to find out whether a nonregistered provider (or a person in the provider's home) has a criminal conviction that would make the provider ineligible to provide child care.

Discontinue sending form 595-1489 to the Division of Adult, Children, and Family Services with the effective date of this letter, as ACFS will return the forms to you for submission to DCI. Distribution instructions on the form are revised to reflect this change.

Include one form 595-1494, *Non-Law Enforcement Record Check Billing Form*, when submitting one or more *Form A*'s to DCI to authorize payment for completion of the records check.

DCI returns form 595-1489 directly to PROMISE JOBS with the results of the criminal record check. This change intends to reduce the processing time for securing criminal record checks for non-registered providers, and persons living in a provider's home or with access to a child when the child is alone.

This general letter also adds procedures for notifying persons who are not eligible to provide child care and not eligible to receive PROMISE JOBS payment for doing so.

Other revisions are made to clarify existing policy and procedure.

Implementation Instructions for Notifying Persons Ineligible to Provide Child Care

Beginning December 22, 1998, send form SS-1104-0, *Notice of Decision: Services*, to a person who applies to be a child care provider when the results of a DHS evaluation find the provider not eligible to provide child care.

Also send form SS-1104-0, *Notice of Decision: Services* to a person who applies to be a child care provider when DHS is not able to complete an evaluation as the person did not supply form 470-2310, *Record Check Evaluation*.

Send form SS-1104-0, *Notice of Decision: Services*, to any person who applied to be a child care provider and whose child care arrangement was not approved due to a DHS evaluation decision issued before December 22, 1998, unless DHS issued a notice.

Send form SS-1104-0, *Notice of Decision: Services*, to any person who applied to be a child care provider and whose child care arrangement was not approved because DHS notified you before December 22 that the provider did not supply DHS with a *Record Check Evaluation* form, unless DHS issued a notice.

Effective Date

December 22, 1998

Material Superseded

Remove the following pages from the Employees' Manual, Title 4, Appendix, *PROMISE JOBS, Provider Manual*, and destroy them:

| <u>Page</u> | <u>Date</u> |
|-----------------------------------|-------------------|
| Contents (page 5) | August 11, 1998 |
| Contents (pages 6 and 7) | November 12, 1997 |
| 162a-162d | August 11, 1998 |
| 255, 256 | October 15, 1998 |
| Appendix Contents (pages 1 and 2) | August 1998 |
| 595-1489 | 8/97 |
| A16a, A16b | August 1998 |
| SS-1104-0 | 7/93 |
| A42, A43 | August 1998 |
| SS-1606-0 | 7/97 |

Additional Information

Order form 595-1494 and the revised form SS-1606-0 from Iowa State Industries at Anamosa in the usual manner. Discard existing supplies of form SS-1606-0 upon receipt of the revised form.

Use existing supplies of forms SS-1104-0 and 595-1489. Reorder from Iowa State Industries at Anamosa in the usual manner.

Contact your Department of Human Services regional benefit payment administrator or Iowa Workforce Development PROMISE JOBS coordinators if you need additional information.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

July 6, 1999

GENERAL LETTER NO. 4-AP-146

ISSUED BY: Bureau of Family Investment, Division of Economic Assistance

SUBJECT: Employees' Manual, Title 4 Appendix, *PROMISE JOBS Provider Manual*, Contents (page 1 through 7), revised; Contents (page 8), new; and pages 10 through 13, 23, 39 through 44, 53, 54, 72, 82, 85 through 90, 96, 105, 106, 136c, 147, 148, 161, 162, 162a through 162f, 163 through 172, 172a, 177 through 185, 187, 189, 190, 201, 205 through 210, 215, 216, 227 through 230, 233 through 256, 256a, and 257 through 264, revised; and pages 90a, 162g, 162h, 172b, and 256b, new; *PROMISE JOBS Provider Manual Appendix*, Contents (pages 1 and 2), revised; Contents (page 3) new; pages A4, A18, A19, A31, A34, and A43, revised; pages A4a and A4b, new; DHS Employees' Manual Chapter 1-E (Title page, Contents, and pages 1 through 44), revised; and the following forms:

- 470-2959 *Child Care Certificate*, new
- 470-2598 *Expense Allowance Authorization*, revised
- 470-3095 *Family Investment Agreement*, revised
- RC-0040 *Income Maintenance Discussion of PROMISE JOBS*, revised
- 470-0813 *Notice of Appointment or Participation*, revised
- SS-1104-0 *Notice of Decision: Services (470-0602)*, revised
- 470-2890 *Payment Application for Nonregistered Providers*, new
- 470-3110 PROMISE JOBS Program Letter: *Change FIA Voluntary Status to Mandatory (BRS)*, revised
- 470-3109 PROMISE JOBS Program Letter: *Change FIA Voluntary Status to Mandatory (IWD)*, revised
- 470-3611 PROMISE JOBS Program Letter: *FIA Referral for Reconsideration of LBP (BRS)*, new
- 470-3610 PROMISE JOBS Program Letter: *FIA Referral for Reconsideration of LBP (IWD)*, new
- WI-3303-0 *Referral for Work Experience (WEP) Placement (470-0810)*, revised
- 470-3300 *Your Family Investment Agreement Reminder*, revised
- 470-3104 *Your FIA Rights and Responsibilities*, revised
- 470-3103 *Your PROMISE JOBS Reminder*, revised

Summary

This general letter:

- ◆ Transmits information regarding the Child Care Assistance (CCA) program.
- ◆ Incorporates policies in Manual Letter No. 4-AP-10 into the manual.
- ◆ Makes additional changes throughout the manual to clarify current policy.

The following sections of this letter describe the policy changes in further detail:

- ◆ Child care assistance
- ◆ Limited benefit plan
- ◆ When a participant is discharged from employment due to misconduct
- ◆ When a participant's employment changes substantially

Child Care Assistance

House File 761, passed in the 1999 Iowa legislative session, establishes that all child care assistance provided by the Department be administered through the Child Care Assistance program effective July 1, 1999. As a result, the FIP child care deduction, the PROMISE JOBS child care program, and the Transitional Child Care program are eliminated.

PROMISE JOBS workers will administer the Child Care Assistance program to all families for PROMISE JOBS components other than paid employment. Child Care Assistance workers will administer the program to FIP recipients who are employed. Refer all employed PROMISE JOBS participants to the local DHS office if they are in need of assistance with child care costs.

All FIP assistance unit members in an active FIP case and persons in a PROMISE JOBS-approved activity are considered eligible for Child Care Assistance without regard to income, number of working hours, or waiting lists (should waiting lists be established). The FIP "assistance unit" includes any person on the FIP grant and any person whose income is considered when determining eligibility or the amount of the grant.

However, child care providers are subject to Child Care Assistance requirements. For example, they must be aged 18 or older and be registered or licensed (or pass the required criminal and child abuse record check conducted by DHS) before you can make payment.

Elimination of the Child Care Deduction

Income Maintenance is eliminating the child care deduction when determining FIP eligibility effective July 1, 1999, for all FIP applicants. For FIP participants, the child care deduction is eliminated when determining September 1999 cash benefits.

FIP applicants and participants who are employed may receive assistance with child care costs through the Child Care Assistance program. This includes persons whose income is considered when determining eligibility for the FIP grant amount.

Because of the limit on the allowable amount, the child care deduction is often less than the family's actual child care expenses. The Child Care Assistance program may absorb the family's child care cost in its entirety, in accordance with Child Care Assistance rates for the particular child care arrangement. Payment is made directly to the provider.

Some families with small grants may lose FIP eligibility because loss of the child care deduction increases their countable earnings. These families may have their child care costs reimbursed by Child Care Assistance and still qualify for Medicaid and food stamp benefits if they otherwise eligible under the respective program's policies.

Elimination of Transitional Child Care

The Transitional Child Care (TCC) program is eliminated as the program is incorporated into the Child Care Assistance program. Families who are receiving TCC before July 1, 1999, may continue to receive TCC assistance until their eligibility period ends or they otherwise cease to be eligible for TCC. No new applications will be taken or approved on or after July 1, 1999.

Units of Service

Under current policy, a unit of child care service is a half-day, defined as up to and including 5 hours of service. Under new policy, a half-day unit remains defined as up to and including 5 hours of service, but units are calculated on a daily basis instead of monthly. Example:

Ms. S is a full-time student with an 18-month-old daughter. She attends classes on Monday, Wednesday, and Friday from 11:00 a.m. to 2:00 p.m. and Tuesday and Thursday from 9:00 a.m. to 11:00 a.m.

Including actual travel time of one hour round trip from the child care site to the training site, she has four hours of participation on three days and three hours of participation on two days. Assume a month of 30 days that begins on a Saturday and ends on a Sunday, so that it includes four normal work weeks of Monday through Friday.

Under Current Policy: There are 72 total hours of child care in this assumed month. Divide this total by five to establish the number of cumulative half-day units for the calendar month or for the component. Count any balance of hours or minutes remaining as an additional half-day unit. $72 \div 5 = 14.4$ or 15 units of child care.

Under New Policy: The total hours of child care are calculated for a 24-hour period instead of totaling the hours in a month or component. Ms. S attends class every day of the week but always less than 5 hours, including travel time from the child care site to the training site. $1 \text{ unit a day} \times 20 \text{ days in this assumed month} = 20 \text{ units}$. Ms. S's child care provider will be paid for one allowable unit per day or 20 units of child care for this month.

Nonregistered Child Care Providers

PROMISE JOBS will no longer make payment to nonregistered child care providers awaiting the results of the child abuse and criminal records check. Payment will be held until the record checks are returned as cleared or an evaluation is completed that gives permission for a person to provide child care services.

Do not require participation until approvable child care has been arranged. Assist the participant to secure approvable child care before participation begins.

Recovery and Offsetting of Child Care Allowances

The Child Care Assistance program does not currently contain provisions for recovery or offsetting of child care payments, but proposals are pending. (Currently, when a provider receives child care payments greater than allowed or a duplicate payment, an overpayment is considered to have occurred and recovery is required. Recovery occurs through repayment in part or in full, or through offsetting against future child care payments.)

Process any outstanding child care expense allowances paid in error before July 1, 1999. All other PROMISE JOBS allowances remain subject to recovery provisions.

Periods of Absence

Under current policy, PROMISE JOBS can pay for periods of absence not to exceed 30 days for each absence when payment is required by a provider to maintain a child care slot, such as a semester break or periods of illness.

Under Child Care Assistance, the period of absence cannot exceed 4 days per calendar month, provided the child is regularly scheduled on those days and the provider would also charge a private individual for days of absence in the same manner.

Payments to Providers

Under current policy, PROMISE JOBS could issue child care allowance payments to participants in certain circumstances. Under the Child Care Assistance program, child care payments are issued to providers only.

Mandatory Fees

Under current policy, PROMISE JOBS can authorize payment for mandatory fees, such as registration fees, which child care providers charge all persons who use their services. Under Child Care Assistance rules, payment for these fees cannot be authorized.

Payment to Family Members of the Same FIP Assistance Unit

Under current PROMISE JOBS policy, parents, stepparents, and any person on the same FIP grant as the child that requires care cannot be paid to provide that care. For example: A household consisting of a mother, her 16-year-old daughter, and the daughter's baby constitutes one FIP eligible group. Current policy does not allow the grandmother to be paid as a child care provider for her grandchild while the daughter finishes high school.

Under the new policy, Child Care Assistance can be paid to a member of the same FIP assistance unit, providing that person is not a parent or stepparent. The child care provider must meet all the provider requirements of a nonregistered child care provider, including being 18 years of age or older, and all household members aged 14 and older are subject to criminal and child abuse record checks. The participant must report this income to the income maintenance worker. It will be used as earned income in calculating the FIP grant.

Age of Providers

Under current policy, PROMISE JOBS will authorize payment for child care to a provider at 14 years of age. Under new policy, a provider must be 18 or older.

Age of Children

Children who are part of the FIP household who are 13 years of age and older may be eligible for Child Care Assistance if there are special circumstances surrounding the child in need of child care. The child's parent or guardian must submit a written request outlining the reasons for the need to a PROMISE JOBS coordinator.

In-Home Care

In-home care is paid at the minimum wage amount. The minimum wage times 5 hours equals a half-day rate or unit of service. The in-home half-day rate is not a per-child amount but rather the maximum amount paid for all of the children in a family receiving care.

Approve in-home care only when the family has three or more children who require and are eligible for child care services. If an approvable provider lives in the same home as the child, do not allow the in-home rate. Use the rate that applies to that provider type.

Limited Benefit Plan

The manual revisions provide information regarding changes to the limited benefit plan as a result of legislation passed in the 1998 session. These policies apply to any limited benefit plan imposed effective June 1, 1999, or after.

The basic **first** limited benefit plan chosen by a parent or a needy caretaker on a nonparental case:

- ◆ Creates ineligibility for the entire family, and
- ◆ Continues until the person who chose it reconsiders by signing a Family Investment Agreement (FIA).

The three-month reduced benefit period no longer exists. A **first** limited benefit plan continues indefinitely for the entire household until the person who chose it signs an FIA.

A **subsequent** limited benefit plan chosen by the same person or by either parent in a two-parent household:

- ◆ Creates ineligibility for the entire family for a minimum of six-months, and
- ◆ Continues thereafter until the person who chose it reconsiders by signing an FIA and completing 20 hours of work or other approvable PROMISE JOBS activity.

For limited benefit plans that began May 1, 1999, or earlier, a household can reestablish FIP eligibility after the ineligibility period ends without any contact or action with PROMISE JOBS. With this policy change, the household of a person who chooses a **subsequent** limited benefit plan effective June 1, 1999, or later cannot receive FIP after the six-month period ends until the person reconsiders by signing an FIA and completing 20 hours of work or other approvable PROMISE JOBS activity.

Limited Benefit Plan Variations

As under former policy, the limited benefit plan varies as follows for some specific household situations:

- ◆ When one of the following persons chooses a limited benefit plan, only that person's needs are removed from the grant:
 - A child who is not a parent.
 - A stepparent who is included in the grant.
 - A needy relative who acts as payee when the FIP parent is in the home but unable to act as payee.
- ◆ When the household includes a child who is also a minor parent, and the minor parent chooses a limited benefit plan, only the needs of the minor parent and the minor parent's children are removed. When the minor parent is the only eligible child in the home, the adult parent's or needy relative's FIP eligibility ends on the date the minor parent's limited benefit plan goes into effect.

- ◆ If one parent in a two-parent household chooses a limited benefit plan, benefits for the entire household are canceled, even when the other parent is exempt from PROMISE JOBS. When both parents are mandatory PROMISE JOBS participants, each must complete the necessary reconsideration actions to end the limited benefit plan, even when only one parent chose the limited benefit plan. If one parent is exempt, only the mandatory parent must reconsider.

Reconsideration

As with former policy, the person wanting to reconsider a limited benefit plan may contact you or the DHS IM worker. A person who chooses a **first** limited benefit plan effective June 1, 1999, or later may reconsider by signing an FIA. The person may begin the reconsideration process at any time from the date of the *Notice of Decision* imposing the limited benefit plan.

For limited benefit plans effective before June 1, 1999, only persons who chose a **first** limited benefit plan by not signing an FIA can reconsider and they can do so only in the **first** three months of the limited benefit plan. Under the new policy, a person can reconsider a **first** limited benefit plan that began June 1, 1999, or later, whether or not the person signed an FIA before choosing the limited benefit plan.

A person who chooses a **subsequent** limited benefit plan effective June 1, 1999, or later, cannot reconsider the limited benefit plan during the six-month period of ineligibility. When the six-month period ends, the person can reconsider by:

- ◆ Signing an FIA.
- ◆ Completing 20 hours of work or other approvable PROMISE JOBS activity within 30 days after the date the FIA is signed.

For limited benefit plans effective before June 1, 1999, when a family reapplies after the six-month ineligibility period of a **subsequent** limited benefit plan ends, eligibility is established in the same manner as for any other new applicant.

Upon implementation of the PJCASE system, you need to make an entry in PJCASE when contacted by a person willing and able to reconsider a limited benefit plan. Your entry will cause the system to send an e-mail to the IM worker and supervisor.

Until you are notified that PJCASE is operational, continue to use your current local communication procedures to inform IM in this situation. See **Interim Instructions Before Implementation of New PJCASE System** for more information.

When a person who is able to reconsider contacts the IM worker or reapplies, the IM worker refers the person to PROMISE JOBS by entering the following codes in the JOBS field of the person's TD03 in IABC:

- U Referral of person in a limited benefit plan to IWD
- V Referral of person in a limited benefit plan to BRS

IM's entry of one of these codes causes the system to send the person a letter that explains the actions the person must take with PROMISE JOBS before FIP can be approved.

Until PJCASE is operational, DHS will include information regarding persons who contact IM to reconsider a limited benefit plan in the referral data file provided daily to IWD. When PJCASE is operational, it will generate an e-mail to a designated PROMISE JOBS person in your local area to inform you that the person wants to reconsider.

When a person who can reconsider a limited benefit plan contacts either you or the IM worker to reconsider, schedule the person to begin the reconsideration process. Contact the person to schedule orientation, assessment, or an appointment to negotiate an FIA at the earliest possible date. Consider the person's prior participation with PROMISE JOBS when determining the activities the person must attend before signing an FIA.

Make every effort to make the contact to schedule the appropriate activity within one week of the date the person contacts you or the IM worker. However, do not disadvantage another participant in order to give priority service to a person who is reconsidering a limited benefit plan.

When negotiating the FIA of a person reconsidering a subsequent limited benefit plan, determine the activity to be completed to end the limited benefit plan through discussion with the person wanting to reconsider. Consider the person and the individual family circumstances when arriving at the activity or component. Include the 20 hours of activity in the FIA.

The person may choose work or any combination of PROMISE JOBS activities, other than the work experience or unpaid community service components, to meet the 20-hour requirement. When the person has problems or barriers to participation, reduce or eliminate the 20-hour requirement, or extend the time period for completion.

Issue allowances for the expenses of child care and transportation, and other expenses when:

- ◆ Needed to meet the 20-hour requirement, and
- ◆ Other policies allow issuance of the allowance.

Regularly monitor and track the person's progress towards completion of the 20 hours of activity. If the person completes the reconsideration process, make system entry to stop the limited benefit plan. Processing of this entry removes limited benefit coding from IABC to allow IM to reactivate FIP, issues a *Notice of Decision* to inform the household the limited benefit plan has ended, and sends notification to the IM worker.

If you determine a person has abandoned the reconsideration process, notify the IM worker through entry in PJCASE or your local communication process. IM will deny the FIP application. If the person or family reapplies, the person who chose the limited benefit plan must begin the reconsideration process again.

Effective Date of Eligibility After Limited Benefit Plan

When a **first** or **subsequent** limited benefit plan ends as the person who chose the limited benefit plan completes the required reconsideration actions, and the household is otherwise eligible, IM will approve FIP effective the date the FIA is signed, or seven days from the application date, whichever date is later.

IM will not approve FIP assistance until PROMISE JOBS stops the limited benefit plan after all persons who are required to complete reconsideration actions have done so. In no case can the effective date of FIP eligibility be within the six-month ineligibility period of a **subsequent** limited benefit plan.

Well-Being Visits

Local agencies contracting with the Department of Public Health will offer visits to all families in a **subsequent** limited benefit plan in the second month of the limited benefit plan, or within four weeks of the second month. A well-being visit will no longer be offered to families in a first limited benefit plan effective June 1, 1999, or later.

Review Procedures When a Person Chooses a Limited Benefit Plan

Before making entry to start any **first** limited benefit plan, refer the case for a review, as instructed by Iowa Workforce Development administration staff.

Before entry to start any **second** limited benefit plan, refer the case to Iowa Workforce Development for a state-level review. Iowa Workforce Development administration staff determine the level of review and procedure that must occur before imposition of a third or **subsequent** limited benefit plan.

Limited Benefit Plan Appeals

A limited benefit plan with a new effective date will be established when the final decision affirms the limited benefit plan and it was delayed pending the appeal decision.

(Under former policy in this situation, the original limited benefit plan period was assigned when the household appeals the *Notice of Decision* establishing the six-month period of ineligibility of a **first** limited benefit plan. This situation will no longer occur, due to the elimination of the reduced benefit period of a **first** limited benefit plan.)

Interim Instructions Before Implementation of PJCASE System

Development of a new system called PJCASE is in progress. However, this system is not yet operational. Therefore, until notified otherwise, continue to:

- ◆ Use your current system to make entry to start a limited benefit plan, or to stop one because the person reconsidered it.
- ◆ Contact your PROMISE JOBS coordinator to stop a limited benefit plan you determine to be entered in error.
- ◆ Use the same local communication procedures in place today to inform IM when a person contacts you to reconsider a limited benefit plan.

When PJCASE is operational, you will use the system to perform limited benefit plan system actions instead of the PJOB system. You will issue expense allowances in PJCASE. PJCASE will send individual referral information to PROMISE JOBS. The PJCASE system will also enable automated communication between IM and PROMISE JOBS staff regarding limited benefit plan reconsideration contacts and transactions.

DHS central office will notify IM and PROMISE JOBS staff of the effective date of implementation of PJCASE. DHS central office will also schedule and provide training on the PJCASE system before implementation.

When Participant Is Discharged from Employment due to Misconduct

Other revisions expand the policy that describes the participation issues that result in the participant's choice of a limited benefit plan to include employment discharges due to the employee's misconduct. Under former policy, only employment terminations that the employer considered to be a voluntary termination by the employee resulted in the choice of a limited benefit plan when the employee did not have good cause.

For employment ending on or after June, 1, 1999, consider a PROMISE JOBS participant who has signed a family investment agreement to be choosing a limited benefit plan when the person is discharged from employment due to misconduct without good cause. Follow the procedures described at **WORK OPTIONS: Monitored Employment Under the FIA: Refusing, Ending, or Reducing Employment** to determine if the participant's actions are justified.

When Participant's Employment Changes Substantially

One circumstance is added as an acceptable reason for ending employment. Effective upon receipt of this material, excuse a person for ending employment when the employment changes from the terms of hire. Examples include a substantial change in work hours, work shift, job duties, or decrease in pay rate.

Implementation Instructions

Apply the new child care policies to any child care allowances paid for the calendar month of July 1999 and later. Pay any child care allowances for months before July 1999 in accordance with the policies in effect at that time. This includes appeal opportunities as well as claims and offsetting against any child care allowances owed to the state.

In mid-June, a special mailing was sent to all FIP participants and PROMISE JOBS providers informing them about the elimination of the FIP child care deduction and changes in the DHS child care assistance program. These mailers instruct child care providers and participants to obtain the necessary forms from the local DHS or PROMISE JOBS offices. Information similar to that in the special mailing will be released in the July issuance of *the difference*.

Provide the *Payment Application for Nonregistered Provider* and *Child Care Certificate* upon request. If you become aware that a current provider does not meet the minimum health and safety requirements as listed in Comm. 95, *Minimum Health and Safety Requirements for Nonregistered Providers*, send the following *Notice of Decision*:

You are not eligible to provide child care or to receive PROMISE HOBS funds for providing child care, as you do not meet the minimum health and safety requirements established by the Department of Human Services. EM 4-AP, Approving Nonregistered Providers, Iowa Code Section 237A.5(6), 441 Iowa Admin Code 170.4(3)“h”

Apply the new limited benefit plan policies to any limited benefit plan imposed effective June 1, 1999, or later. Any limited benefit plan imposed with an effective date before June 1, 1999, continues according to the policies in effect when it was imposed. This includes reconsideration periods (if appropriate), appeal opportunities, and schedule for well-being visits.

Effective Date

July 1, 1999, for changes to child care allowances.

June 1, 1999, for changes to the Limited Benefit Plan and the policies regarding ending employment.

Material Superseded

Remove the following pages from Employees' Manual, Title 4 Appendix, and destroy them:

| <u>Page</u> | <u>Date</u> |
|-------------------------------------|------------------|
| Manual Letter 4-AP-10 | May 25, 1999 |
| <i>PROMISE JOBS Provider Manual</i> | |
| Contents (page 1) | August 11, 1998 |
| Contents (page 2) | July 15, 1997 |
| Contents (page 3) | October 15, 1996 |

| | |
|--|-------------------|
| Contents (page 4) | November 12, 1997 |
| Contents (pages 5-7) | December 8, 1998 |
| 10-13 | July 15, 1997 |
| 23, 39-41 | October 15, 1996 |
| 42 | January 12, 1999 |
| 43 | October 15, 1996 |
| 44 | November 12, 1997 |
| 53, 54, 72, 82, 85- 88 | October 15, 1996 |
| 89, 90 | July 15, 1997 |
| 96, 105 | October 15, 1996 |
| 106 | November 12, 1997 |
| 136c | November 12, 1997 |
| 147, 148, 161 | October 15, 1996 |
| 162 | August 11, 1998 |
| 162a-162f | December 8, 1998 |
| 163, 164 | October 15, 1996 |
| 165-167 | July 15, 1997 |
| 168 | October 15, 1996 |
| 169 | July 15, 1997 |
| 170 | October 15, 1996 |
| 171 | November 12, 1997 |
| 172, 172a | August 11, 1998 |
| 177-185, 187, 189 | October 15, 1996 |
| 190 | July 15, 1997 |
| 201, 205-210, 215, 216, 227-230, 233-254 | October 15, 1996 |
| 255, 256, 256a | December 8, 1998 |
| 257, 258 | July 15, 1997 |
| 259-264 | October 15, 1996 |
| <i>PROMISE JOBS Provider Manual Appendix</i> | |
| Contents (pages 1 and 2) | December 1998 |
| A4 | November 1996 |
| 470-3281 | 11/96 |
| 470-2598 (before A11) | 7/92 |
| 470-3095 (after A12) | 8/97 |
| RC-0040 (before A15) | 2/98 |
| 470-3496 | 8/98 |
| 16e | December 1998 |
| 470-0813 | 8/97 |
| A18, A19 | July 1997 |
| SS-1104-0 | 9/98 |
| 470-2736 | 7/90 |
| A31, A34 | July 1997 |
| 470-3110 | 11/96 |
| 470-3109 | 11/96 |
| A43 | December 1998 |

| | |
|---------------------------|-------|
| WI-1103-5 (before p. A49) | 12/93 |
| 470-3300 | 7/96 |
| 470-3104 | 2/96 |
| 470-3103 (after p. A52) | 2/96 |

Additional Information

The following forms were revised in April due to the changes to the Limited Benefit Plan. In early May, the forms were available to be ordered from Iowa State Industries at Anamosa in the usual manner. Discard existing supplies of these forms:

- 470-0813, *Notice of Appointment or Participation*
- 470-3300, *Your Family Investment Agreement Reminder*
- 470-3104, *Your Rights and Responsibilities*
- 470-3103, *Your PROMISE JOBS Reminder*

The *Child Care Estimate of Cost*, form 470-3281, is replaced with the *Child Care Certificate*, form 470-2959. Order supplies from Iowa State Industries at Anamosa in the usual manner. Use copies of the electronic version sent to IWD on June 15, 1999, until order is received. Destroy existing supplies of the *Child Care Estimate of Cost*.

The *Nonregistered Child Care Provider Application*, form 470-3496, is replaced with *Payment Application for Nonregistered Providers*, form 470-2890. Order supplies from Iowa State Industries at Anamosa in the usual manner. Use copies of the electronic version sent to IWD on June 15, 1999, until order is received. Destroy existing supplies of the *Nonregistered Child Care Provider Application*.

PROMISE JOBS Child Care, form 470-2736, is obsolete with no replacement. Destroy existing supplies.

Notice of Decision: Services, form SS-1104-0, has been replaced with the revised 2/99 edition. Use up existing supplies and then order supplies from Iowa State Industries at Anamosa in the usual manner.

Use existing supplies of form WI-3303-0, *Referral for Work Experience (WEP) Placement*. Reorder from Iowa State Industries at Anamosa in the usual manner.

Refer to the comparison chart on the following page for more information about the changes to the limited benefit plan.

Refer questions about this general letter to your Department of Human Services regional benefit administrator or your Iowa Workforce Development PROMISE JOBS Coordinators.

**COMPARISON OF CURRENT AND REVISED
LIMITED BENEFIT PLAN (LBP) PROVISIONS**

| | LBP Before 6/1/99 | LBP as of 6/1/99 |
|---|--|--|
| <p>Length of LBP</p> <p>First LBP</p> <ul style="list-style-type: none"> ◆ 3 mos. reduced benefits ◆ 6 mos. ineligibility <p>Second and subsequent LBP</p> | <p>9-month period:</p> <ul style="list-style-type: none"> ◆ 3 mos. reduced benefits ◆ 6 mos. ineligibility <p>6-month period of ineligibility.</p> | <p>Indefinite period of ineligibility until family investment agreement (FIA) signed *</p> <p>A minimum 6-month period of ineligibility. Ineligibility continues until FIA is signed and applicant shows intent to comply by completing 20 hours of activity. Then FIP is reauthorized back to date FIA is signed. *</p> |
| <p>Reconsideration</p> <p>First LBP:</p> <ul style="list-style-type: none"> ◆ If no family investment agreement ◆ If fail to meet family investment agreement terms <p>Second and subsequent LBP</p> | <p>Entire 3-month reduced benefit period. Not allowed in 6-month ineligibility period.</p> <p>Not allowed.</p> <p>Not allowed.</p> | <p>At any time following issuance of LBP <i>Notice of Decision</i>.</p> <p>At any time following issuance of LBP <i>Notice of Decision</i>.</p> <p>At any time following 6-month ineligibility period.</p> |
| <p>Well-Being Visits</p> <p>First LBP</p> <ul style="list-style-type: none"> ◆ If can reconsider ◆ If cannot reconsider <p>Second and subsequent LBP</p> | <p>Months 2 and 4.</p> <p>Month 4 only.</p> <p>Month 2 only.</p> | <p>None.</p> <p>N/A.</p> <p>Month 2 or within 4 weeks of month 2.</p> |
| <p>Administrative Review Process</p> <p>First LBP</p> <ul style="list-style-type: none"> ◆ If no FIA ◆ If fail to meet FIA terms <p>Second LBP</p> <ul style="list-style-type: none"> ◆ If no FIA ◆ If fail to meet FIA terms <p>Third or subsequent LBP</p> | <p>No review.</p> <p>DHS Division of Economic Assistance staff review.</p> <p>No review.</p> <p>DHS Division of Economic Assistance staff review.</p> <p>Same as second LBP.</p> | <p>In both instances, 100% review at state or local level with procedure approved by Iowa Workforce Development and DHS.</p> <p>In both instances, 100% review by state-level staff at Iowa Workforce Development.</p> <p>IWD determines level of review.</p> |

* If otherwise eligible, the effective date of FIP is the date the FIA is signed, or seven days from the application date, whichever is later.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

August 22, 2000

GENERAL LETTER NO. 4-AP-148

ISSUED BY: Bureau of Family Investment, Division of Economic Assistance

SUBJECT: Employees' Manual, Title 4, Family Investment Program Appendix, **PROMISE JOBS Provider Manual**, Contents (pages 1, 2, and 7), revised; and pages 3 through 55, 67 through 72, 87, 89, 129, 130, 144, 157, 158, 197, 198, 207 through 214, 216 through 218, 220, 229, 241, 242, 256b, 259, 260, and 262, revised; and pages 72a, 72b, 240a, 240b, and 240c, new; and **PROMISE JOBS Provider Manual Appendix**, page A50, revised, and form 470-3300, *Your Family Investment Agreement Reminder*, revised.

Summary

This general letter:

- ◆ Transmits information regarding the Iowa Volunteer Mentor Program Expansion.
- ◆ Introduces the FaDSS Monthly Report form and the FaDSS Referral Form.
- ◆ Clarifies the FaDSS Referral Process.
- ◆ Defines "Reasonable Distance" in regards to problems with PROMISE JOBS participation.
- ◆ Redefines "Break-in-Assistance."
- ◆ Clarifies the format and purpose of the Supervisory Letter used during the LBP resolution process.
- ◆ Removes section on JTPA funded services.
- ◆ Changes form numbers to comply with the Policy Analysis directive.
- ◆ Makes additional changes throughout the manual to clarify current policy.

The following sections of this letter describe the policy changes in further detail:

- ◆ Iowa Volunteer Mentor Program
- ◆ Process for referral to FaDSS
- ◆ Reasonable distance
- ◆ Break-in-assistance
- ◆ Supervisory letter

The Iowa Volunteer Mentor Program

The Iowa Volunteer Mentor program has expanded from four to eight sites, adding the availability of this program to Cedar Rapids, Davenport, Dubuque, and Mason City.

Referral to the FaDSS Program

With the expansion of FaDSS services to all 99 Iowa counties, the process of referral to the FaDSS program is made uniform across the state. Referrals can be made by:

- ◆ PROMISE JOBS staff
- ◆ DHS income maintenance staff
- ◆ Recruitment from DHS lists

Procedures have been adopted to bring statewide consistency to the referral process and the ongoing case management of cases involved with both the PROMISE JOBS program and the FaDSS program. Two new forms are being introduced and their purpose outlined:

- ◆ *FaDSS Monthly Report to PROMISE JOBS*, FaDSS-00-02-M
- ◆ *FaDSS Universal Referral*, FaDSS-00-01-R

Note: Samples of these forms will be included in an upcoming revision of the *PJPM Appendix*.

Reasonable Distance

Federal TANF regulations mandate that states cannot reduce or terminate assistance based on a parent's refusal to participate in work activities if the parent demonstrates the unavailability of needed child care for young children. These regulations require states to define "reasonable distance" in relationship to child care.

Iowa defines "reasonable distance" to mean that the travel time required from home to the work assignment, job, or unpaid community service site should not exceed one hour each way, including time needed to take a child to child care. The previous definition did not include the time needed to take a child to child care.

Break-in-Assistance

Two flow charts have been developed to describe the referral and break-in-assistance processes. The initial referral process has been clarified, and the break-in-assistance of one month or less process has been simplified to make both processes easier to understand and implement.

The simplified break of one month or less is policy effective September 1. This new policy will apply to all participants who experience a break in FIP assistance of one month or less, and are referred back to PROMISE JOBS **on or after** September 1, 2000.

For participants who are currently involved in the process, PROMISE JOBS should discontinue the previous break-in-assistance process as of September 1. After September 1, follow the new procedure by sending the *Your Family Investment Agreement Reminder*, form 470-3300, and resume case management.

1. Mr. A's FIP case is closed effective August 1, 2000. He re-applies for FIP and is referred back to PROMISE JOBS on August 18. PROMISE JOBS must follow the old procedure and wait 10 days to see if Mr. A responds to the DHS program letter. He does not respond, so form 470-3103, *Your PROMISE JOBS Reminder*, is sent on August 28.

Under the old procedure, if he still did not respond within 10 days, form 470-3300, *Your Family Investment Agreement Reminder*, would be sent on September 7. However, since the policy changed effective September 1, PROMISE JOBS starts the new procedure by sending the revised form 470-3300 instead.

2. Ms. B's FIP was closed effective February 1, and she was referred back to PROMISE JOBS on February 21. However, this break in assistance of less than one month was not noticed until September. In this situation, PROMISE JOBS would not need to follow either break policy, since case management has been ongoing on a valid FIA.
3. Ms. C's FIP closes effective September 1. She re-applies and is referred back to PROMISE JOBS on September 2. PROMISE JOBS sends her the new *Your Family Investment Agreement Reminder*, form 470-3300, and continues case management.

Supervisory Letter

Language from PROMISE JOBS Memo #106 has been added to the PJPM to outline the required elements of a supervisory letter, along with an example letter. Instructions have also been included to send a copy of the supervisory letter to the other parent in a two-parent case.

JTPA Funded Services

As part of the federal Workforce Investment Act (WIA) of 1998, JTPA is being closed out and transitioned to WIA effective July 1, 2000. All references to JTPA in the PJPM are in the process of being phased out.

Effective Date

These changes are effective upon receipt, except for break-in-assistance policies, which are effective September 1, 2000.

Material Superseded

Remove the following pages from the Employees' Manual, Title 4, Appendix, ***PROMISE JOBS Provider Manual***, and destroy them:

| <u>Page</u> | <u>Date</u> |
|------------------------------|-------------------|
| PJPM text | |
| Contents (pages 1, 2, and 7) | July 6, 1996 |
| 3 | November 12, 1997 |
| 4-7 | August 11, 1998 |

| | |
|------------------------------------|-------------------|
| 8 | January 12, 1999 |
| 9 | November 12, 1997 |
| 10-13 | July 6, 1999 |
| 14, 15 | October 15, 1996 |
| 16-21 | January 12, 1999 |
| 22 | October 15, 1996 |
| 23 | July 6, 1999 |
| 24, 25 | October 15, 1996 |
| 26, 27 | November 12, 1997 |
| 28-38 | October 15, 1996 |
| 39-44 | July 6, 1999 |
| 45 | October 15, 1996 |
| 46 | November 12, 1997 |
| 47-52 | October 15, 1996 |
| 53, 54 | July 6, 1999 |
| 55 | October 15, 1996 |
| 67 | July 15, 1997 |
| 68-71 | October 15, 1996 |
| 72, 87, 89 | July 6, 1999 |
| 129, 130 | November 12, 1997 |
| 144, 157, 158, 197, 198 | October 15, 1996 |
| 207-210 | July 6, 1999 |
| 211, 212 | October 15, 1996 |
| 213 | July 15, 1997 |
| 216 | July 6, 1999 |
| 217, 218, 220 | October 15, 1996 |
| 229, 241, 242, 256b, 259, 260, 262 | July 6, 1999 |
| PJPM Appendix | |
| A50 | July 1997 |
| 470-3300 | 4/99 |

Additional Information

PROMISE JOBS Memo #106 is now obsolete and should be destroyed.

Refer questions about this general letter to your Department of Human Services regional benefit administrator or your Iowa Workforce Development PROMISE JOBS Coordinators.

Destroy existing supply of your *Family Investment Agreement Reminder*, form 470-3300 (Rev. 4/99). The revised form will be available from Anamosa by August 22, 2000.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

December 19, 2000

GENERAL LETTER NO. 4-AP-151

ISSUED BY: Bureau of Family Investment, Division of Economic Assistance

SUBJECT: Employees' Manual, Title 4, Family Investment Program Appendix, **PROMISE JOBS Provider Manual Appendix**, Title page, revised; Contents (pages 1 and 2), revised; pages 1 through 53, revised; pages 54 through 69, new; and the following forms:

| | |
|---------------|--|
| 470-0010 | <i>Adjustment to Overpayment Balance</i> , revised |
| 470-0487 | <i>Appeal and Request for Hearing</i> , revised |
| 470-0502 | <i>Authorization for Examination and Claim for Payment</i> , revised |
| 470-3109 | <i>Change FIA Voluntary Status to Mandatory (IWD)</i> , revised |
| 470-3110 | <i>Change FIA Voluntary Status to Mandatory (BRS)</i> , revised |
| 470-2959 | <i>Child Care Certificate</i> , unchanged |
| 470-2959(S) | <i>Child Care Certificate (Spanish)</i> , new |
| 470-0429 | <i>Consent to Obtain and Release Information</i> , revised |
| 470-2674 | <i>Employment Follow-Up Questionnaire</i> , unchanged |
| 470-0510 | <i>Estimate of Cost</i> , revised |
| 470-2598 | <i>Expense Allowance Authorization</i> , revised |
| FaDSS-00-02-M | <i>FaDSS Monthly Report to PROMISE JOBS</i> , new |
| FaDSS-00-01-R | <i>FaDSS Universal Referral</i> , new |
| 470-3095 | <i>Family Investment Agreement</i> , revised |
| 470-3105 | <i>FIA Referral for Mandatory Participants (IWD)</i> , unchanged |
| 470-3106 | <i>FIA Referral for Mandatory Participants (BRS)</i> , unchanged |
| 470-3610 | <i>FIA Referral for Reconsideration of LBP (IWD)</i> , revised |
| 470-3611 | <i>FIA Referral for Reconsideration of LBP (BRS)</i> , revised |
| 470-3107 | <i>FIA Referral for Voluntary Participants (IWD)</i> , unchanged |
| 470-3108 | <i>FIA Referral for Voluntary Participants (BRS)</i> , unchanged |
| 470-3096 | <i>FIA Steps to Achieve Self-Sufficiency</i> , revised |
| RC-0040 | <i>Income Maintenance Discussion of PROMISE JOBS</i> , unchanged |
| 470-3099 | <i>Job Search Record</i> , revised |
| 595-1494 | <i>Non-Law Enforcement Record Check Billing Form</i> , unchanged |
| 595-1489 | <i>Non-Law Enforcement Record Check Request Form A</i> , unchanged |

| | |
|-------------|--|
| 595-1489(S) | <i>Non-Law Enforcement Record Check Request Form A (Spanish)</i> , new |
| 470-0813 | <i>Notice of Appointment or Participation</i> , unchanged |
| 470-0602 | <i>Notice of Decision: Services</i> , revised |
| 470-0820 | <i>Notice of Employment</i> , revised |
| 470-2666 | <i>Notice of Overpayment: PROMISE JOBS Expense Allowances</i> , revised |
| 470-3116 | <i>Notice of Potential Loss of Priority Service--Exempt Volunteers</i> , unchanged |
| 470-2925 | <i>Notice of Waiting List Placement</i> , corrected |
| RC-0008 | <i>Overpayment Recovery Codes</i> , revised |
| 470-0464 | <i>Overpayment Recovery Information Input</i> , revised |
| 470-0465 | <i>Overpayment Recovery Supplemental Information</i> , revised |
| 470-2758 | <i>Participation No Longer Required</i> , updated |
| 470-2890 | <i>Payment Application for Nonregistered Providers</i> , revised |
| RC-0014 | <i>PROMISE JOBS Data Codes</i> , unchanged |
| 470-0810 | <i>Referral for Work Experience (WEP) Placement (WI-3303-0)</i> , unchanged |
| 470-3102 | <i>Referral to Community Agencies</i> , revised |
| 470-0447 | <i>Report on Incapacity (PA-2126-5)</i> , unchanged |
| 470-0643 | <i>Request for Child Abuse Information</i> , revised |
| 470-0492 | <i>Request for Withdrawal of Appeal</i> , revised |
| 470-0806 | <i>Self-Assessment</i> , revised |
| 470-0809 | <i>Sponsor's Request for Work Experience (WEP) Participant (WI-1103-5)</i> , unchanged |
| 470-2617 | <i>Time and Attendance</i> , revised |
| 470-2604 | <i>Transfer Between PROMISE JOBS Agencies</i> , unchanged |
| 470-3097 | <i>Unpaid Community Service Monthly Report</i> , unchanged |
| 470-2759 | <i>Volunteer Requests Not to Participate</i> , updated |
| 470-0805 | <i>Work Experience Participant Evaluation</i> , unchanged |
| RC-0038 | <i>Worker's Guide to the Appeals Process</i> , unchanged |
| 470-3300 | <i>Your Family Investment Agreement Reminder</i> , unchanged |
| 470-3104 | <i>Your FIA Rights and Responsibilities</i> , unchanged |
| 470-3103 | <i>Your PROMISE JOBS Reminder</i> , unchanged |
| 470-2761 | <i>Your Right to Volunteer for PROMISE JOBS</i> , revised |

Summary

This general letter:

- ◆ Formats the PROMISE JOBS forms appendix in accordance to current DHS manual specifications. Forms remain in alphabetical order. The forms that were in the appendix to Employees' Manual Chapter 1-E, **APPEALS AND HEARINGS**, are now incorporated into the main **PJPM** Appendix. The PROMISE JOBS program letters are now listed individually by title instead of in a group.

- ◆ Deletes form 470-3282, *FIP-UP Work Program Designated Parent Declaration*, and all other references to “designated parents.” Form 470-3096, *FIA Steps to Achieve Self-Sufficiency*, will be revised at the next reprinting to remove the box identifying a designated parent.
- ◆ Introduces two new forms to bring consistency to the Family Development and Self-Sufficiency program referral process:
 - *FaDSS Monthly Report to PROMISE JOBS*, FaDSS-00-02-M
 - *FaDSS Universal Referral*, FaDSS-00-01-R

With the expansion of FaDSS services to all 99 Iowa counties, the process of referral to the FaDSS program is made uniform across the state. Procedures have been adopted to bring statewide consistency to the ongoing case management of cases involved with both the PROMISE JOBS program and the FaDSS program.

- ◆ Adds Spanish versions of two forms used to administer the Child Care Assistance program, the *Child Care Certificate* and the *Non-Law Enforcement Record Check Request Form A*.
- ◆ Changes form numbers to comply with the Policy Analysis directive. Inventories at Iowa Prison Industries have been converted to list all forms by their state central file number (470-xxxx for DHS forms). As forms are reprinted, the old form numbers are being removed.
- ◆ Make additional changes throughout the manual to incorporate current versions of forms and clarify current policy.

Self-Assessment, form 470-0806, has been revised to incorporate the convicted drug felon self-declaration statement. Ensure that you are using the *Self-Assessment* form with a revision date of 4/99. Destroy any copies of the *Drug Felon Self-Declaration Addendum to 470-0806* that was issued with PROMISE JOBS Memo #152. PROMISE JOBS Memo #152 remains in effect.

Effective Date

Upon receipt.

Material Superseded

Remove the entire Appendix from the ***PROMISE JOBS PROVIDER MANUAL***, (in Employees’ Manual, Title 4, Appendix) **except for** Employees’ Manual Chapter 1-E, ***APPEALS AND HEARINGS***, and destroy it. This includes the following pages:

| <u>Page</u> | <u>Date</u> |
|--------------------------|--------------|
| PJPM Appendix Title page | Undated |
| Contents (pages 1 - 3) | July 1999 |
| AA-1283-0 | 11/96 |
| A1-A3 | January 1994 |
| PA-5113-0 | undated |

| | |
|-------------------|---------------|
| A4, A4a, A4b | July 1999 |
| 470-2959 | 5/99 |
| MH-2201-0 | 7/96 |
| A5-A8 | July 1997 |
| 470-2674 | 7/93 |
| A9 | January 1994 |
| A10 | November 1996 |
| PA-8121-5 | 11/96 |
| 470-2598 | 7/99 |
| A11, A12 | January 1994 |
| 470-3095 | 7/99 |
| A13, A14, A14a | October 1997 |
| 470-3096 | 7/97 |
| A14b, A15 | March 1998 |
| 470-3282 | 11/96 |
| RC-0040 | 5/99 |
| A16 | July 1997 |
| 470-3099 | 12/95 |
| 595-1494 | 3/97 |
| A16a-A16d | December 1998 |
| 595-1489 | 12/98 |
| 470-0813 | 4/99 |
| A17 | October 1997 |
| A18, A19 | July 1999 |
| SS-1104-0 | 2/99 |
| A20-A30 | July 1997 |
| 470-0820 | 7/95 |
| 470-2666 | 10/93 |
| 470-3116 | 1/94 |
| 470-2925 | 7/93 |
| PA-2228-0 | 11/91 |
| RC-0008 | 6/98 |
| PA-2229-0 | 6/92 |
| 470-2890 | 5/99 |
| A31, A32 | July 1999 |
| RC-0014 (3 pages) | 1/99 |
| 470-3110 | 5/99 |
| 470-3109 | 5/99 |
| A33 | July 1997 |
| A34 | July 1999 |
| 470-3106 | 3/98 |
| 470-3105 | 3/98 |
| 470-3611 | 5/99 |
| 470-3610 | 5/99 |
| 470-3108 | 11/96 |
| 470-3107 | 11/96 |

| | |
|---------------------------------|-----------------|
| A35, A36 | July 1997 |
| 470-2758 | January, 94 |
| 470-2759 | January, 94 |
| 470-2761 | 11/96 |
| 470-2617 | 7/93 |
| A37-A40 | January 1994 |
| WI-3303-0 | 5/99 |
| 470-3102 | 1/94 |
| PA-2126-5 | 5/98 |
| A41 | January 1994 |
| A42 | December 1998 |
| SS-1606-0 | 10/98 |
| A43 | July 1999 |
| A44, A45 | August 1998 |
| WI-2101 (7 pages) | 11/96 |
| A46 | July 1997 |
| WI-3302-0 | 6/97 |
| 470-2604 | 8/97 |
| A47 | October 1997 |
| A48 | July 1997 |
| 470-3097 | 1/94 |
| WI-1103-5 | 12/92 |
| A49, A50 | August 2000 |
| 470-3300 | 7/00 |
| 470-3104 | 4/99 |
| A51, A52 | January 1994 |
| 470-3103 | 4/99 |
| A53 | July 1997 |
| Employees' Manual 1-E-Appendix: | |
| Title Page | August 12, 1997 |
| Contents (p. 1) | March 17, 1998 |
| PA-3138-0 | 6/97 |
| 1-4 | August 12, 1997 |
| PA-3161-0 | 7/93 |
| RC-0038 | 1/98 |
| 5 | March 17, 1998 |

Additional Information

Destroy:

- ◆ All supplies of form 470-3282, *FIP-UP Work Program Designated Parent Declaration*.
- ◆ Any remaining supplies of form WI-2101-0, *Self-Assessment*, dated 11/96.

Order supplies of new forms 470-2959(S) and 595-1489(S), the Spanish *Child Care Certificate* and *Record Check Request*, from Anamosa in the usual manner.

Print supplies of the new FaDSS referral, form FaDSS-00-01-R, and the following revised forms from the DHS web site (or photocopy the sample in the manual), as needed:

- ◆ 470-0502, *Authorization for Examination and Claim for Payment*
- ◆ 470-3099, *Job Search Record*
- ◆ RC-0008, *Overpayment Recovery Codes*
- ◆ 470-2598, *Expense Allowance Authorization*
- ◆ 470-0510, *Estimate of Cost* (Some supplies of the previous version remain at Anamosa and can be used up.)

Use up remaining printed supplies of previous versions of the following forms

- ◆ 470-0010 (AA-1283-0), *Adjustment to Overpayment Balance*
- ◆ 470-0487 (PA-3138-0), *Appeal and Request for Hearing*
- ◆ 470-0429 (MH-2210-0), *Consent to Obtain and Release Information*
- ◆ 470-3095, *Family Investment Agreement*
- ◆ 470-3096, *FIA Steps to Achieve Self-Sufficiency*
- ◆ 470-0602 (SS-1104-0), *Notice of Decision: Services*
- ◆ 470-0820, *Notice of Employment*
- ◆ 470-2666, *Notice of Overpayment: PROMISE JOBS Expense Allowances*
- ◆ 470-0464 (PA-2228-0), *Overpayment Recovery Information Input*
- ◆ 470-0465 (PA-2229-0), *Overpayment Recovery Supplemental Information*
- ◆ 470-2890, *Payment Application for Nonregistered Providers*
- ◆ 470-0643 (SS-1606-0), *Request for Child Abuse Information*
- ◆ 470-0492 (PA-3161-0), *Request for Withdrawal of Appeal*

Reorder these and form 470-0806, *Self-Assessment*, from Anamosa in the usual manner.

Refer questions about this general letter to your Department of Human Services regional benefit administrator or your Iowa Workforce Development PROMISE JOBS Coordinators.



June 19, 2001

GENERAL LETTER NO. 4-AP-152

ISSUED BY: Bureau of Family Investment, Division of Economic Assistance

SUBJECT: Employees' Manual, Title 4, Family Investment Program Appendix, **PROMISE JOBS Provider Manual**, Contents (page 4), revised; pages 1, 3, 15, 22, 23, 42, 60, 61, 78, 111, 112, 113, 120, 121, 125 through 128, 131, 135, 136, 137, 151, 154, 155, 156, 160, 172a, 173, 174, 205, 206, 208, 210, and 234, revised; and page 234a, new.

PROMISE JOBS Provider Manual Appendix, forms 470-3096, *FIA Steps to Achieve Self-Sufficiency*, and 470-2666, *Notice of Overpayment: PROMISE JOBS Expense Allowances*, revised.

Summary

This general letter:

- ◆ Eliminates the Iowa Transitional Assistance for Direct Education Cost (ITADEC) program, which has provided state funding to participants who were enrolled and participating in a PROMISE JOBS-funded postsecondary training plan as of March 1, 1997. There is no longer anyone eligible for ITADEC, so information about the program is being removed from the manual.
- ◆ Increases the mileage rate for transportation allowance from \$0.16 per mile to \$0.21 per mile, effective July 1, 2001.
- ◆ Transmits information on changes to time limits on using PROMISE JOBS funding for postsecondary training. Legislation passed during the 79th General Assembly, 2001 session, extends the length of time a PROMISE JOBS participant is considered eligible to use funding for postsecondary education.
- ◆ Makes various additions and clarifications throughout the **PROMISE JOBS Provider Manual** due to the incorporation of PROMISE JOBS Memos.
- ◆ Makes numerous changes throughout the **PROMISE JOBS Provider Manual** clarifying current policy.
- ◆ Updates the *FIA Steps to Achieve Self-Sufficiency* to remove the reference to a "designated parent."
- ◆ Updates the *Notice of Overpayment: PROMISE JOBS Expense Allowances* to correct the manual reference.

Time Limit on PROMISE JOBS Funding

Currently, participants are allowed 36 consecutive months in which to use a maximum of 24 months of supplemental expense allowances for classroom training. Beginning July 1, 2001, participants will be allowed 48 consecutive months in which to use a maximum of 24 months of training.

The maximum number of months in which a participant may receive funding for supplemental expense allowances has not changed. Only the length of time that a participant is allowed to use this funding has been extended. All other **PROMISE JOBS Provider Manual** policies regarding postsecondary education still apply. No changes to existing FIAs will be necessary due to this rule change.

To implement this change:

- ◆ Identify any participants who will not have used all 24 months of their postsecondary education supplemental funding by the end of June 2001.
- ◆ Inform these participants by the end of July 2001 that they are now allowed 48 consecutive months in which to use up to 24 months of supportive services for postsecondary education, rather than 36 consecutive months. The following is suggested text for an informational letter that you should send to postsecondary education participants:

There has been a change in PROMISE JOBS policy for persons in school. Your worker has told you that there is a limit of 24 months on funding. The change is that, now you can use your 24 months worth of funding during a 48-consecutive-month period, instead of 36 months.

Once you reach the end of the 48 months, you will not be able to get any more funding for school expenses from PROMISE JOBS.

If you have any questions regarding this new policy, or want to know how it affects your Family Investment Agreement or classroom training plan, call me at _____.

Incorporation of PROMISE JOBS Memos and Other Clarifications of Existing Policy

Clarifications were incorporated on:

- ◆ Abbreviations and acronyms. Language is added to clarify that it is important in developing Family Investment Agreements that they are clear and understandable. The only acceptable abbreviations and acronyms are:
 - DHS for the Department of Human Services
 - FIA for the Family Investment Agreement
 - FIP for the Family Investment Program
 - PJ for the PROMISE JOBS program
 - GED for general equivalency diploma
 - References to local colleges

- ◆ Health Insurance Premium Program (HIPP). This revision clarifies information presented during orientation and assessment regarding HIPP and transitional Medicaid benefits.
- ◆ LBP effects on food stamps and Medicaid. Language is added to clarify that people who become ineligible for FIP due to the imposition of a limited benefit plan may remain eligible for food stamps and Medicaid benefits.
- ◆ Referrals to FaDSS
- ◆ Solo parent program
- ◆ Parenting skill requirement for parents under age 20
- ◆ Case file content
 - A reference to form 470-3111, *Second Notice of Appointment and Participation*, has been removed, as the form was obsolete on November 1, 1997.
 - A reference to “Supervisory Letter” was added.
 - Instructions for filing verification of office contacts and other correspondence are clarified.
- ◆ Purging client files

Effective Date

July 1, 2001 is the effective date for the increase in the mileage rate for transportation allowances and the extension of time limits for postsecondary education.

All other material is effective upon receipt.

Material Superseded

Remove the following pages from the Employees’ Manual, Title 4, Appendix, ***PROMISE JOBS Provider Manual***, and destroy them:

| <u>Page</u> | <u>Date</u> |
|-------------------|-------------------|
| PJPM text | |
| Contents (page 4) | July 6, 1999 |
| 1, 3, 15, 22 | December 19, 2000 |
| 23 | August 22, 2000 |
| 42, 60, 61, 78 | December 19, 2000 |
| 111-113 | November 12, 1997 |
| 120 | November 14, 2000 |
| 121 | June 23, 1998 |
| 125-127 | November 12, 1997 |
| 128 | December 19, 2000 |
| 131 | November 12, 1997 |
| 135, 136 | December 19, 2000 |
| 136a, 136b | November 12, 1997 |
| 136c | November 14, 2000 |

| | |
|------------------------|-------------------|
| 136d, 136e | June 23, 1998 |
| 137 | November 14, 2000 |
| 151, 154-156, 160 | October 15, 1996 |
| 172a, 173, 174 | December 19, 2000 |
| 205 | July 6, 1999 |
| 206, 208 | December 19, 2000 |
| 210 | August 22, 2000 |
| 234 | July 6, 1999 |
| PJPM Appendix | |
| 470-3096 (after p. 26) | 7/00 |
| 470-2666 (after p. 36) | 7/00 |

The following PROMISE JOBS Memos should also be removed from reference and destroyed: 43, 52, 72, 80, 82, 145, 146, and 158.

Additional Information

Use up remaining supplies of the previous versions of forms 470-2666 and 470 3096, and reorder them in the usual manner.

Refer questions about this general letter to your Department of Human Services regional benefit administrator or to your Iowa Workforce Development PROMISE JOBS Coordinators.



December 4, 2001

GENERAL LETTER NO. 4-AP-153

ISSUED BY: Bureau of Family Investment, Division of Economic Assistance

SUBJECT: Employees' Manual, Title 4 Appendix, **PROMISE JOBS PROVIDER MANUAL**, Title page, corrected; Contents (pages 1, 2, 7, and 8), revised; pages 1 through 18, 22, 23, 24, 34, 37 through 64, 199, 200, 202, 203, 207, 208, 210, 212, 213, 234a, 235 through 239, 242, 248, and 257 through 266, revised; and pages 24a, 64a, 234b, 234b, 248a, 248b, and 267 through 296, new;

PROMISE JOBS PROVIDER MANUAL APPENDIX, Title page, corrected; Contents (pages 1 and 2), revised, pages 13, 14, and 21, revised; pages, 26a through 26e, 32a, 54a, and 54b, new; and the following forms:

| | |
|---------------|---|
| 470-0010 | <i>Adjustment to Overpayment Balance</i> , revised |
| 470-2598 | <i>Expense Allowance Authorization</i> , revised |
| FaDSS-00-01-R | <i>FaDSS Universal Referral</i> , revised |
| 470-3876 | <i>Hardship Exemption Determination</i> , new |
| 470-3884 | <i>Hardship Exemption: Service Information</i> , new |
| RC-0040 | <i>Income Maintenance Discussion of PROMISE JOBS</i> , revised |
| 470-3099 | <i>Job Search Record</i> , revised |
| 595-1489 | <i>Non-Law Enforcement Record Check Request Form A</i> , revised |
| 470-3897 | <i>Notice of Appointment to Write a Family Investment Agreement</i> , new |
| 470-0820 | <i>Notice of Employment</i> , revised |
| RC-0008 | <i>Overpayment Recovery Codes</i> , revised |
| 470-0464 | <i>Overpayment Recovery Input</i> , revised |
| 470-3102 | <i>Referral to Community Agencies</i> , revised |
| 470-3826 | <i>Request for FIP Beyond 60 Months</i> , new |
| 470-0806 | <i>Self-Assessment</i> , revised |
| 470-2617 | <i>Time and Attendance</i> , revised |
| 470-0805 | <i>Work Experience Participant Evaluation</i> , revised |

Summary

This general letter:

- ◆ Explains the 60-month lifetime limit on FIP and, therefore, PROMISE JOBS assistance. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, imposes a 60-month lifetime limit on the time that families can receive assistance funded through the Temporary Assistance for Needy Families (TANF) block grant program. In Iowa, this affects the Family Investment Program (FIP) and the PROMISE JOBS program.

The 60-month limit applies to a family that includes:

- A parent on the FIP grant with his or her child.
- An incapacitated stepparent who is included in the FIP grant.
- A minor parent who is payee and on the FIP grant with his or her child.
- A needy nonparental specified relative who is included in the FIP grant with the nonparental child.

In two-parent households, the 60-month limit is determined when either parent has received assistance for 60 months. The 60-month limit also applies to a family that includes a parent in the home who is excluded from the FIP grant for his or her child.

TANF allows states to establish their own state time limit and count months against that limit, as they deem appropriate. However, only cash assistance that meets the federal definition of “assistance” can be counted toward the 60-month federal limit.

Since there is no national tracking system, states do not have a way of correctly tracking out-of-state assistance. Therefore, until federal guidance is received, FIP-like payments from other states are not being considered as counting toward the 60-month limit.

The 60-month period need not be consecutive. Iowa started the 60-month limit January 1, 1997. As of January 1997, any month for which the adult or minor parent head of household receives assistance in Iowa is counted toward the 60-month limit. Assistance received for a partial month counts as a full month.

- ◆ Implements Iowa’s exemption to the federal 60-month lifetime limit on the receipt of FIP benefits to allow for FIP assistance beyond the 60-month limit for families with hardship conditions.

The Department conducted a number of field forums across the state and internally to discuss the impact of the 60-month FIP limit and seek input from all interested parties on the criteria to be considered in developing hardship exemption criteria. Much time was spent seeking input from the Welfare Advisory Group, DHS and provider agency staff, and constituents. The new hardship exemption policies reflect the outcome of these forums and discussions.

Families that are subject to the 60-month FIP limit may receive FIP for more than 60 months if they request and are granted a “hardship exemption” and meet all other FIP eligibility requirements. “Hardship” is defined as a circumstance that is preventing the family from being self-supporting. The hardship exemption eligibility determination is a two-step process:

- Based on supporting evidence, the local IM worker determines whether the family has a hardship condition that affects its ability to be self-supporting.
- If so, the adults in the family must meet with PROMISE JOBS to develop and sign a six-month Family Investment Agreement that addresses the family’s hardship condition.

The family has to meet both steps before the hardship exemption request can be granted. References to the hardship exemption are added to relevant topics throughout the chapter.

- ◆ Introduces four new forms used in processing a hardship exemption request:
 - Form 470-3826, *Request for FIP Beyond 60 Months*, is completed by the family to request more than 60 months of FIP benefits and as a release of information between the family, DHS, IWD, and FaDSS.
 - Form 470-3876, *Hardship Exemption Determination*, is used to document the approval or denial of a family's request for a hardship exemption and to transmit information between IM and PROMISE JOBS.
 - Form 470-3884, *Hardship Exemption: Service Information*, is completed by the DHS Service Unit when a family applying for the hardship exemption has an open service case.
 - Form 470-3897, *Notice of Appointment to Write a Family Investment Agreement*, is used to schedule an appointment to develop and sign an FIA as an eligibility factor for FIP. This notice of appointment can also be used when scheduling an appointment to develop and sign an FIA when a family is reconsidering the choosing of a limited benefit plan.
- ◆ Removes references to the Iowa Mentoring Program. Effective July 1, 2001, IWD and DHS discontinued funding to the seven Iowa Volunteer Mentor Program sites because the program did not meet the required performance measure for mentor-participant matches.

To meet the performance measurement of 25 matches per site per fiscal year, 475 matches needed to have been made for the last three fiscal years. Only 206 matches were made, or 43% of the total match requirement.
- ◆ Transmits an alternative to the use of form FaDSS-00-02-M, *FaDSS Monthly Report to PROMISE JOBS*, which was created in a joint effort between the PROMISE JOBS and the FaDSS program to facilitate communication between the programs.

Good communication is as essential as ever, but the PROMISE JOBS service delivery region administration and the FaDSS grantee can now agree to alternative methods of monthly communication at the local level. For example, an e-mail correspondence sent from the FaDSS grantee to the PROMISE JOBS worker may replace the use of form FaDSS-00-02-M.
- ◆ Incorporates the information contained in the following PROMISE JOBS Memos:
 - 111, Suggested Text for Supervisory Letter for Persons Who Appear to be Choosing a Second LBP Before Meeting with PROMISE JOBS Staff.
 - 151, Family Violence Implementation. Protocol has also been added to assist PROMISE JOBS staff when they have reason to believe that a family is experiencing domestic violence.

- ◆ Provides information on the following form changes:
 - Revision of the *Adjustment to Overpayment Balance* to remove language about Transitional Child Care and add Child Care Assistance.
 - Removal of form 470-2674, *Employment Follow-Up Questionnaire*. The federal government no longer requires TANF reporting of this information. PROMISE JOBS staff should confer with the participant and Income Maintenance staff regarding employment information.
 - Change in form FaDSS-00-01-R, *FaDSS Universal Referral*, from three sections to two sections. The FaDSS grantee will notify PROMISE JOBS regarding the status of the referral to FaDSS within 10 days of the referral to the FaDSS program and will forward a completed form FaDSS-00-01-R within 20 working days of the date of the referral.
 - Update of Department of Public Safety form 595-1489, *Non-Law Enforcement Record Check Request Form A*, to remove the evening phone number and clarify the instructions.
 - Update of reference card RC-0008, *Overpayment Recovery Codes*, to include coding for the Child Care Assistance program.
 - Revision of the *Overpayment Recovery Information Input* to clarify that item 17a is used for food stamp claims only.
- ◆ Provides updates to the following forms to replace an incorrect logo:
 - 470-2598, *Expense Allowance Authorization*
 - 470-3099, *Job Search Record*
 - 470-0820, *Notice of Employment*
 - 470-3102, *Referral to Community Agencies*
 - 470-0806, *Self-Assessment*
 - 470-2617, *Time and Attendance*
 - 470-0805, *Work Experience Participant Evaluation*
- ◆ Make additional changes throughout the manual to clarify current policies.

Implementation Instructions for the 60-Month Limit

Discuss the 60-month limit during Orientation and during family contacts. Stress to clients the importance of planning early how to become self-supporting by the end of the 60-month FIP period. Let them know that PROMISE JOBS staff can help them prepare for that time.

Iowa started the 60-month limit January 1, 1997. Families that have received a FIP grant every month since then will reach their 60-month limit December 31, 2001. They will be ineligible for FIP effective January 1, 2002, unless they request and are determined eligible for a hardship exemption.

The Department of Human Services is tracking the 60-month limit via the Eligibility Tracking System (ETS). IWD is provided a copy of this listing showing all active FIP cases that have used FIP for 36 or more months. Each adult's FIP months are counted toward the family's 60-month limit.

A hardship exemption cannot begin until a family has received FIP for the entire 60-month period. Because one period follows the other, the respective policies are very much interactive. Although no hardship exemption can start before January 1, 2002, Income Maintenance staff must take FIP case actions before that date to be able to timely cancel FIP for families that have reached their 60-month limit and act on any hardship exemption requests that may be received.

Ongoing Cases

For ongoing cases, beginning November 2001, income maintenance workers will:

1. Access the “Active Cases That Have Used FIP For 36 or More Months” report on ETS to obtain a listing of participant families that have received FIP for 59 months.
2. Send to these families form 470-3826, *Request for FIP Beyond 60 Months*, together with form 470-3851, *Important Information About Your FIP Case*, and Comm. 137, *5-Year Limit on FIP Assistance*. It’s up to the families to consider their circumstances and decide whether to request a hardship exemption or not.
3. Cancel FIP assistance for the listed families after system cut-off in November effective January 1, 2002, because they will have received FIP for 60 months, using case notice reason code 360 (on ABC TD02). This notice informs the family that it will get another notice about the status of its hardship exemption request. Timely notice is required.

FIP will be cancelled even if a family has filed a valid form 470-3826, as there is no way of knowing whether the family’s request for hardship exemption will be granted. If the exemption is granted, the FIP case will be reopened.

IM will complete all FIP cancellations of families that will become ineligible effective January 1, 2002, by timely notice December 20, 2001. PROMISE JOBS will follow usual procedures as it applies when a case is cancelled for FIP. The FIP cancellation notice will also give notice that PROMISE JOBS services are cancelled.

If timely notice cannot be met, PROMISE JOBS services will be cancelled effective the second month. Excess assistance for the first month is subject to recoupment unless the family requests and is determined eligible for a hardship exemption that includes the first month.

On November 10, the IM worker checks the “Active Cases That Have Used FIP For 36 or More Months” report on ETS and finds that Mrs. A has received FIP for 59 months. After system cutoff in November, the IM worker takes action to timely cancel Mrs. A’s FIP case effective January 1, because she has reached the 60-month limit. PROMISE JOBS follows the usual procedures as when FIP is cancelled for any reason.

If the family returns form 470-3826 before the effective date of the FIP cancellation and is approved for a hardship exemption, FIP may be reopened as of the effective date of the FIP cancellation. A *Public Assistance Application* is not required to reopen the FIP case. In this situation, the status on PJOB “B” screen will show as DHS REF – REACTIVATED or DHS REF – CHANGE TO ADC ACTIVE.

If the family returns form 470-3826 on or after the effective date of the FIP cancellation, a *Public Assistance Application* is required for the family to regain FIP eligibility and to be considered for a hardship exemption. In this situation, the status on PJOB “B” screen will show as DHS REF – REREFERRAL.

Income Maintenance and PROMISE JOBS will follow the same instructions every month from now on, because every month will be a month 58, 59, or 60 for some families.

Applications

When a family reapplies for FIP, the IM worker checks ETS to determine the family’s 60-month count. If the family is close to the limit, the IM worker will explain the hardship provisions and provide form 470-3826, *Request for FIP Beyond 60 Months*, to the family.

An applicant who is close to the 60-month limit may be eligible for some, but not all, months in the application period. IM must make sure not to approve FIP for more months than are left in the family’s 60-month period. PROMISE JOBS must make sure that the dates included on an FIA are in accordance with the number of FIP months the family has left to use, to avoid including months beyond the 60-month limit.

As new referrals are received, determine the number of months of FIP eligibility remaining. Refer to ETS reports or confer with the IM worker.

When Another Adult Joins an Ongoing Case

Parents in two-parent families may not have received the same number of months of FIP assistance. For example, families sometimes separate and rejoin. Or one parent was on SSI while the other parent was not. Therefore, when a parent who has received FIP for 60 months joins a participant family that has not received FIP for 60 months, FIP must be cancelled effective the first day of the next calendar month.

When the FIP participant reports that the absent parent has returned to the home, the IM will check ETS for the status of the returning parent’s number of FIP months. If ETS indicates the parent has received FIP for 60 months, the IM worker will timely cancel the existing FIP case effective the first day of the next month.

FIP eligibility can continue only if the participant family submits form 470-3826, *Request for FIP Beyond 60 Months*, and is approved for a hardship exemption.

Mrs. A and her two children have been on FIP for 34 months. On January 5, Mr. G, one of the children's fathers, returns to the home. Mrs. A reports Mr. G's return the next day.

The IM worker checks ETS and finds that Mr. G has received FIP for 60 months on two other FIP cases. Even though Mrs. A has received FIP for only 34 months, FIP must be cancelled, because Mr. G has received FIP for 60 months. The IM worker issues timely notice and cancels Mrs. A's FIP case effective February 1.

PROMISE JOBS should consult with IM when:

- ◆ Another adult who is subject to the 60-month limit joins an existing FIP household.
- ◆ Questions arise regarding a family's months of FIP eligibility.

Mrs. D is receiving FIP for herself and her two children whose father is absent. Also in the home is Mr. W, the father of Mrs. D's expected child. On June 1, Mrs. D has received FIP for 13 months. On June 10, Mrs. D reports the birth of her new child on June 9, resulting in Mr. W now being a mandatory household member. Mr. W is a mandatory referral to the PROMISE JOBS program.

The IM worker adds the baby and Mr. W to the FIP case effective June 17. Mr. W was a parent on another FIP case for 17 months. June will be month 18 for the family because June is the month for which Mr. W is added to this FIP case.

While together, the family's FIP eligibility is based on the higher of the two parent's FIP months. PROMISE JOBS needs to take the number of months counting toward the 60-month lifetime FIP limit into account when amending the FIA to include steps for Mr. D. Mrs. D's FIA steps may need to be amended in accordance to the new number of months counting toward the 60-month FIP limit.

Hardship Exemption

The family requesting the hardship exemption has primary responsibility for identifying hardship barriers and providing supporting documentation of the barriers and their impact on the family's ability to be self-supporting.

IM needs to make the final hardship exemption decision as soon as possible but no later than 30 days after the date a valid form 470-3826, *Request for FIP Beyond 60 Months*, is received in any DHS or PROMISE JOBS office. Therefore, good and thorough communication between you and the IM worker is imperative. Families whose request for a hardship exemption is denied are afforded appeal rights.

PROMISE JOBS provides supportive services and monitors the FIA. Adults in families that are approved for a hardship exemption are mandatory PROMISE JOBS participants. They must be involved in activities reasonably expected to lead to self-sufficiency. Adults that fail to follow the terms of the six-month FIA will have chosen a limited benefit plan.

A hardship exemption is limited to six consecutive calendar months. Families may request and be granted more than one hardship exemption if warranted by their hardship circumstances, provided that they otherwise qualify for the exemption and meet FIP eligibility requirements. A new six-month FIA and a new hardship exemption determination are required for each subsequent hardship exemption period.

Federal regulations require that a hardship exemption must not begin until the adult in the family has received FIP for at least 60 months.

Note: The Department is prohibited from using public funds for cash assistance or PROMISE JOBS services for nonqualified aliens whose classification is not listed at 8 United State Code (U.S.C.) Section 1641. Therefore, families with parents whose alien classification is not listed at 8 U.S.C. Section 1641 are not eligible for FIP beyond the 60-month limit.

Processing Hardship Exemption Requests

When you receive a signed form 470-3826, *Request for FIP Beyond 60 Months*, date-stamp the form to preserve the date of the request and promptly fax a copy to the local Income Maintenance office. Forward the original *Request for FIP Beyond 60 Months* to the local IM office within the next working day.

The IM worker is responsible for determining whether the family has a hardship condition. It is important that you and the IM worker coordinate your respective responsibilities and activities.

The IM worker will check the family's FIP and limited benefit plan status to determine whether the hardship exemption request is appropriate for the case circumstances. The family may currently be on FIP and PROMISE JOBS, have a closed PROMISE JOBS case, or never have been referred to the PROMISE JOBS program.

There are some situations when a determination for an exemption due to hardship is not needed. For example, IM will deny the request if:

- ◆ The family has received FIP for 57 months or less.
- ◆ The family is exempt from the 60-month limit because the only parent in the home is on SSI. In this case, the family does not need a hardship exemption to qualify for FIP.
- ◆ The family has received FIP for 58 or more months but is in a six-month period of ineligibility of a subsequent limited benefit plan. In this situation, the family is ineligible for FIP rather than hardship.

In these examples, no involvement from PROMISE JOBS is needed.

IM will proceed if the timing of the hardship exemption request appears appropriate for the FIP case circumstances, meaning:

- ◆ The family has received FIP for 58 or more months.
- ◆ If the family is in a limited benefit plan, it is either:
 - A first limited benefit plan, or
 - A subsequent limited benefit plan where the six-month period of ineligibility has ended.

IM will promptly issue a *Public Assistance Application* to the family if necessary. A letter will be enclosed that will explain the reason why the application is needed and that the hardship request will be denied if the family fails to return the application by the stated due date, allowing the family 10 calendar days to return the application. IM will also request supporting hardship evidence from the family.

If the family has an active service case, IM will forward a copy of form 470-3826, *Request for FIP Beyond 60 Months*, to the service worker along with a copy of form 470-3884, *Hardship Exemption: Service Information*, for the service worker to complete.

The primary purpose for the service information is to help ensure that the hardship FIA will not conflict with a service plan already in place. IM may also use the service information to substantiate the family's hardship claim.

IM will deny the hardship exemption request if the family fails to return the application or documentation to support the need for a hardship exemption by the due date (or the extended due date if an extension was requested and granted). No involvement from PROMISE JOBS is needed in this situation.

Referral for Six-Month FIA

If the family provides the FIP application and the supporting hardship documentation, IM will determine whether the family meets hardship criteria. If the family does not meet hardship criteria, IM will deny the hardship exemption request and no involvement from PROMISE JOBS is needed.

If the family does meet hardship criteria, IM will promptly forward to PROMISE JOBS:

- ◆ Form 470-3826, *Request for FIP Beyond 60 Months*.
- ◆ Form 470-3884, *Hardship Exemption: Service Information*, if appropriate.
- ◆ Any supporting evidence from the family.
- ◆ Form 470-3876, *Hardship Exemption Determination*, with all items in part A completed except Section 2.

The documents notify you that IM has determined the family to have a hardship condition and that they must now complete a six-month FIA. Form 470-3876, *Hardship Exemption Determination*, acts as the referral to PROMISE JOBS and lists all adults that are required to participate with the PROMISE JOBS program.

Use form 470-3897, *Notice of Appointment to Write a Family Investment Agreement*, within 24 hours to schedule an appointment to develop and sign an FIA. Schedule this appointment at the earliest possible date, giving at least five working days before the scheduled appointment. At the same time, send a copy to the FaDSS worker if the family is enrolled in the FaDSS program and to the IM worker listed on form 470-3876.

Form 470-3826, *Request for FIP Beyond 60 Months*, is also an authorization for release of information that allows local office IM, PROMISE JOBS, Service, and FaDSS staff to share information, including substance abuse, mental health and AIDS/HIV-related information.

Document in Part B of form 470-3876 whether the family has met the FIA requirement. Return this form to IM and keep a copy in the case file. Also, note in Part B if 20 hours of work or other approvable PROMISE JOBS activities are required before FIP approval in the instance of reconsidering a subsequent limited benefit plan.

Final Decision

IM will forward a copy of form 470-3876 that reflects the final hardship exemption determination to PROMISE JOBS, the identified service worker, and the administrator of the Division of Economic Assistance.

If the request for a hardship exemption is approved, appropriate system referrals will be received. Resume or begin case management including issuing expense allowances as appropriate. Make appropriate computer entries.

Transmit copies of the FIA to the administrator of the Division of Economic Assistance, IM, FaDSS if FaDSS is involved with the family, and the DHS service worker identified on form 470-3884.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 4 Appendix, *PROMISE JOBS Provider Manual*, and destroy them:

| <u>Page</u> | <u>Date</u> |
|--|-------------------|
| <i>PROMISE JOBS Provider Manual</i> | |
| Title page | Undated |
| Contents (pages 1 and 2) | December 19, 2000 |
| Contents (page 7) | August 22, 2000 |
| Contents (page 8) | July 6, 1999 |
| 1 | June 19, 2001 |
| 2 | December 19, 2000 |
| 3 | June 19, 2001 |
| 4 | December 19, 2000 |
| 5-9 | August 22, 2000 |
| 10-12 | December 19, 2000 |
| 13 | November 14, 2000 |
| 14 | October 15, 1996 |
| 14a | November 14, 2000 |
| 15 | June 19, 2001 |
| 16 | August 22, 2000 |
| 17 | December 19, 2000 |
| 18 | August 22, 2000 |
| 22, 23 | June 19, 2001 |
| 24 | August 22, 2000 |
| 34 | December 19, 2000 |
| 37 | August 22, 2000 |
| 38, 41 | December 19, 2000 |
| 42 | June 19, 2001 |
| 43-55 | August 22, 2000 |
| 56 | June 15, 1997 |
| 57-59 | December 19, 2000 |
| 60, 61 | June 19, 2001 |
| 62 | October 15, 1996 |
| 63 | December 19, 2000 |
| 64 | October 15, 1996 |
| 199, 200 | October 15, 1996 |
| 202, 203 | December 19, 2000 |
| 207 | August 22, 2000 |
| 208, 210 | June 19, 2001 |
| 212-214 | August 22, 2000 |
| 234a | June 19, 2001 |
| 235 | December 19, 2000 |
| 236-239 | July 6, 1999 |

| | |
|-------------------------------------|-------------------|
| 242 | August 22, 2000 |
| 248, 256a | July 6, 1999 |
| 256b | November 14, 2000 |
| 257, 258 | July 6, 1999 |
| 259 | August 22, 2000 |
| 260 | December 19, 2000 |
| 261 | July 6, 1999 |
| 262 | November 14, 2000 |
| 263 | December 19, 2000 |
| 264 | July 6, 1999 |
| 265, 266 | October 15, 1996 |
| PROMISE JOBS Provider Manual | |
| Appendix | |
| Title page | Undated |
| Contents (pages 1 and 2) | December 19, 2000 |
| 470-0010 | 7/00 |
| 13, 14 | December 19, 2000 |
| 470-2674 | 7/93 |
| 470-2598 | 12/00 |
| FaDSS-00-01-R | Undated |
| 21 | December 19, 2000 |
| RC-0040 (before p. 27) | 5/99 |
| 470-3099 | 1/00 |
| 595-1489 (after p. 30) | 12/98 |
| 470-0820 (after p. 34) | 11/99 |
| RC-0008 (before p. 39) | 4/00 |
| 470-0464 | 10/00 |
| 470-3102 (before p. 51) | 1/01 |
| 470-0806 (after p. 56) | 7/00 |
| 470-2617 | 1/01 |
| WI-1103-5 | 12/92 |

PROMISE JOBS Memos #111 and #151 are now obsolete and should be destroyed.

Additional Information

Form 470-3897, *Notice of Appointment to Write a Family Investment Agreement*, is the only new form that needs to be stocked in PROMISE JOBS offices. The others are included for information only. In the future, a template may be available for on-line completion of this form, but at present, obtain supplies by printing to form from the on-line manual or copying the sample in the printed manual.

You will also need to print supplies of revised forms 470-2598, FaDSS-00-01-R, and RC-0008 from the manual as needed. (Revised reference card RC-0040 is provided for information only.)

Revised forms 470-0010, 470-3099, 595-1489, 470-0820, 470-0464, 470-3102, 470-0806, 470-2617, and 470-0805 are available at Anamosa. Use up remaining supplies of the previous versions of these forms before reordering in the usual manner.

Forms 470-2666, *Notice of Overpayment: PROMISE JOBS Expense Allowances*; 470-2925, *Notice of Waiting List Placement*; 470-2604, *Transfer Between PROMISE JOBS Agencies*; 470-3097, *Unpaid Community Service Monthly Report*; and 470-3300, *Your Family Investment Agreement Reminder*, also have the wrong logo and will be corrected when they come up for reprint.

Refer questions about this general letter to your Department of Human Services regional benefit payment administrator or your Iowa Workforce Development PROMISE JOBS coordinators.



December 26, 2001

GENERAL LETTER NO. 4-AP-154

ISSUED BY: Bureau of Family Investment, Division of Economic Assistance

SUBJECT: Employees' Manual, Title 4 Appendix, *PROMISE JOBS Provider Manual*, Table of Contents (page 3) revised; pages 86, 87, 88, 114, 115, 116, and 126 revised; and page 88a, new.

PROMISE JOBS Provider Manual Appendix, forms 470-3104, *Your FIA Rights and Responsibilities*, and 470-3103, *Your PROMISE JOBS Reminder*, revised.

Summary

This manual is revised to:

- ◆ Eliminate references to the contract between the Department of Human Services and the Institute for Social and Economic Development (ISED) to provide entrepreneurial training to PROMISE JOBS participants. The existing contract expires effective January 1, 2002, and will not be renewed.
- ◆ Add a new section to the Manual under **Monitored Employment** to describe participation requirements for self-employment as an activity in the FIA, and how to follow up on people who choose to include self-employment in their FIA

Due to the elimination of the ISED contract, entrepreneurial training is now to be treated the same as any other type of short-term classroom training. All policies and procedures that apply to short-term classroom training now apply to entrepreneurial training.

This change allows participants and PROMISE JOBS staff the flexibility to choose any approvable entrepreneurial training provider available that best meets the participant's needs to become self-employed and moves families to self-sufficiency in the quickest and most effective way possible.

As of January 1, 2002, begin informing people who wish to include entrepreneurial training and self-employment in the FIA about the existence of FIP waiver policy for entrepreneurial training participants. Inform participants that if they want FIP waiver policy applied, they must contact their income maintenance worker directly to request waivers. In the past, as part of the ET contract, ISED helped facilitate the waiver request.

Short-term training funds may not be used for people who were enrolled in ISED's entrepreneurial training program before January 1, 2002. These people are not eligible for short-term training tuition payments from PROMISE JOBS, since their training will be paid under the contract with ISED.

Form 470-3104, *Your FIA Rights and Responsibilities*, has been revised to eliminate a reference to the FIP unemployed parent work program.

Form 470-3103, *Your PROMISE JOBS Reminder*, has been revised to add a blank for the date by which a person must respond.

Effective Date

January 1, 2002

Material Superseded

Remove the following pages from Employees' Manual, Title 4, Appendix, PROMISE JOBS Provider Manual, and destroy them:

| <u>Page</u> | <u>Date</u> |
|------------------------|-------------------|
| PJPM text | |
| Contents (page 3) | November 14, 2000 |
| 86 | December 19, 2000 |
| 87 | August 22, 2000 |
| 88 | July 6, 1999 |
| 114 | November 12, 1997 |
| 115 | December 19, 2000 |
| 116 | November 12, 1997 |
| 126 | June 19, 2001 |
| PJPM Appendix | |
| 470-3104 (after p. 66) | 4/99 |
| 470-3103 | 4/99 |

Additional Information

New rules have been developed to eliminate FIP waivers. If these rules are adopted, **no new FIP waivers** will be granted to entrepreneurial training participants **effective April 1, 2002**.

Participants granted FIP waivers before this date will be allowed to continue under waiver policy until their 12-month waiver period expires.

Use up existing supplies of forms 470-3103 and 470-3104 before reordering in the usual manner.

Refer questions about this general letter to your Department of Human Services regional benefit payment administrator or your Iowa Workforce Development PROMISE JOBS coordinators.



March 19, 2002

GENERAL LETTER NO. 4-AP-155

ISSUED BY: Bureau of Financial and Work Supports,
Division of Financial, Health, and Work Supports

SUBJECT: Employees' Manual, Title 4 Appendix, **PROMISE JOBS PROVIDER MANUAL**, Contents (pages 2 and 7), revised; pages 18, 19, 20, 63, 64, 64a, 65, 72, 72a, 72b, 87, 88a, 89, 90, 90a, 130 through 138, 144, 197, 206, 212 through 228, 233, and 235 through 241, revised; and pages 64b, 88b, and 228a through 228d, new.

PROMISE JOBS PROVIDER MANUAL APPENDIX, page 67, revised; and form 470-3103, *Your PROMISE JOBS Reminder*, revised.

Summary

This chapter is revised to:

- ◆ Shorten the limited benefit plan resolution process by:
 - Eliminating requirements for the PROMISE JOBS supervisor.
 - Requiring the PROMISE JOBS worker to attempt to resolve FIA participation issues at the time of the first occurrence.
- ◆ Incorporate PROMISE JOBS MEMO #152, "Drug Felons and PROMISE JOBS."
- ◆ Clarify procedures for participants who appear to have chosen the limited benefit plan.

Resolving an LBP Choice

Under current policy, when a FIP person's participation in the activities of the FIA has become an issue, the PROMISE JOBS supervisor is involved as follows:

- ◆ The supervisor reviews the case situation to determine if there are other efforts that will bring the person back into the FIA process or if the supervisor agrees that the person has chosen the limited benefit plan.
- ◆ The supervisor sends a letter to specify the participation issue, clarify expectations, attempt to identify problems or barriers to participation, offer supervisory intervention, inform the participant of the consequences of the limited benefit plan, and give the participant another opportunity to resume participation.

When a recently referred FIP person fails to schedule or attend orientation and has chosen an limited benefit plan before, the PROMISE JOBS supervisor sends a letter to announce that the person is choosing a subsequent limited benefit plan and the consequences of that choice. The letter also attempts to identify problems or barriers to participation, offers supervisory intervention, and gives the participant another opportunity to schedule and attend orientation.

Under the revised policy:

- ◆ The PROMISE JOBS supervisor is no longer routinely required to provide input and review the case of each person who is choosing a limited benefit plan by abandoning the activities of the FIA.
- ◆ The choice of the limited benefit plan no longer needs to be approved by the supervisor.
- ◆ The supervisor is no longer required to send a letter to the participant in this situation.
- ◆ The supervisor is no longer required to send a letter to a recently referred participant who is choosing a subsequent limited benefit plan by not scheduling or attending orientation.

PROMISE JOBS workers shall make every effort to resolve a participation issue when an issue first occurs. The PROMISE JOBS worker shall send the participant a written reminder, request, or letter. The written reminder, request, or letter shall:

- ◆ Specify the participation issue.
- ◆ Clarify expectations.
- ◆ Attempt to identify problems or barriers.
- ◆ Offer supervisory intervention.
- ◆ Inform the participant of the consequences of the limited benefit plan.
- ◆ Give the participant an opportunity to resume participation.

If a participant does not resolve an FIA participation issue after receiving a written reminder, request, or letter, the participant is considered to have chosen a limited benefit plan, unless the participant has problems or barriers to participation.

PROMISE JOBS workers will attempt to resolve the issue at the time that the participant first fails to schedule or attend orientation by sending form 470-3103, *Your PROMISE JOBS Reminder*. The form explains the consequences of a subsequent LBP, attempts to identify problems and barriers to participation, offers supervisory intervention, and gives the participant another opportunity to schedule and attend orientation.

If a participant does not schedule or attend orientation after receiving *Your PROMISE JOBS Reminder*, the participant is considered to have chosen a subsequent limited benefit plan, unless the participant has problems or barriers to participation.

The PROMISE JOBS supervisor will continue to be available to participants who want to discuss problems or questions. Offer this service in writing.

The PROMISE JOBS supervisor will continue to be available to workers who want input or support with cases with difficult or exceptional circumstances, and cases with problems or barriers to participation.

A state-level or local review of the case of a person choosing a limited benefit plan will continue to occur. There is no change to this policy. A review must concur that a participant has chosen a limited benefit plan before entry to establish the limited benefit plan is made.

Effective Date

April 1, 2002.

Implementation

When a FIP person's participation in the activities of an FIA becomes an issue and the first occurrence happens **on or after April 1, 2002**, send a written reminder, request, or letter to attempt to resolve the issue.

If the person does not resume participation after receiving a written reminder, request, or letter, refer the case for the proper review unless the participant has problems or barriers to participation. You do not need to refer the case to the PROMISE JOBS supervisor for a review, or for a letter to be sent, unless you believe the supervisor needs to be involved due to the specific case circumstances.

When a FIP person who has not signed an FIA does not schedule or attend orientation, and the person is referred **on or after April 1, 2002**, send *Your PROMISE JOBS Reminder*, form 470-3103, to attempt to resolve the issue.

If the person does not schedule or attend orientation after receiving *Your PROMISE JOBS Reminder*, refer the case for the proper review unless the participant has problems or barriers to participation. The PROMISE JOBS supervisor does not need to send a letter unless you believe one is needed due to specific case circumstances.

Material Superseded

Remove the following pages from Employees' Manual, Title 4, Appendix, PROMISE JOBS Provider Manual, and destroy them:

| <u>Page</u> | <u>Date</u> |
|--------------------------|-------------------|
| PJPM text | |
| Contents (pages 2 and 7) | December 4, 2001 |
| 18 | December 4, 2001 |
| 19, 20 | December 19, 2000 |
| 63, 64, 64a | December 4, 2001 |
| 65 | July 15, 1997 |
| 72, 72a, 72b | August 22, 2000 |
| 87, 88a | December 26, 2001 |

| | |
|---------------------|-------------------|
| 89 | August 22, 2000 |
| 90, 90a | July 6, 1999 |
| 130 | August 22, 2000 |
| 131 | June 19, 2001 |
| 132-134 | November 12, 1997 |
| 135-137 | June 19, 2001 |
| 138 | October 15, 1996 |
| 144, 197 | August 22, 2000 |
| 206 | June 19, 2001 |
| 212, 213 | December 4, 2001 |
| 215 | July 6, 1999 |
| 216-218 | August 22, 2000 |
| 219 | October 15, 1996 |
| 220 | August 22, 2000 |
| 221, 222 | October 15, 1996 |
| 223 | November 12, 1997 |
| 224 | October 15, 1996 |
| 225 | December 19, 2000 |
| 226 | October 15, 1996 |
| 227, 228, 233 | July 6, 1999 |
| 234a, 234b, 235-239 | December 4, 2001 |
| 240 | July 6, 1999 |
| 240a-240c, 241 | August 22, 2000 |
| PJPM Appendix | |
| 470-3103 | 7/01 |
| 67 | December 19, 2000 |

PROMISE JOBS Memo #152, "Drug Felons and PROMISE JOBS," dated March 31, 1999, is now obsolete and should be destroyed.

Additional Information

Destroy existing supplies of form 470-3103, *Your PROMISE JOBS Reminder*, dated 7/01. Order supplies of the revised form 470-3103, *Your PROMISE JOBS Reminder*, from Iowa State Industries at Anamosa in the usual manner. Print the form from the on-line manual until you receive your supply.

Refer questions about this general letter to your IWD PROMISE JOBS coordinator or your DHS service area manager.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

July 2, 2002

GENERAL LETTER NO. 4-AP-156

ISSUED BY: Bureau of Financial and Work Supports,
Division of Financial, Health, and Work Supports

SUBJECT: Employees' Manual, Title 4, Appendix, **PROMISE JOBS PROVIDER MANUAL**, Contents (pages 1, 5, 7, and 8), revised; pages 12, 13, 14, 25, 33, 58, 82, 161, 162, 162a through 162h, 167, 168, 172a, 180, 181, 182, 201, 207, 222, 223, 224, 231, 232, 235, 243, 249, 250, 258, 259, 287, and 288, revised; and pages 162i, 162j, and 162k, new.

PROMISE JOBS PROVIDER MANUAL APPENDIX, Contents (pages 1 and 2), revised; Contents (page 3), new; pages 3, 6, 8, 9, 10, 12, 29, 30, 31, 33, 36, 40, 44, 52, and 53, revised; and pages 32b through 32f, 48a, and 48b, new.

470-0487 *Appeal and Request for Hearing*, revised
470-3871 *Child Care Assistance Provider Agreement*, new
470-3915 *Notice of Decision: Child Care Assistance*, new
470-2666 *Notice of Overpayment PROMISE JOBS Expense Allowances*, revised
RC-0008 *Overpayment Recovery Codes*, revised
470-3896 *PROMISE JOBS Child Care Attendance and Invoice*, new
470-0809 *Sponsor's Request for Work Experience (WEP) Participant*, revised

Summary

This letter transmits revisions to:

- ◆ Explain and implement changes to the Child Care Assistance program. These include obsoleting the *Child Care Certificate*, forms 470-2959 and 470-2959(S), and introducing the following new forms:
 - *Child Care Assistance Provider Agreement*, form 470-3871
 - *Notice of Decision: Child Care Assistance*, form 470-3915
 - *PROMISE JOBS Child Care Attendance and Invoice*, form 470-3896
- ◆ Clarify overpayment recovery procedures for Child Care Assistance.
- ◆ Expand the requirement to apply for and accept benefits from sources other than FIP to include SSI.

- ◆ Eliminate the exemption of people with disabilities from referral to the PROMISE JOBS program except when the person is receiving SSI due to disability or blindness.
- ◆ Add procedures for sharing disability information with IM staff.
- ◆ Remove references to well-being visits. Previously, DHS contracted with the Iowa Department of Public Health to make visits to families choosing a subsequent limited benefit plan. These visits ended April 1, 2002. No action is required of PROMISE JOBS staff.
- ◆ Remove the instructions to use 470-0429, *Consent to Obtain and Release Information*, form any time form 470-0447, *Report on Incapacity*, is used. Form 470-0447 has consent language in it, so no additional form is necessary.
- ◆ Reflect that electronic versions of the following forms are available for on-line completion:
 - *Appeal and Request for Hearing*, form 470-0487
 - *Authorization for Examination and Claim for Payment*, form 470-0502
 - *Consent to Obtain and Release Information*, form 470-0429
 - *Overpayment Recovery Supplemental Information*, form 470-0465
 - *Request for Child Abuse Information*, form 470-0643
- ◆ Include a sample of 470-2666, *Notice of Overpayment PROMISE JOBS Expense Allowances*, revised to show the correct logo.
- ◆ Include a sample of *Sponsor's Request for Work Experience (WEP) Participant* revised to update the form number (470-0809 instead of WI-3302-0).

Child Care Assistance Program

Child Care Assistance rules were revised effective April 1, 2002. These rule changes replaced form 470-2959, *Child Care Certificate*, with two new forms, 470-3871, *Child Care Assistance Provider Agreement*, and 470-3915, *Notice of Decision: Child Care Assistance*. Each provider will have only one agreement with DHS, instead of a separate agreement for each client.

There is no need to do desk reviews. Do not initiate or renew a *Child Care Certificate* after receipt of this General Letter. As existing *Child Care Certificates* expire or need to be modified, use the new *Child Care Assistance Provider Agreement*. A flowchart outlining the phase-out of form 470-2959 is attached.

Additional procedural changes have been made for efficiency. Currently, PROMISE JOBS staff negotiate provider rates via the *Child Care Certificate*. DHS Child Care Assistance staff will now approve all providers, including providers who are not licensed or registered, and approve provider rates via the *Child Care Assistance Provider Agreement*. Refer to the flowchart at the end of this letter for more information about implementing child care assistance changes.

Child Care Assistance program overpayment instructions have been added to DHS Employees' Manual, 13-G, **CHILD CARE ASSISTANCE**. Refer to 13-G for information.

RC-0008, *Overpayment Recovery Codes*, is revised to reflect the appropriate program codes to be entered on the *Overpayment Recovery Information Input*, form 470-0464, when notifying DIA of any child care overpayments. Five new Child Care Assistance program overpayment codes have been assigned.

PROMISE JOBS staff no longer send *Notice of Overpayment: PROMISE JOBS Expense Allowances*, form 470-2666, for overpayments completed for the Child Care Assistance program only. Demand letters will automatically be sent using applicable coding as listed on RC-0008.

Requirement to Apply for and Accept Other Benefits

Under current policy, every person in the FIP eligible group must apply for and accept other income benefits for which that person may be qualified, except for Supplemental Security Income (SSI). The needs of any person who refused to cooperate in applying for or accepting benefits from other sources were removed from the eligible group.

Under revised policy:

- ◆ Every person in the eligible group and any parent living in the home of a child on FIP must apply for and accept other income benefits, including SSI benefits.
- ◆ The entire eligible group is ineligible for FIP when a person refuses to apply for or to accept Social Security or SSI benefits. The IM worker will deny or cancel FIP for the entire eligible group.

A person or someone acting responsibly on the person's behalf must apply for SSI when:

- ◆ The person is aged 65 or older.
- ◆ The person is blind.
- ◆ The person claims a physical or mental disability that is expected to last continuously for 12 months from the time of the claim or that which is expected to result in death and the person is unable to engage in substantial activity due to the disability.

Eliminating the Referral Exemption for People with Disabilities.

Under current policy, IM exempts from referral to the PROMISE JOBS program, people who are disabled according to the Americans with Disabilities Act and who are unable to participate because they are:

- ◆ Physically disabled to such an extent that they are unable to attend and participate in orientation and assessment without risk to health or safety, or
- ◆ Mentally disabled to such an extent that they are unable to comprehend and participate in orientation and assessment.

Under revised policy, people who are disabled must be referred to the PROMISE JOBS program except when they are receiving SSI due to disability or blindness.

Implementation

Desk reviews will not be conducted for the new referral policy. IM will refer people who are currently exempt from PROMISE JOBS participation and who no longer meet exemption criteria:

- ◆ At the time of the next semiannual or annual review, or
- ◆ When a change affecting the current referral status occurs, but
- ◆ No later than June 30, 2003.

IM will apply these referral policies to applicants who apply on or after July 1, 2002.

Effective Date

Child care changes are effective upon receipt.

Referral changes are effective July 1, 2002.

Material Superseded

Remove the following pages from the Employees' Manual, Title 4 Appendix, and destroy them:

| <u>Page</u> | <u>Date</u> |
|-------------------------------------|-------------------|
| <i>PROMISE JOBS Provider Manual</i> | |
| Contents (page 1) | December 4, 2001 |
| Contents (page 5) | December 19, 2000 |
| Contents (page 7) | March 19, 2002 |
| Contents (page 8) | December 4, 2001 |
| 12-14 | December 4, 2001 |
| 25 | August 22, 2000 |
| 33 | December 19, 2000 |
| 58 | December 4, 2001 |
| 82 | December 19, 2000 |
| 161, 162 | July 6, 1999 |
| 162a | November 14, 2000 |
| 162b-162d | July 6, 1999 |
| 162e, 162f | December 19, 2000 |
| 162g, 162h | July 6, 1999 |
| 167 | June 20, 2000 |
| 168 | July 6, 1999 |
| 172a | June 19, 2001 |
| 180 | July 6, 1999 |
| 181, 182, 201 | December 19, 2000 |

| | |
|--|-------------------|
| 207 | December 4, 2001 |
| 222-224 | March 19, 2002 |
| 231 | July 15, 1997 |
| 232 | October 15, 1996 |
| 235 | March 19, 2002 |
| 243 | July 6, 1999 |
| 249, 250 | July 6, 1999 |
| 258, 259, 287, 288 | December 4, 2001 |
| <i>PROMISE JOBS Provider Manual Appendix</i> | |
| Contents (pages 1 and 2) | December 4, 2001 |
| 470-0487 | 5/00 |
| 3, 6, 8-10, 12, 29-31, 33, 36, 40, 44, 52, 53 | December 19, 2000 |
| 470-2666 | 4/01 |
| 470-0809 | 6/97 |

Additional Information

Destroy any remaining supplies of form 470-2959, *Child Care Certificate*. Order supplies of new forms 470-3871, *Child Care Assistance Provider Agreement*, and 470-3896, *PROMISE JOBS Child Care Attendance and Invoice*, from Anamosa in the usual manner.

Use up remaining supplies of forms 470-2666, *Notice of Overpayment PROMISE JOBS Expense Allowances*, and WI-3302-0, *Sponsor's Request for Work Experience (WEP) Participant* before reordering from Anamosa in the usual manner. You may also use up existing supplies of the previous version of form 470-0487, *Appeal and Request for Hearing*.

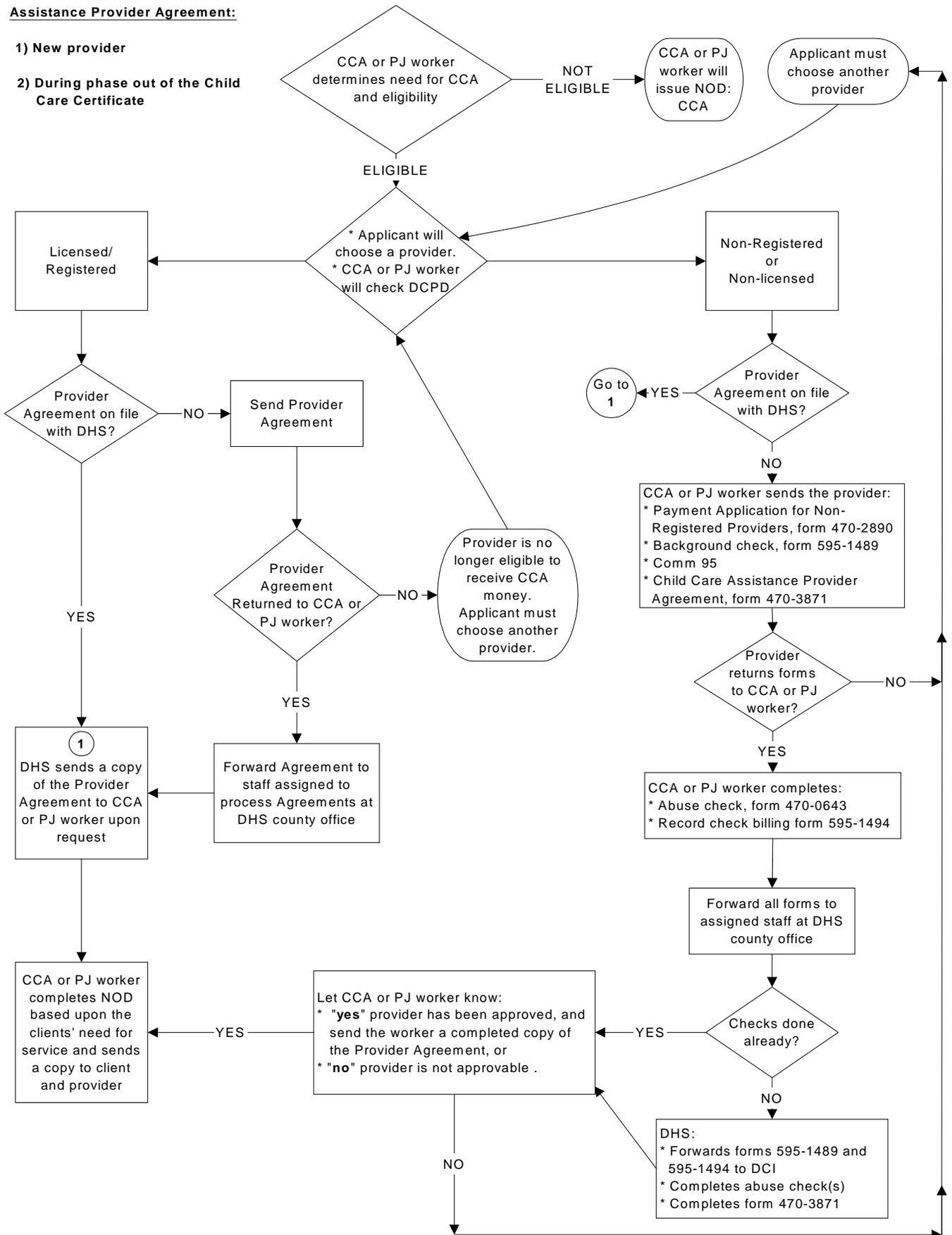
Refer to PJPM-Appendix for revised instructions for 470-0447, *Report on Incapacity* and 470-0429, *Consent to Obtain and Release Information*.

Refer questions about this general letter to your Iowa Workforce Development PROMISE JOBS Coordinators or your Department of Human Services Income Maintenance Supervisor II.

IMPLEMENTATION

Reasons to Initiate a Child Care Assistance Provider Agreement:

- 1) New provider
- 2) During phase out of the Child Care Certificate





STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

April 15, 2003

GENERAL LETTER NO. 4-AP-157

ISSUED BY: Bureau of Financial Support
Division of Financial, Health and Work Supports

SUBJECT: Employees' Manual, Title 4, Appendix, **PROMISE JOBS PROVIDER MANUAL**, pages 9, 10, 21, 22, 36, 78, 100, 114, 115, 147, 150, 167, 168, 172a, 179, 180, and 207, revised.

PROMISE JOBS PROVIDER MANUAL APPENDIX, Contents (pages 1 and 2), revised; pages 1, 2, 3, 8, 9, 10, 12, 14, 17, 22, 26, 26b, 28, 30, 32, 32a, 36, 39, 40, 41, 42, 43 through 48, 48a, 51, 52, 53, 56, 58, 60, 63, and 66, revised; pages 42a through 42d, new; and the following forms:

- 470-3871 *Child Care Assistance Provider Agreement*, revised
- 470-3095 *Family Investment Agreement*, revised
- 470-3096 *FIA Steps to Achieve Self-Sufficiency*, revised
- 470-3876 *Hardship Exemption Determination*, revised
- 470-0813 *Notice of Appointment or Participation*, revised
- 470-3897 *Notice of Appointment to Write a Family Investment Agreement*, updated
- 470-2666 *Notice of Overpayment: PROMISE JOBS Expense Allowances*, revised
- RC-0008 *Overpayment Recovery Codes*, revised
- 470-0464 *Overpayment Recovery Information Input*, revised
- 470-2890 *Payment Application for Nonregistered Providers*, revised
- 470-0447 *Report on Incapacity*, revised
- 470-0643 *Request for Child Abuse Information*, revised
- 470-2617 *Time and Attendance*, updated
- 470-2604 *Transfer Between PROMISE JOBS Offices*, revised
- 470-0805 *Work Experience Participant Evaluation*, updated
- 470-3104 *Your FIA Rights and Responsibilities*, updated

Summary

This general letter transmits:

- ◆ New categories for registered child care providers. All of the previous registration categories, including the pilot home categories, are being phased out as families renew their registrations.
- ◆ Information regarding the referral of aliens who have been determined by the INS as battered aliens.
- ◆ Clarification about entrepreneurial training. FIP rules have been revised to eliminate 12-month income and resource policy waivers that were previously allowed for entrepreneurial training participants for business start or expansion. These waivers are no longer effective and seldom used, so they have been eliminated.
- ◆ Changes to forms:
 - 470-3871, *Child Care Assistance Provider Agreement*.
 - RC-0008, *Overpayment Recovery Codes*.
 - 470-0464, *Overpayment Recovery Information Input*.
 - 470-2890, *Payment Application for Nonregistered Providers*.
 - 470-0447, *Report on Incapacity*.
- ◆ Deletion of form 470-2598, *Expense Allowance Authorization*.

Child Care Assistance Program

Child care provider registration rules were revised creating three new categories for registered providers and ending the pilot level home categories. The new categories are:

- ◆ Child development home category A,
- ◆ Child development home category B, and
- ◆ Child development home category C.

These new categories are used when a provider begins or renews a registration certificate after December 1, 2002. The new categories will be phased in over the next year as providers who are currently registered as a family or group home, or are registered as one of the four pilot level homes, renew their registration certificates.

Providers who are currently registered as a family home will choose to register as either a child development home category A or category B. Providers who are currently registered as a group home will register as a child development home category C.

The reimbursement rate ceiling tables will not be changing. The rates for a child development home category A and B will be the same as the rates for a family home. The rates for a child development home category C will be the same as the rates for a group home.

This change will not affect the way child care invoices are entered into the system. Continue to use the half-day rates that apply to registered family homes with the new child development home category A and B. Continue to use the half-day rates that apply to registered group homes with the new child development home category C.

This change applies to both the basic care rates and the special needs rates. The table for basic care has been modified and is shown below as an example.

| Age Group | Child Care Center | Registered Group Home Child Development Home Category C | Registered Family Home Child Development Home Category A or B | Nonregistered Family Home |
|--------------------|-------------------|--|--|---------------------------|
| Infant and Toddler | \$12.45 | \$9.00 | \$10.00 | \$8.19 |
| Preschool | \$ 10.50 | \$ 8.55 | \$ 9.00 | \$7.19 |
| School Aged | \$ 9.00 | \$ 8.33 | \$ 9.00 | \$7.36 |

Battered Aliens

Only aliens with one of the classifications described at 8 United States Code (USC) Section 1641 are considered for FIP eligibility, and certain classifications of these aliens cannot be included in the FIP grant for five years from the date they entered the United States. An alien who meets the federal criteria of a battered alien is exempt from the five-year bar if a state chooses to provide assistance from state-only funds.

House File 2623, passed in the 2002 Iowa legislative session, directed the Department to provide FIP assistance to battered aliens without regard to the five-year bar. People applying for FIP assistance under these provisions are subject to all FIP eligibility requirements, except that the requirement to provide a social security number will be waived until the alien receives employment authorization from the Immigration and Naturalization Service (INS).

Battered aliens are subject to the same PROMISE JOBS and Family Investment Agreement requirements as any other FIP participant. If the person already has a social security number, referrals will be made in the normal manner, through the ABC system. If the person does not yet have a social security number, ABC cannot be used to transmit the referral to PROMISE JOBS. PROMISE JOBS will receive these referrals manually.

It is possible for an alien who has received an INS determination of battered alien to possess employment authorization. Contact IWD/PROMISE JOBS central office staff for assistance with the authorization of expense allowances that are problematic.

Form Changes

Form 470-3871, *Child Care Assistance Provider Agreement*, has been revised to add a place for providers to give information about any special rates they offer for part-time children, more than one child in a family, discounts for employees, etc. A space has also been added to the last page for providers to print their name above their signature and to provide their agreement number. The source information has also been changed due to a change in the number of forms on a pad.

Due to the new categories for child care provider registration, form 470-2890, *Payment Application for Nonregistered Providers*, has been revised to change language regarding requirements about the number of children that a nonregistered provider is authorized to care for.

The source information for form 470-3896, *PROMISE JOBS Child Care Attendance and Invoice*, is changed to indicate a change in the number of forms on a pad.

Forms 470-3095, *Family Investment Agreement*, and 470-3096, *FIA Steps to Achieve Self-Sufficiency*, have been revised to update the nondiscrimination statement. Form 470-3096 has also been revised to update the appeal rights information on legal services.

Form 470-2604 was revised to replace the word “agency” with the word “office” to make the form more flexible.

Form 470-2598, *Expense Allowance Authorization*, has been removed, as the form is obsolete. Document all expense allowances in the case record narrative.

Form 470-0447, *Report on Incapacity*, was revised to add “Information Due By”. Complete form 470-0447 on-line using the template provided by DHS.

Form 470-3876, *Hardship Exemption Determination*, has been revised to update the template features and replace references to “worker signature” with “worker name.”

Form 470-0464, *Overpayment Recovery Information Input*, has been revised to accommodate federal requirements in the food stamp program. Form RC-0008, *Overpayment Recovery Codes*, has been revised to reflect changes in the numbering of the Case Status field.

Form 470-0643, *Request for Child Abuse Information*, has been revised to eliminate one copy of the form as a cost-savings measure.

The source information for the following forms has been changed to indicate that no printed supply is available:

- ◆ *FIA Steps to Achieve Self-Sufficiency*, form 470-3096
- ◆ *Notice of Appointment or Participation*, form 470-0813
- ◆ *Notice of Appointment to Write a Family Investment Agreement*, form 470-3897
- ◆ *Notice of Overpayment: PROMISE JOBS Expense Allowances*, form 470-2666
- ◆ *Self-Assessment*, form 470-0806
- ◆ *Time and Attendance*, form 470-2617

- ◆ *Work Experience Participant Evaluation*, form 470-0805
- ◆ *Your FIA Rights and Responsibilities*, form 470-3104

The source information for the following forms has been revised to indicate that the form is now available as a template as well as in the printed version:

- ◆ *Adjustment to Overpayment Balance*, form 470-0010
- ◆ *Appeal and Request for Hearing*, form 470-0487
- ◆ *Consent to Obtain and Release Information*, form 470-0429
- ◆ *Family Investment Agreement*, form 470-3095
- ◆ *Non-Law Enforcement Record Check Request Form A*, form 595-1489
- ◆ *Overpayment Recovery Supplemental Information*, form 470-0465
- ◆ *Referral to Community Agencies*, form 470-3012
- ◆ *Report on Incapacity*, form 470-0447
- ◆ *Transfer Between PROMISE JOBS Offices*, form 470-2604

Effective Date

Upon receipt.

Implementation

Desk reviews are not required due to these changes. For Child Care Assistance, apply these new categories when a provider begins or renews a registration certificate.

Order a new supply of revised form 470-3871, *Child Care Assistance Provider Agreement*, from Anamosa. Order a new supply of revised form 470-2890, *Payment Application for Nonregistered Providers*, from Anamosa. Destroy remaining supplies of the previous versions of these forms when you receive the revised version.

Material Superseded

Remove the following pages from Employees' Manual, Title 4, Appendix, PROMISE JOBS Provider Manual, and destroy them:

| <u>Page</u> | <u>Date</u> |
|-------------------------------------|-------------------|
| <i>PROMISE JOBS Provider Manual</i> | |
| 9, 10 | December 4, 2001 |
| 21 | December 19, 2000 |
| 22 | December 4, 2001 |
| 36 | December 19, 2000 |
| 78 | June 19, 2001 |
| 100 | December 19, 2000 |
| 114, 115 | December 26, 2001 |
| 147, 150 | December 19, 2000 |
| 167, 168, 172a | July 2, 2002 |
| 179 | July 6, 1999 |

| | |
|--|-------------------|
| 180, 207 | July 2, 2002 |
| <i>PROMISE JOBS Provider Manual Appendix</i> | |
| Contents (pp. 1 and 2) | July 2, 2002 |
| 1, 2 | December 19, 2000 |
| 3, 8, 9, 10, 12 | July 2, 2002 |
| 470-3871 | 4/02 |
| 14 | December 4, 2001 |
| 15-17, 22, 26 | December 19, 2000 |
| 470-3095 | 7/00 |
| 470-3096 | 5/01 |
| 470-3876 | 10/01 |
| 26b | December 4, 2001 |
| 28 | December 19, 2000 |
| 30 | July 2, 2002 |
| 32 | December 19, 2000 |
| 470-0813 | 4/99 |
| 470-3897 | 12/01 |
| 32a | December 4, 2001 |
| 36, 39, 40 | July 2, 2002 |
| 470-2666 | 9/01 |
| RC-0008 | 6/02 |
| 470-0464 | 10/01 |
| 41-43 | December 19, 2000 |
| 44 | July 2, 2002 |
| 45-47 | December 19, 2000 |
| 470-2890 | 7/00 |
| 48 | December 19, 2000 |
| 48a | July 2, 2002 |
| 51 | December 19, 2000 |
| 52, 53 | July 2, 2002 |
| 470-0447 | 5/98 |
| 470-0643 | 4/00 |
| 56, 58, 60, 63, 66 | December 19, 2000 |
| 470-2617 | 9/01 |
| 470-2604 | 8/97 |
| 470-0805 | 9/01 |
| 470-3104 | 4/01 |

Additional Information

Use up remaining supplies of the previous versions of all of the revised forms except 470-3871, *Child Care Assistance Provider Agreement*, and form 470-2890, *Payment Application for Nonregistered Providers*.

Refer questions about this letter to your Iowa Workforce Development coordinator or your Department of Human Services area income maintenance supervisor 2.



September 30,2003

GENERAL LETTER NO. 4-AP-158

ISSUED BY: Bureau of Financial Supports, Division of Financial, Health and Work Supports

SUBJECT: Employees' Manual, Title 4, Appendix, **PROMISE JOBS PROVIDER MANUAL**, Contents (pages 2 and 6), revised; pages 22, 23, 39, 54, 58, 59, 63, 64, 64a, 64b, 103, 104, 161, 162, 162a through 162e, 173 through 188, 206, 229, and 279, revised; and page 64c, new.

PROMISE JOBS PROVIDER MANUAL APPENDIX, Contents (pages 1, 2, and 3), revised; and pages 1, 3, 4, 12, 14 through 17, 22, 33, 35, 36, 40, 53, 66, and 67, revised; and the following forms:

- 470-0487 *Appeal and Request for Hearing*, revised
- 470-3990 *Demand Letter for PROMISE JOBS Agency Error Overissuance*, new
- 470-3991 *Demand Letter for PROMISE JOBS Client Error Overissuance*, new
- 470-3992 *Demand Letter for PROMISE JOBS Provider Error Overissuance*, new
- FaDSS-00-01-R *FaDSS Universal Referral*, revised
- 470-3105 *FIA Referral for Mandatory Participants (IWD)*, revised
- 470-3106 *FIA Referral for Mandatory Participants (BRS)*, revised
- 470-3096 *FIA Steps to Achieve Self-Sufficiency*, revised
- 470-3915 *Notice of Decision: Child Care Assistance*, revised
- RC-0014 *PROMISE JOBS Data Codes*, revised
- RC-0038 *Worker's Guide to the Appeals Process*, revised
- 470-3103 *Your PROMISE JOBS Reminder*, revised

Summary

This general letter:

- ◆ Transmits changes to the process for the recovery of PROMISE JOBS expense allowance overpayments:
 - Offsetting of participant allowances is being discontinued as a method of recovery.
 - Form 470-2666, *Notice of Overpayment: PROMISE JOBS Expense Allowances*, is deleted, since it is being replaced by system-generated *Demand Letters*.

- ◆ Implements the authorization of PROMISE JOBS expense allowances for substance abuse and mental health issues that are required to make participation possible when the treatment plan is included in the FIA.
- ◆ Removes the requirement that FaDSS needs to exit a FIP/FaDSS participant from the FaDSS program before a chosen limited benefit plan is implemented.
- ◆ Clarifies:
 - Situations when short-term FIAs may be appropriate.
 - Procedures for reporting workers' compensation claims.
 - Component coding for FaDSS services, deleting obsolete coding.
 - Procedures when discussing the use of non-registered child care providers.
- ◆ Replaces references to the Division of Economic Assistance and with "Division of Financial, Health and Work Supports."

Short-Term FIAs

Currently, upon initial writing of a family's FIA, time frames are established, with specific ending dates, as to when the FIA family expects to become self-sufficient. The FIA includes a plan, appropriate referrals, and supportive services necessary to eliminate the family's barriers.

This procedure remains in place but for families who have extenuating circumstances that make long-term planning impossible, a short-term FIA may be utilized.

FaDSS Enrollees Choosing a Limited Benefit Plan

Currently, when a FaDSS participant fails to follow the terms of the FIA, FaDSS issues an exit form if a participant is refusing to amend or renegotiate the FIA. A FaDSS participant may not be placed in a limited benefit plan without a FaDSS exit form except during a six-month hardship exemption FIA.

Under new procedures, an exit form is not needed when a FaDSS participant is refusing to amend or renegotiate the FIA for cases who have not used 60 months of FIP benefits as well as during a six-month hardship exemption FIA.

PROMISE JOBS Expense Allowances

When a referred applicant or participant reveals substance abuse or mental health issues that are affecting the family's ability to be self-supporting and the treatment plan is incorporated into the FIA, PROMISE JOBS can now authorize necessary expense allowances for transportation and child care.

PROMISE JOBS Expense Allowance Overpayments

Currently, when the PROMISE JOBS worker establishes the existence of an overpayment for PROMISE JOBS expense allowances, the worker sends form 470-2666, *Notice of Overpayment: PROMISE JOBS Expense Allowances*, to the party responsible at the same time that the Iowa Department of Inspections and Appeals (DIA) is notified.

The notification process is now automated. DIA will issue notifications of overpayments upon receipt of a properly completed form 470-0464, *Overpayment Recovery Information Input*, from the PROMISE JOBS worker.

References to the offsetting process have been removed, and the manual has been repaged. Although the process remains in the Iowa Administrative Code, the process is cumbersome, time consuming, and error-prone and therefore is not utilized.

Form 470-2666, *Notice of Overpayment: PROMISE JOBS Expense Allowances*, has been removed, as the form is obsolete. The following forms will be used to inform debtors of the amount and reason for a PROMISE JOBS overpayment:

- ◆ 470-3990, *Demand Letter for PROMISE JOBS Agency Error Overissuance*
- ◆ 470-3991, *Demand Letter for PROMISE JOBS Client Error Overissuance*
- ◆ 470-3992, *Demand Letter for PROMISE JOBS Provider Error Overissuance*

Other Form Changes

A section has been added to form 470-0487, *Appeal and Request for Hearing*, to indicate whether or not the appellant needs an interpreter for an appeal hearing. Also, the source information is revised to reflect that the form can be completed electronically at www.dhs.state.ia.us/appeals.asp. The form is still available at Anamosa and as a template in Outlook.

RC-0038, *Worker's Guide to the Appeals Process*, is updated to revise the mailing addresses for the DHS Appeals Section and the DIA Division of Administrative Hearings.

The "Appeals and Hearings" chapter of the DHS Employees' Manual is removed from the handbook, since PROMISE JOBS staff can now access the chapter on line at the DHS policy web site: <http://www.dhs.state.ia.us/policyanalysis>.

The appeal rights sections on forms 470-3076, *FIA Steps to Achieve Self-Sufficiency*, and 470-3915, *Notice of Decision: Child Care Assistance*, have been updated. Appeals can be filed electronically at the DHS web site. The address for the Iowa Civil Rights Commission and the policy on nondiscrimination has been revised. Also, the reference to the Legal Services Corporation of Iowa is changed to reflect its new name.

Form FaDSS-00-01-R, *FaDSS Universal Referral*, has been revised to add a section regarding placing the family on the FaDSS waiting list.

RC-0014, *PROMISE JOBS Data Codes*, is revised to remove codes that are no longer being used and provide clarification on some existing codes.

Form 470-3103, *Your PROMISE JOBS Reminder*, is revised to update how the form is to be distributed.

Forms 470-3105, *FIA Referral for Mandatory Participants (IWD)*, and 470-3106, *FIA Referral for Mandatory Participants (BRS)*, are updated to add the rest of the DHS letterhead (the names of the governor, lieutenant governor, and Department director).

The instructions for form 470-3095, *Family Investment Agreement*, are change to indicate that the FaDSS case worker assists the family with the FIA when the family is enrolled in the FaDSS program.

Instructions for the following forms are changed to reflect that printed supplies are no longer available from Iowa Prison Industries:

- ◆ 470-0010, *Adjustment to Overpayment Balance*
- ◆ 470-0820, *Notice of Employment*
- ◆ 470-3103, *Your PROMISE JOBS Reminder*

The source information for form 470-0429, *Consent to Obtain and Release Information*, is changed to correct a typographical error.

The source information for the following forms is changed to reflect that a printed supply is available from Anamosa.

- ◆ 470-0510, *Estimate of Cost*
- ◆ 470-0464, *Overpayment Recovery Information Input*
- ◆ 470-0643, *Request for Child Abuse Information*
- ◆ 470-3104, *Your FIA Rights and Responsibilities*

The source information for form 470-0602, *Notice of Decision: Services*, is changed to indicate that the form can be completed on-line using the template provided by DHS. The form is still available to order from Iowa Prison Industries at Anamosa.

Effective Date

October 1, 2003

Implementation

Desk reviews are not required due to these changes.

No retroactive expense allowance eligibility exists for expenses incurred before October 1, 2003.

Material Superseded

Remove the following pages from Employees' Manual, Title 4, Appendix, PROMISE JOBS Provider Manual, and destroy them:

| <u>Page</u> | <u>Date</u> |
|--|-------------------|
| <i>PROMISE JOBS Provider Manual</i> | |
| Contents (page 2) | March 19, 2002 |
| Contents (page 6) | December 19, 2000 |
| 22 | April 15, 2003 |
| 23, 39, 54 | December 4, 2001 |
| 58 | July 2, 2002 |
| 59 | December 4, 2001 |
| 63, 64, 64a, 64b | March 19, 2002 |
| 103, 104 | October 15, 1996 |
| 161, 162, 162a-162e | July 2, 2002 |
| 172a | April 15, 2003 |
| 172b | July 6, 1999 |
| 173, 174 | June 19, 2001 |
| 175 | November 12, 1997 |
| 176 | October 15, 1996 |
| 177 | July 6, 1999 |
| 178 | December 19, 2000 |
| 179, 180 | April 15, 2003 |
| 181, 182 | July 2, 2002 |
| 183-188 | December 19, 2000 |
| 206 | March 19, 2002 |
| 229 | August 22, 2000 |
| 279 | December 4, 2001 |
| <i>PROMISE JOBS Provider Manual Appendix</i> | |
| Contents (pp. 1 and 2) | April 15, 2003 |
| Contents (p. 3) | July 2, 2002 |
| 1 | April 15, 2003 |
| 470-0487 | 4/03 |
| 3 | April 15, 2003 |
| 4 | December 19, 2000 |
| 12, 14, 17 * | April 15, 2003 |
| FaDSS-00-01-R (before p. 21) | 9/21/01 |
| 22 | April 15, 2003 |
| 470-3105; 470-3106 (before p. 23) | 3/98 |
| 470-3096 (after p. 26) | 4/03 |
| 470-3915 (after p. 32b) | 6/02 |
| 33 | July 2, 2002 |
| 35 | December 19, 2000 |
| 36 | April 15, 2003 |
| 470-2666 | 4/03 |

| | |
|-------------------------------|-------------------|
| 40 | April 15, 2003 |
| RC-0014 (before p. 49) | 1/99 |
| 53 | April 15, 2003 |
| RC-0038 (after p. 64) | 1/98 |
| 66 | April 15, 2003 |
| 470-3103 | 2/02 |
| 67 | March 19, 2002 |
| 69 | December 19, 2000 |
| Employees' Manual Chapter 1-E | |
| Title page | May 18, 1999 |
| Contents (pp. 1 and 2) | May 18, 1999 |
| 1-44 | May 18, 1999 |

* Form 470-2598, dated 9/01, is also obsolete, but was omitted from the instructions in General Letter 4-AP-157. Form 470-5018 should continue to be filed in front of page 17.

Additional Information

Use up existing supplies of form 470-0487, *Appeal and Request for Hearing*, before reordering from Anamosa in the usual manner. Revised forms will be issued when the current supply is exhausted.

Use up remaining printed supplies of the following forms, as no further supplies will be printed:

- ◆ 470-0010, *Adjustment to Overpayment Balance*
- ◆ 470-0820, *Notice of Employment*
- ◆ 470-3103, *Your PROMISE JOBS Reminder*

Refer questions about this letter to your Iowa Workforce Development coordinator or your Department of Human Services area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

May 18, 2004

GENERAL LETTER NO. 4-AP-159

ISSUED BY: Bureau of Financial Support Programs, Division of Financial, Health and Work Supports

SUBJECT: Employees' Manual, Title 4, Appendix, **PROMISE JOBS PROVIDER MANUAL**, pages 162a and 162c, revised.

PROMISE JOBS PROVIDER MANUAL APPENDIX, Contents (page 2), revised; pages 32b through 32f and 52, revised; pages 32g, 32h, and 32i, new; and the following forms:

470-0487 *Appeal and Request for Hearing*, revised
470-4053 *Notice of Child Care Assistance Provider Sanction*, new
470-0820 *Notice of Employment*, revised
470-0464 *Overpayment Recovery Information Input*, revised
470-0806 *Self-Assessment*, revised

Summary

The **PROMISE JOBS PROVIDER MANUAL** is revised to add information on approvable child care providers due to implementation of the new Child Care Assistance Sanctions for providers that have been convicted of fraudulent billing practices.

The **PROMISE JOBS PROVIDER MANUAL APPENDIX** is revised to:

- ◆ Update forms 470-0487, *Appeal and Request for Hearing*, and 470-0464, *Overpayment Recovery Information Input*, to remove references to "food stamps" and replace them with "Food Assistance."
- ◆ Add form, 470-4053, *Notice of Child Care Assistance Provider Sanction*, which is used to inform families that their child care provider has been sanctioned by the Child Care Assistance program.
- ◆ Add new language to the *Notice of Decision: Child Care Assistance* for the new Child Care Assistance sanctions for providers who have been convicted of fraudulent billing practices.
- ◆ Change form 470-0820, *Notice of Employment*, and source information for form 470-0447, *Report on Incapacity*, to reflect that printed supplies of these forms are no longer available from Iowa Prison Industries.
- ◆ Update form 470-0806, *Self-Assessment*, to remove the family profile section and other questions that were not necessary.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 4, Appendix, and destroy them:

| <u>Page</u> | <u>Date</u> |
|---|--------------------|
| <i>PROMISE JOBS Provider Manual</i> | |
| 162a, 162c | September 30, 2003 |
| <i>PROMISE JOBS Provider Manual Appendix</i> | |
| Contents (p. 2) | September 30, 2003 |
| 470-0487 (before p. 3) | 7/03 |
| 32b-32f * | July 2, 2002 |
| 470-0820 (before p. 35) | 9/01 |
| 470-0464 (after p. 40) | 1/03 |
| 52 | April 15, 2003 |
| 470-0806 (after p. 56) | 9/01 |

* Move the sample of form 470-3915 to follow page 32d instead of page 32b.

Additional Information

Refer questions about this general letter to your Iowa Workforce Development PROMISE JOBS coordinator or to your Department of Human Services area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

October 29, 2004

GENERAL LETTER NO. 4-AP-160

ISSUED BY: Bureau of Financial Support Programs
Division of Financial, Health & Work Supports

SUBJECT: Employees' Manual, Title 4 Appendix, **PROMISE JOBS PROVIDER MANUAL**, Contents (pages 1 through 8), revised; pages 1 through 296, revised; and pages 297 through 336, new.

PROMISE JOBS PROVIDER MANUAL APPENDIX, Contents (pages 1 and 2), revised; pages 7 through 10, 12, 22 through 26, 26b, 27, 32, 32a through 32g, 33 through 37, 48a, 49, 51, 52, 53, 54b, 56, 60, and 62 through 66, revised; and the following forms:

| | |
|----------|--|
| 470-3871 | <i>Child Care Assistance Provider Agreement</i> , revised |
| 470-0429 | <i>Consent to Obtain and Release Information</i> , revised |
| 470-3095 | <i>Family Investment Agreement</i> , revised |
| 470-3897 | <i>FIA Appointment</i> , revised |
| 470-3096 | <i>FIA Steps to Achieve Self-Sufficiency</i> , revised |
| 470-0813 | <i>Notice of Appointment or Participation</i> , revised |
| 470-3915 | <i>Notice of Decision: Child Care Assistance</i> , revised |
| 470-0602 | <i>Notice of Decision: Services</i> , revised |
| RC-0008 | <i>Overpayment Recovery Codes</i> , revised |
| RC-0014 | <i>PROMISE JOBS Data Codes</i> , revised |
| 470-3102 | <i>Referral to Community Agencies</i> , revised |
| 470-2604 | <i>Transfer Between PROMISE JOBS Offices</i> , revised |
| 470-3300 | <i>Your Family Investment Agreement Reminder</i> , revised |
| 470-3104 | <i>Your FIA Rights and Responsibilities</i> , revised |

Summary

This general letter:

- ◆ Implements the policy that a self-sufficiency agreement is now required as a Family Investment Program (FIP) eligibility requirement for FIP households that contain mandatory PROMISE JOBS members.
- ◆ Adds a requirement that appointments to write and sign a family investment agreement for FIP applicants be offered within ten calendar days from the date of referral to the PROMISE JOBS program.

- ◆ Allows the ability to schedule appointments to meet with PROMISE JOBS in less than five working days when agreed to by the applicant or participant.
- ◆ Changes the definition of a PROMISE JOBS participant.
- ◆ Requires that Assessment I be offered in one individual session along with writing the family investment agreement and that Assessment II and III will be included as family investment agreement options when appropriate.
- ◆ Removes the requirement that FaDSS program participants not be referred for assessment until approval is given by the FaDSS grantee.
- ◆ Institutes FIP ineligibility for assistance units that contain a member who is enrolled in an educational program leading to a degree beyond a bachelor's degree and removes work toward a graduate degree as a family investment agreement option.
- ◆ Removes the ability to volunteer for PROMISE JOBS services.
- ◆ Changes the procedure that refugees who have obtained U.S. citizenship are referred to IWD instead of BRS for PROMISE JOBS services.
- ◆ Removes the penalty for participants who choose a limited benefit plan while enrolled in the classroom training component
- ◆ Clarifies that tracking and verifying a client's 60 months of TANF/FIP usage is DHS's responsibility.
- ◆ Allows for flexibility in the reviews of subsequent limited benefit plans.
- ◆ Adds subcontractor provider agencies to the list required to safeguard confidential client information.
- ◆ Adds applicants as subject to recovery of PROMISE JOBS expense allowances paid in error.
- ◆ Clarifies that:
 - Limited benefit plans are considered imposed as of the date that a timely and adequate notice is issued to the participant establishing the limited benefit plan; and
 - Reinstatement provisions do not apply when assistance is canceled due to the imposition of a subsequent limited benefit plan.
- ◆ Clarifies that accepting services from the Division of Vocational Rehabilitation Services is optional, but once chosen as a family investment agreement activity, services become subject to all family investment agreement and limited benefit plan policies and procedures.
- ◆ Clarifies existing policies.
- ◆ Incorporates Manual Letter No. 4-AP-9, Family Self-Sufficiency Grants.
- ◆ Transmits changes to some forms.

Self-Sufficiency Agreement Required Before the Receipt of FIP

Currently, FIP recipients who are not exempt from participating in employment and training services are referred to the PROMISE JOBS program. A family investment agreement (FIA) is written, after the family has been approved to receive a FIP cash grant.

Beginning November 1, 2004, as an eligibility requirement for the approval of FIP, valid family investment agreements will be required for all FIP applicant households containing mandatory adult members. The requirement that FIP recipients who lose their exempt status be required to obtain a family investment agreement as a condition for continuing to receive FIP remains unchanged.

This change also provides the ability to write and sign a family investment agreement in a timely manner. Appointments to write and sign a family investment agreement need to be offered to be held within ten calendar days from the date of referral and can be scheduled in less than five working days when the time and date is agreed to by the client.

These rule changes also change the definition of a PROMISE JOBS participant from an individual who attends the first day of the assessment component to a current FIP recipient who has signed a family investment agreement or who is reconsidering the choice of a subsequent limited benefit plan.

Orientation and Assessment Services

Currently, orientation to PROMISE JOBS is provided by a group session or individually by PROMISE JOBS staff. This procedure has been changed so that:

- ◆ The income maintenance unit will provide portions of the orientation component through the DHS InfoShare interactive computer system during the IM worker's face-to-face interview with the applicant before a determination of FIP eligibility.
- ◆ PROMISE JOBS staff will complete the orientation process during the appointment to write and sign a family investment agreement.

PROMISE JOBS will use the *Self-Assessment*, form 470-0806, as a basis for the writing and signing of a family investment agreement. Additional assessment activities will be provided as separate action steps in a family investment agreement, up to the level necessary for participant and worker decisions, and while amending or renegotiating the family investment agreement.

FaDSS Referrals

Currently, FaDSS program participants attend orientation but are not referred to assessment activities until the FaDSS grantee approves the assignment of the FaDSS participant to other PROMISE JOBS activities. Program changes necessitate the removal of this rule, since orientation to the PROMISE JOBS program and Assessment I are offered in one session, before FIP approval and usually within ten calendar days from the date of referral.

Referrals to the FaDSS program need to be offered whenever PROMISE JOBS determines that a family would benefit from intensive family services through initial and ongoing assessments, when a family is having difficulty participating in the PROMISE JOBS program successfully, or when there is a prior history of limited benefit plans.

Referrals are communicated by the *FaDSS Universal Referral*, form FaDSS-00-01-R. Participation in FaDSS begins when a family accepts FaDSS services and that date is communicated through the return of the *FaDSS Universal Referral* form.

Once an applicant or participant chooses to participate in FaDSS, the family investment agreement reflects this choice, and therefore may need to be amended when FaDSS is chosen or when a family no longer chooses to participate in FaDSS services.

Students Enrolled in Educational Program Leading to Degree Beyond a Bachelor's Degree

Because the FIP program is not intended as a subsidy for students who are enrolled in classes leading to professional degrees, but as short-term assistance to help a family in crisis, rules have been changed instituting FIP ineligibility for family units who contain such a member. Student enrollment status is determined by the educational institution and is not affected by the summer break.

Eligibility for other assistance programs such as Food Assistance and Medicaid may exist according to current policy.

- ◆ **New applications:** IM staff will deny FIP assistance to family units containing students enrolled in educational programs leading to degrees beyond a bachelor degree. PROMISE JOBS will no longer allow work leading to degrees beyond a bachelor degree as a family investment agreement option.
- ◆ **Ongoing cases:** By timely notice in August 2004, IM staff sent *Notices of Cancellation* of FIP eligibility effective September 1, 2004, to all FIP assistance units containing students enrolled in educational programs leading to degrees beyond a bachelor degree.

Volunteering for PROMISE JOBS

Currently, an SSI parent of a FIP-eligible child is not mandatory to cooperate with the PROMISE JOBS program but can volunteer for PROMISE JOBS services. Rules now remove the option to volunteer for PROMISE JOBS services because of the duplication of services offered by both the PROMISE JOBS program and the Department of Education's Division of Vocational Rehabilitation Services (DVRS).

The assistance an SSI recipient can receive as a volunteer from PROMISE JOBS can be obtained through DVRS. DVRS offers counseling and guidance in choosing vocational training and educational assistance to persons who receive SSI and want to remain employed or pursue employment.

DHS/PROMISE JOBS will continue to make referrals to Vocational Rehabilitation when appropriate, as DVRS is designed to provide services for persons having a physical or mental impairment that constitutes or results in substantial impediment to employment.

Refugees Who Obtain U.S. Citizenship

Currently, the Bureau of Refugee Services (BRS) provides PROMISE JOBS services for all referred individuals who enter the United States as a refugee. Rule changes provide that BRS provides PROMISE JOBS services to refugees only until the refugee attains U.S. citizenship. At that time, the refugee has proven competency in English-speaking skills.

The IM worker will change referral coding once notified that U.S. citizenship has been attained.

Effect of Limited Benefit Plan on Future Classroom Training Plans

Currently, when a participant enrolled in the classroom-training component chooses the limited benefit plan, the person is denied additional PROMISE JOBS-funded classroom training services for a minimum of one year from the effective date of the limited benefit plan. In the context of the 60-month lifetime limit on FIP benefits, it has been determined that this penalty is no longer required and can hamper a family's efforts to becoming economically self-supporting.

Tracking Months of Assistance

PROMISE JOBS has access to the DHS Eligibility Tracking System (ETS), which tracks months of assistance for the FIP 60-month limit. This system should be accessed on a regular basis to verify a particular case's remaining time on FIP when writing a family investment agreement and in ongoing case management.

PROMISE JOBS staff should consult with the IM worker on any discrepancies they find on ETS, but the information contained on ETS is the responsibility of DHS/IM and should be considered as accurate.

Form Changes

Form 470-3987 has been revised and renamed *FIA Appointment*. The IM worker will give FIP applicants this form to inform them of the initial appointment scheduled using the PJCase Calendar option. Instructions for its new use have been added to the ***PJPM APPENDIX***.

Changes have been made to the design or instructions of the following forms:

- ◆ *Child Care Assistance Provider Agreement*, form 470-3871
- ◆ *Consent to Obtain and Release Information*, form 470-0429
- ◆ *Family Investment Agreement*, form 470-3095
- ◆ *FIA Steps to Achieve Self-Sufficiency*, form 470-3096
- ◆ *Hardship Exemption Determination*, form 470-3876
- ◆ *Notice of Appointment or Participation*, form 470-0813
- ◆ *Notice of Decision: Child Care Assistance*, form 470-3915
- ◆ *Notice of Decision: Services*, form 470-0602
- ◆ *Overpayment Recovery Codes*, RC-0008
- ◆ *PROMISE JOBS Data Codes*, RC-0014
- ◆ *Referral to Community Agencies*, form 470-3102
- ◆ *Report on Incapacity*, form 470-0447

- ◆ *Request for FIP Beyond 60 Months*, form 470-3826
- ◆ *Self-Assessment*, form 470-0806
- ◆ *Transfer Between PROMISE JOBS Offices*, form 470-2604
- ◆ *Your Family Investment Agreement Reminder*, form 470-3300
- ◆ *Your FIA Rights and Responsibilities*, form 470-3104

Due to changes in rules that remove the ability to volunteer for PROMISE JOBS services and change the timing of PROMISE JOBS referrals, the following forms are no longer required and, therefore, are deleted from the **PJPM APPENDIX**:

- ◆ *Change FIA Voluntary Status to Mandatory*, forms 470-3109 (IWD) and 470-3110 (BRS)
- ◆ *FIA Referral for Reconsideration of LBP*, forms 470-3610 (IWD) and 470-3611 (BRS)
- ◆ *FIA Referral for Voluntary Participants*, forms 470-3107 (IWD) and 470-3108 (BRS)
- ◆ *Income Maintenance Discussion of PROMISE JOBS*, Reference Card RC-0040
- ◆ *Notice of Potential Loss of Priority Service-Exempt Volunteers*, form 470-3116
- ◆ *Volunteer Requests Not to Participate*, form 470-2759
- ◆ *Your Right to Volunteer for PROMISE JOBS*, form 470-2761

Effective Date

November 1, 2004

The effective date for FIP ineligibility of students enrolled in an educational program leading to a degree beyond a bachelor's degree was September 1, 2004. Effective September 1, 2004, IM staff began denying FIP applications for households containing a student enrolled in an educational program leading to a degree beyond a bachelor's degree and canceled FIP for such households.

The requirement to sign a family investment agreement before FIP is approved applies to FIP applications received November 1, 2004, and after and the referrals resulting from these applications.

Applications received before November 1, 2004, are not subject to the new requirements. Therefore, dual referral procedures will be in effect through the transition. Follow the former procedures for applications received before November 1, 2004, and the PROMISE JOBS referrals that result from these applications.

Material Superseded

Remove the following pages from Employees' Manual, Title 4, Appendix, and destroy them:

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* As forms are added and removed, existing pages are renumbered to eliminate or consolidate gaps. To accommodate these changes, the following form samples need to be refiled:

- Move forms 470-3105 and 470-3106 to precede page 25 instead of page 23.
- Move form 470-4053 to precede page 32a instead of following page 32b.
- Move form 470-0820 to follow page 36 instead of page 34.
- Move RC-0038 to precede page 63 instead of following page 64.

Additional Information

Destroy existing supplies of the following forms and use the revised versions that have been provided by DHS:

- ◆ 470-3095, *Family Investment Agreement*
- ◆ 470-3102, *Referral to Community Agencies*
- ◆ 470-2604, *Transfer Between PROMISE JOBS Offices*
- ◆ 470-3300, *Your Family Investment Agreement Reminder*
- ◆ 470-3104, *Your FIA Rights and Responsibilities*

Use up existing supplies of the following forms before reordering from Anamosa in the usual manner:

- ◆ 470-3871, *Child Care Assistance Provider Agreement*
- ◆ 470-0429, *Consent to Obtain and Release Information*

Use up existing printed supplies of form 470-0602, *Notice of Decision: Services*, as no further supplies will be printed.

Refer questions about this general letter to your Iowa Workforce Development PROMISE JOBS coordinator or to your Department of Human Services Area Income Maintenance Supervisor 2.