Iowa Department of Human Services

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GENERAL LETTER NO. 11-T-AP-4

ISSUED BY: Bureau of Child Support Recovery
Division of Field Operations

SUBJECT: Employees' Manual, Title 11, Chapter T, ***DISTRIBUTION APPENDIX***, Title page, revised; Contents (page 1), revised; pages 1 through 13, revised; pages 14 through 19, new; and the following forms:

470-5314 *Satisfaction of Support due to Social Security Dependent Benefits – Payee*, new
470-5315 *Satisfaction of Support due to Social Security Dependent Benefits – Payor*, new
470-5335 *Notice That Satisfaction of Support Ends Due to Social Security Dependent Benefits Ending,* new

Summary

Chapter 11-T Appendix is revised to add three new forms. These forms are mailed to the payee and payor when:

- A case meets the criteria to have support satisfied due to receipt of Social Security Disability (SSD) dependent benefits, and
- When the benefits end and support being satisfied is reinstated.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 11, Chapter T, Appendix:

Page	Date
Title page	January 25, 2008
Contents (page 1)	February 25, 2011
1-3	January 25, 2008
4, 5	February 25, 2011
6-13	January 25, 2008

Additional Information

Refer questions about this general letter to your regional collections administrator.

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Iowa Department of Human Services

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UPPA History Report

Purpose

ICAR saves 11 account type coupon and receipt information from some cases when they move to history. The information is saved on the UPPA FIP MONTHLY DETAIL screen if the payee has other active, closed, or inactive cases still on ICAR.

The information is saved for use in UPPA calculations. If the saved records are incorrect, the UPPA calculation will be incorrect. Workers use the UPPA History Report to review these records on closed cases that meet the selection criteria to move to history in six months.

Source

ICAR generates this report by batch processing on the first Friday of every month. ICAR selects cases that:

- Meet all of the history case selection criteria.
- Have been closed for 18 months and may close in 6 months.
- Have a payee state ID (SID).
- Have a valid CS, MS, or RE obligation.
- Have at least one unverified CASSIGN.
- Share the same payee SID with at least one other case still on ICAR.

Distribution

The MA2 for each region downloads the report through the Excel Importer and sends it to the SRS for each office. The regional level report only displays the offices with cases that meet the selection criteria. If an office has no cases that meet the selection criteria that month, they are not included on the regional report.

Data

The report contains the following information:

- **REGION NUMBER**. This column shows the region number where the case is assigned.
- **OFFICE NUMBER**. This column shows the office number where the case is assigned.
- **WORKER ID**. This column show the four-character alpha-numeric identifier assigned to the worker on the case.
- **CASE NUMBER**. This column contains the case number.

- **PAYEE NAME**. This column contains the payee name in the last, first, middle initial format.
- **REPORT RUN DATE**. This column shows the date the batch program identified cases and generated the report.

470/3401, Notification That Case No Longer Qualifies for Automatic Satisfaction of Child Support Debt

Purpose

Use form 470/3401, *Notification That Case No Longer Qualifies for Automatic Satisfaction of Child Support Debt*, to notify the payor and the clerk of court that current support on an Iowa support order no longer qualifies for satisfaction.

Source

ICAR generates the batch version of this form (470-3401) overnight through a batch process or you generate the on-line version of this form (470/3401) from the FORMLIST screen with the DIST process code. You can also access the form directly through the FORMVIEW screen with the form number.

Completion

ICAR completes this form when a case no longer meets all of the criteria for satisfaction by operation of law.

You complete this form the first month you determine that a case no longer qualifies for satisfaction but ICAR automatically satisfied the obligation for some reason.

Distribution

Mail a copy of the form to the clerk of court and a copy to the obligor. Image the form or keep a copy in the case file.

Data

ICAR or the worker enters the following information:

- Current date in the MM/DD/CCYY format
- Case number
- Payor's name
- Payee's name
- County in which the order is filed
- Court order number
- Worker name (FML)
- Worker title (e.g., Support Recovery Officer)
- Office's address
- Proof of service date (by hand)
- Worker's signature

470/3407, Notification Regarding Support Debt

Purpose	Use form 470/3407, *Notification Regarding Support Debt*, to notify the clerk of court and the obligor that current support under an Iowa support order is satisfied by operation of law.
Source	ICAR generates the batch version of this form (470-3407) overnight through a batch process or you can generate the online version of this form (470/3407) from the FORMLIST screen with the DIST process code. You can access the form directly through the FORMVIEW screen with the form number.
Completion	ICAR completes this form in the initial month that a case qualifies for satisfaction by operation of law. You complete this form the first month a case qualifies for automated satisfaction but ICAR failed to identify the case.
Distribution	Mail a copy of the form to the clerk of court and a copy to the payor. Image the form or keep a copy in the case file.
Data	ICAR or the worker enters the following information: ♦ County of filing ♦ Petitioner's name (up to six lines) ♦ Respondent's name (up to three lines) ♦ Court order number ♦ Case number ♦ Current day, month, and year ♦ Worker name ♦ Worker title ♦ Office's address

470-3587, Support Payment Now Processed Through a Central Location

Purpose	Use form 470-3587, *Support Payment Now Processed Through a Central Location*, to provide notice to the payee of a change in processing income-withholding payments through the state disbursement unit (SDU).
Source	ICAR generates this form overnight through a batch process for those ICIS cases added to ICAR the previous week.
Completion	ICAR completes this form when it identifies an ICIS case has been added to ICAR and a payee address exists on the case.
Distribution	The Department's mailing service sends this form to the payee.
Data	ICAR enters the following information: ♦ Payee's name ♦ Payee's address

470-3588, Support Payment Now Processed Through a Central Location

Purpose	Use form 470-3588, *Support Payment Now Processed Through a Central Location*, to provide notice to the payor of a change in processing income-withholding payments through the state disbursement unit (SDU).
Source	ICAR generates this form overnight through a batch process for those ICIS cases added to ICAR the previous week.
Completion	ICAR completes this form when it identifies an ICIS case has been added to ICAR and the payor's address exists on the case.
Distribution	The Department's mailing service sends this form to the payor.
Data	ICAR enters the following information: ♦ Payor's name ♦ Payor's address

470-4455, $25 Annual Fee Initial Letter to Payee

Purpose	Use form 470-4455, *$25 Annual Fee Initial Letter to Payee*, to provide notice to the payee of a fee for each never-assistance case where at least $500 is collected within the year.
Source	ICAR generates this form overnight through a batch process for those cases that qualify for the $25 annual fee.
Completion	ICAR completes this form when it identifies a case that meets the criteria for the fee.
Distribution	The Department's mailing service sends this form to the payee.
Data	ICAR enters the following information: ♦ Payee's name ♦ Payee's address

470-5314, Satisfaction of Support due to Social Security Dependent Benefits – Payee

Purpose	Use form 470-5314, *Satisfaction of Support due to Social Security Dependent Benefits – Payee*, to provide notice to the payee that support under an Iowa support order is satisfied due to receipt of Social Security Disability (SSD) dependent benefits.
Source	The worker enters a SSD suspension with a current or future end date on the SUSPENSE UPDATE screen. After the worker clears out of the suspense screens and makes an entry in the NEXT SCREEN field on OBLIGHST, ICAR automatically pulls up the forms module and form 470-5314. The form must be printed or discarded before ICAR will move to the next form, 470-5315, for the payor. The form prints at the local office. If there are multiple obligations or court orders being suspended, ICAR prints a single notice.
Completion	Complete this form when a case meets the criteria for satisfaction of support due to receipt of SSD benefits.
Distribution	Send this form by mail to the payee's address. Image a copy of the form and save it to PODS. Discard the form and do not image or mail if not appropriate (i.e., there is no SSD satisfaction because the suspension was entered on the wrong case). Narrate that the form was not sent.
Data	ICAR populates the following information: ♦ Payee's name and address ♦ Date the form was generated ♦ Case number ♦ Names of the children SSD dependent benefits are being awarded to ♦ Payor name ♦ County name and docket number ♦ Worker name and local office address and phone number

Satisfaction of Support due to Social Security Dependent Benefits – Payee

_____ Date: _____
_____ Case #: _____
_____ RE: _____
_____

Dear _____:

The records of the Child Support Recovery Unit (Unit) show you are getting social security disability benefits for the following dependent(s) as a result of disability benefits being awarded to «NCPNAME»:

_____ _____
_____ _____
_____ _____

Unless otherwise ordered by the court, the dependent benefits paid to you fully satisfy the periodic support amount for the same period of time for which the benefits are awarded.

What is the authority to satisfy my support? Iowa Code Chapter 598.22C

How much support is being satisfied? Unless otherwise ordered by the court, any periodic support owed by _____ under an Iowa court order since _____ is satisfied.

What is my balance after the satisfaction? For obligations the Unit has been enforcing, records show the periodic support balance is $_____ as of _____. The Unit can make no statement about whether a parent owes additional interest. Only a court can make a binding balance determination.

What if my support obligation is not the same as the dependent disability benefit? Unless otherwise ordered by the court, the dependent disability benefits paid to you fully satisfy the support amount for the same period of time dependent disability benefits are awarded. If you disagree with this, you may want to seek a modification of the current on-going support amount. To modify, you may:

- Ask for a Review (if it has been **more** than 24 months since your order was entered, modified or reviewed).
- Ask for an Administrative Modification (if there has been a change of 50% or more in a parent's net income).
- Contact an attorney to have the order modified through a private action.

What happens if I stop getting dependent disability benefits? Many factors, such as a new or modified order, could contribute to the actions taken if dependent disability benefits stop. Knowledge of the specific factor(s) would be necessary to determine the impact.

What should I do if I disagree with the satisfaction date or balance amount? For questions about your support case, call your local office listed on this form.

Sincerely,

_____
_____
_____
_____
_____
_____

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

The Iowa Department of Human Services (DHS) policy on non-discrimination, harassment, affirmative action, and equal employment can be viewed on the DHS website at the bottom of the page at dhs.iowa.gov.

The worker enters:

- SSD entitlement date
- Balance due

470-5315, Satisfaction of Support due to Social Security Dependent Benefits - Payor

Purpose	Use form 470-5315, *Satisfaction of Support due to Social Security Dependent Benefits – Payor*, to provide notice to the payor that support under an Iowa support order is satisfied due to receipt of Social Security Disability (SSD) dependent benefits.
Source	The worker enters a SSD suspension with a current or future end date on the SUSPENSE UPDATE screen. After the worker clears out of the suspense screens and makes an entry in the NEXT SCREEN field on OBLIGHST, ICAR automatically pulls up the forms module and form 470-5314. After this form is printed or discarded, ICAR then pulls up form 470-5315 for the payor. The form prints at the local office. If there are multiple obligations or court orders being suspended, ICAR prints a single notice.
Completion	Complete this form when a case meets the criteria for satisfaction of support due to receipt of SSD benefits.
Distribution	Send this form by mail to the payor's address. Image a copy of the form and save it to PODS. Discard the form and do not image or mail if not appropriate (i.e., there is no SSD satisfaction because the suspension was entered on the wrong case). Narrate that the form was not sent.
Data	ICAR enters the following information: ♦ Payor's name and address ♦ Date the form was generated ♦ Case number ♦ Payee name ♦ County name, docket number, and file date of the court order ♦ Worker name and local office address and phone number The worker enters: ♦ SSD entitlement date ♦ Balance due

Satisfaction of Support due to Social Security Dependent Benefits - Payor

_____
_____
_____
_____

Date: _____
Case Number: _____
RE: _____

Dear _____,

The records of the Child Support Recovery Unit (Unit) show _____ is getting social security disability benefits for the following dependent(s) as a result of disability benefits being awarded to you:

_____ _____
_____ _____
_____ _____

Unless otherwise ordered by the court, the dependent benefits paid to _____ fully satisfy the periodic support amount for the same period of time for which the benefits are awarded.

What is the authority to satisfy my support? Iowa Code Chapter 598.22C

How much support is being satisfied? Unless otherwise ordered by the court, any periodic support owed by you under an Iowa court order since _____ is satisfied.

What is my balance after the satisfaction? For obligations the Unit has been enforcing, records show the periodic support balance is $_____ as of _____. The Unit can make no statement about whether a parent owes additional interest. Only a court can make a binding balance determination.

What if my support obligation is not the same as the dependent disability benefit? Unless otherwise ordered by the court, the dependent disability benefits paid to «CPNAME» fully satisfy the support amount for the same period of time dependent disability benefits are awarded. If you disagree with this, you may want to seek a modification of the current on-going support amount. To modify, you may:

- Ask for a Review (if it has been **more** than 24 months since your order was entered, modified or reviewed).

- Ask for an Administrative Modification (if there has been a change of 50% or more in a parent's net income).
- Contact an attorney to have the order modified through a private action.

What happens if I stop getting dependent disability benefits? Many factors, such as a new or modified order, could contribute to the actions taken if dependent disability benefits stop. Knowledge of the specific factor(s) would be necessary to determine the impact.

What should I do if I disagree with the satisfaction date or balance amount?
For questions about your support case, call your local office listed on this form.

Sincerely,

_____
_____
_____
_____
_____
_____

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

The Iowa Department of Human Services (DHS) policy on non-discrimination, harassment, affirmative action, and equal employment can be viewed on the DHS website at the bottom of the page at dhs.iowa.gov.

470-5335, Notice That Satisfaction of Support Ends Due to Social Security Dependent Benefits Ending

Purpose

Use form 470-5335, *Notice That Satisfaction of Support Ends Due to Social Security Dependent Benefits Ending*, to provide notification to the payor and payee that the support previously satisfied due to receipt of Social Security Disability (SSD) dependent benefits has ended and child support is reinstated.

Source

The worker ends a SSD suspension on the SUSPENSE UPDATE screen. After the worker clears out of the suspense screens and makes an entry in the NEXT SCREEN field on OBLIGHST, ICAR automatically pulls up form 470-5335 twice. The first form is the payee notification; the second is the payor notification. The form prints at the local office.

Completion

Complete this form when SSD benefits end, the support being satisfied is reinstated, and there is no reference to SSD in the court order. If there is reference to to SSD in the court order, do not send this form. The new or modified support order is the notice that support is reinstated.

Distribution

Send this form by mail to both the payor and payee. Image a copy of the form and save it to PODS. Discard the form and do not image or mail if not appropriate (i.e., the suspension is still currently effective but you are making case corrections, if there is reference to SSD in a modification, etc.). Narrate that the form was not sent.

Data

ICAR enters the following information:

- Payee or payor name and address
- Date the form was generated
- Case number
- Names of the children dependent SSD benefits were being awarded to
- Payor name
- County name and docket number
- Support obligation amount and frequency
- Worker name and local office address and phone number

The worker enters:

- Names of the children dependent SSD benefits are being awarded to
- SSD End Date
- Balance due

Notice That Satisfaction of Support Ends Due to Social Security Dependent Benefits Ending

_____ Date: _____
_____ Case Number: _____
_____ RE: _____
_____

Dear _____:

The records of the Child Support Recovery Unit (Unit) show that the social security disability benefits being paid for the following dependent(s) has ended:

_____ _____
_____ _____
_____ _____

When do I need to start paying again? Unless otherwise ordered by the court, periodic support owed by _____ under an Iowa court order are no longer satisfied by social security disability dependent benefits and periodic support payment is due effective _____.

What is the balance on the case? For obligations the Unit has been enforcing, records show the support balance is $_____ as of _____. The Unit can make no statement about whether a parent owed additional interest. Only a court can make a binding balance determination.

What should I do if I disagree with this information?
For questions about your support case, call your local office listed on this form. You may also consult your own attorney.

Sincerely,

_____
_____
_____
_____
_____
_____

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

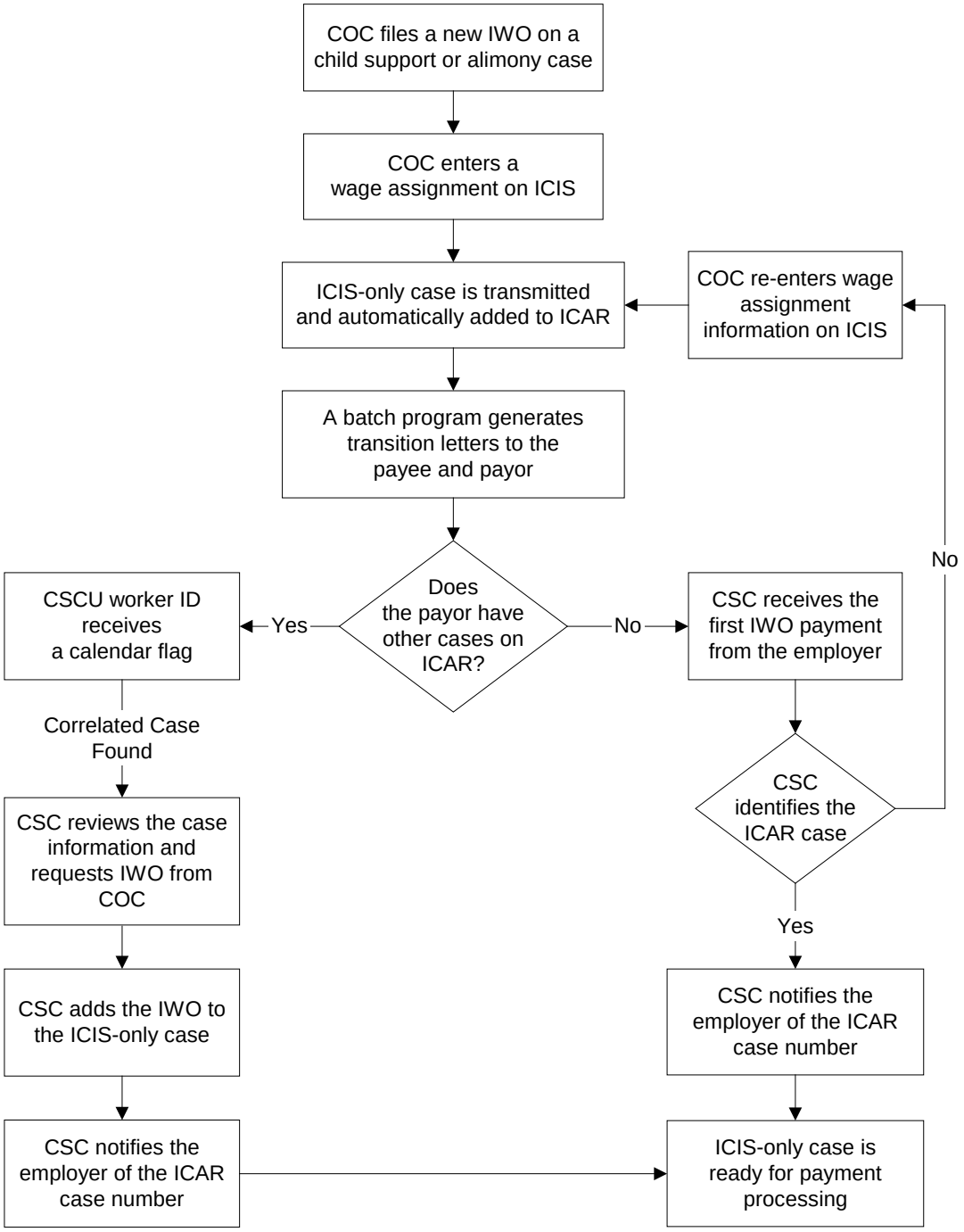
The Iowa Department of Human Services (DHS) policy on non-discrimination, harassment, affirmative action, and equal employment can be viewed on the DHS website at the bottom of the page at dhs.iowa.gov.

SDU Flowcharts

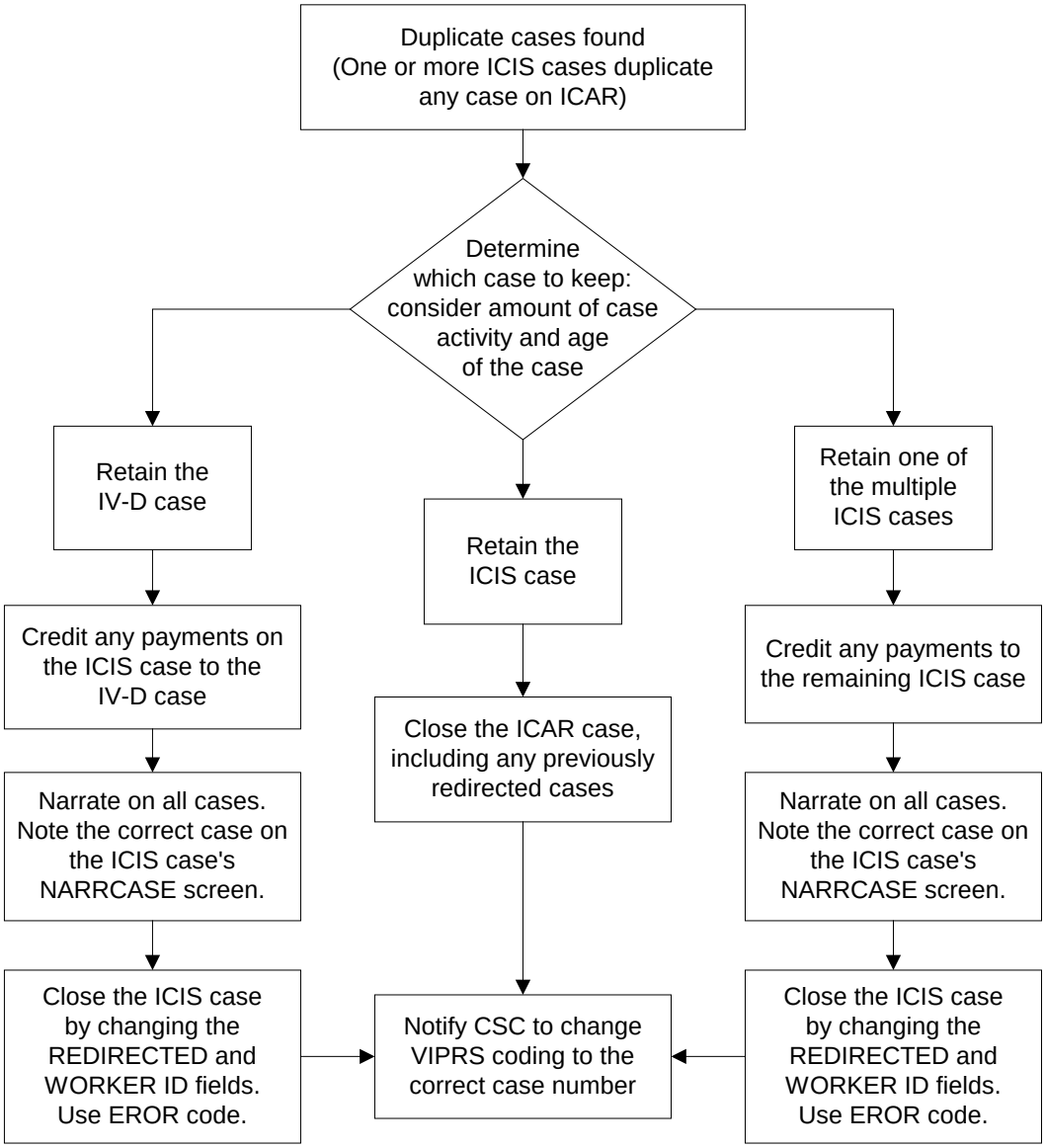
The flowcharts on the following pages indicate the steps of different processes related to the state disbursement unit (SDU). The flowcharts are:

- Adding New ICIS Cases to ICAR
- ICIS Cases Duplicate Other ICIS or ICAR Cases
- Correlated Cases and IWODIST Problems
- Customer Requests Information at Local Office
- Customer Calls SCSU on ICIS Case
- Employer Calls EPICS

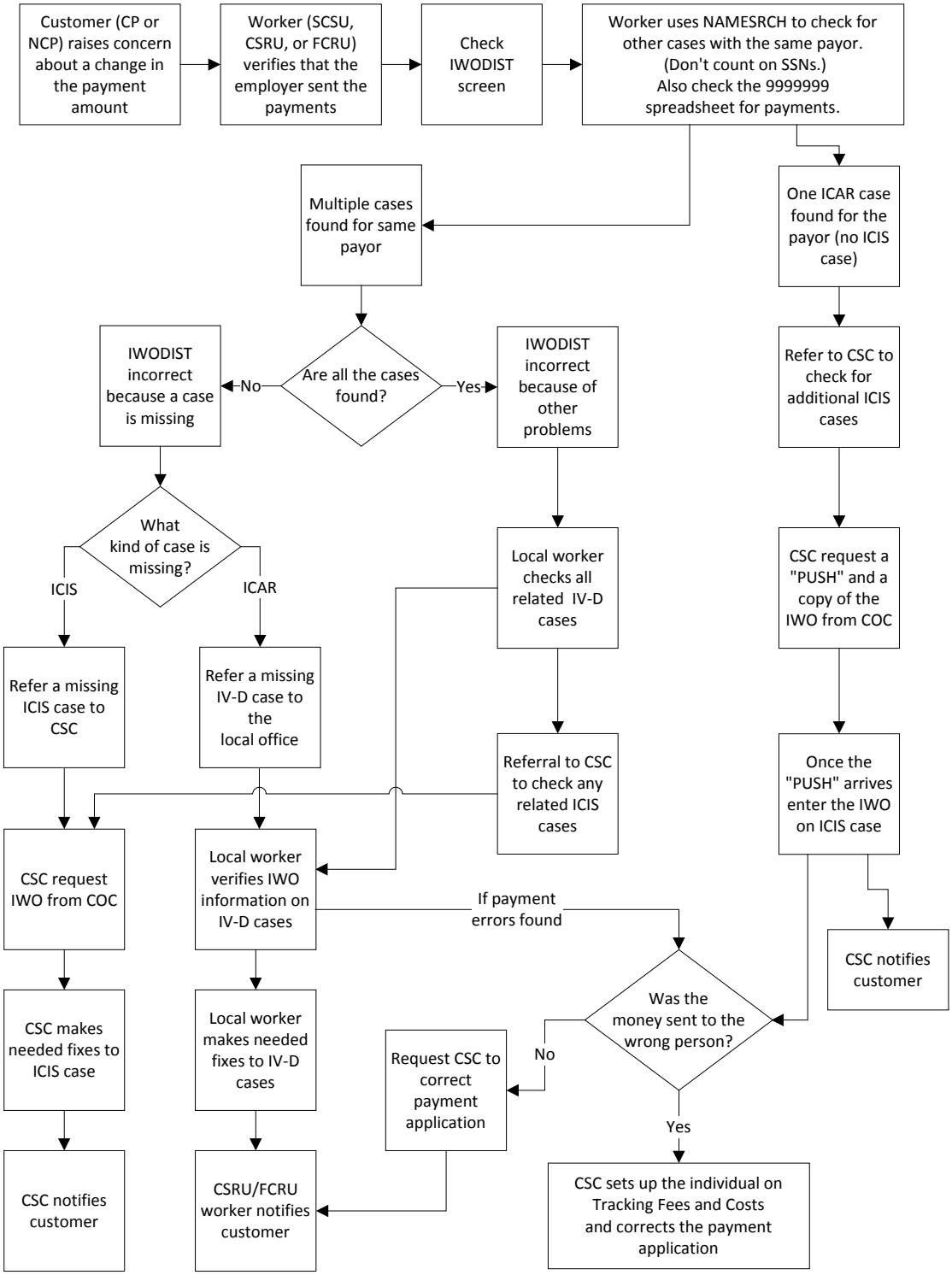
Adding New ICIS Cases to ICAR



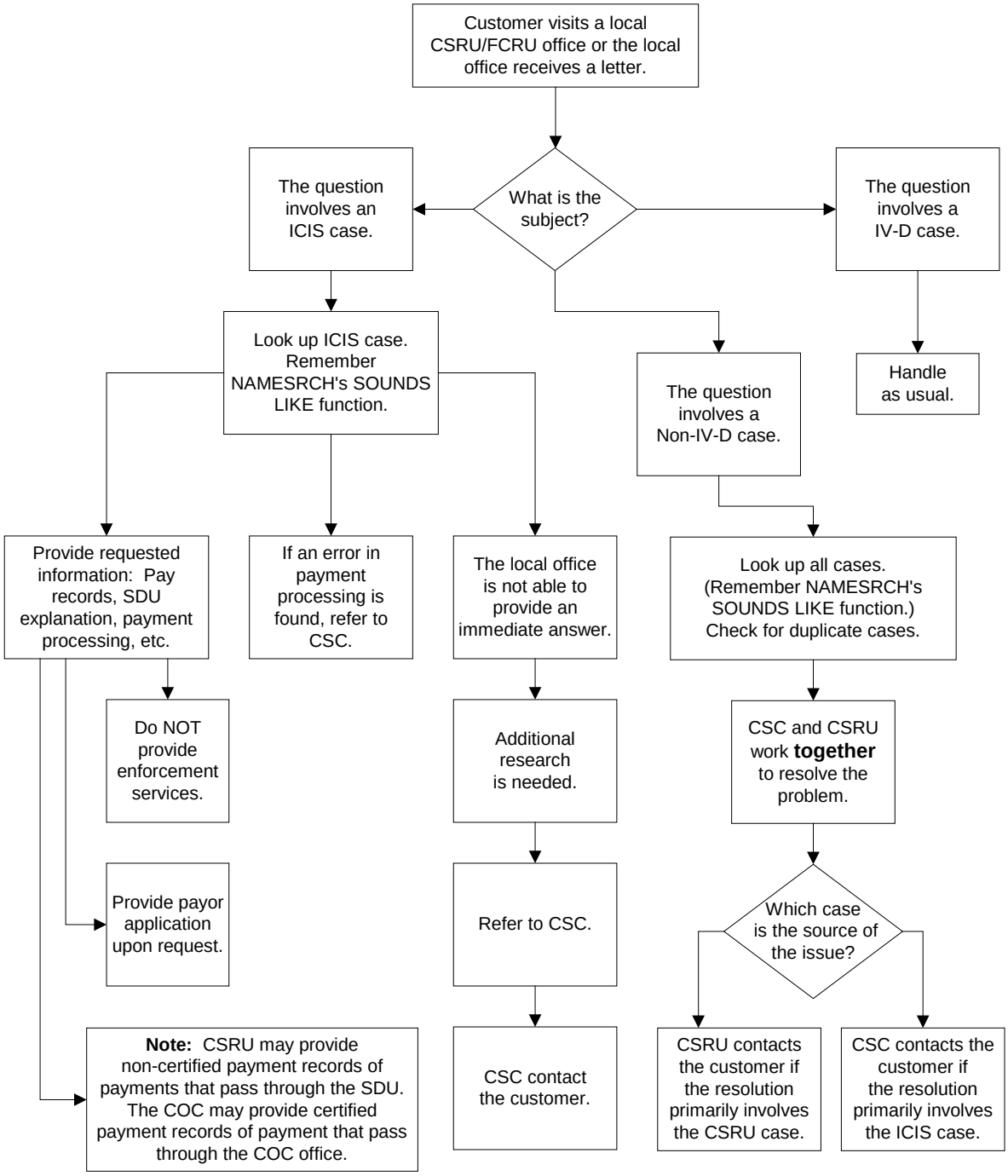
ICIS Cases Duplicate Other Cases



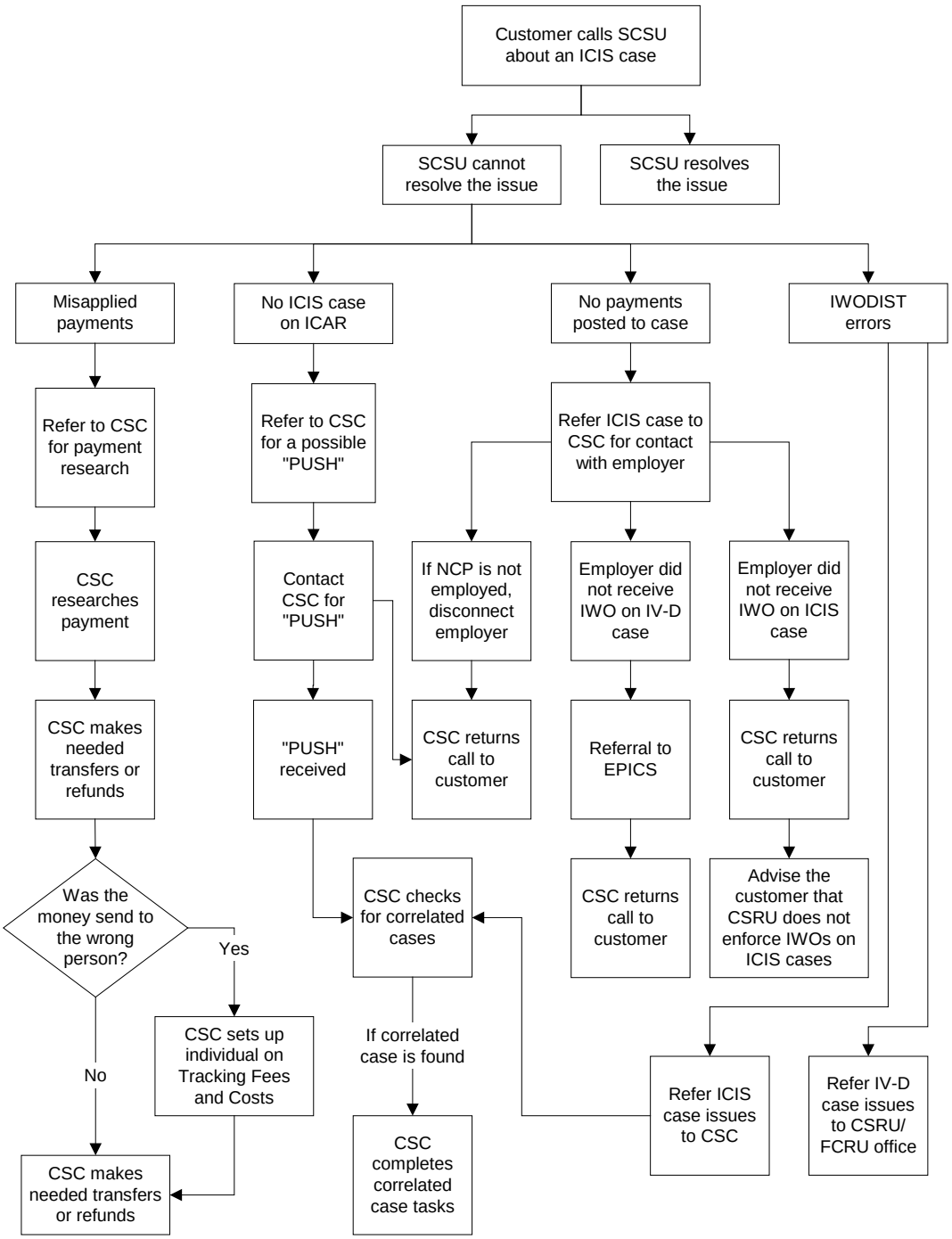
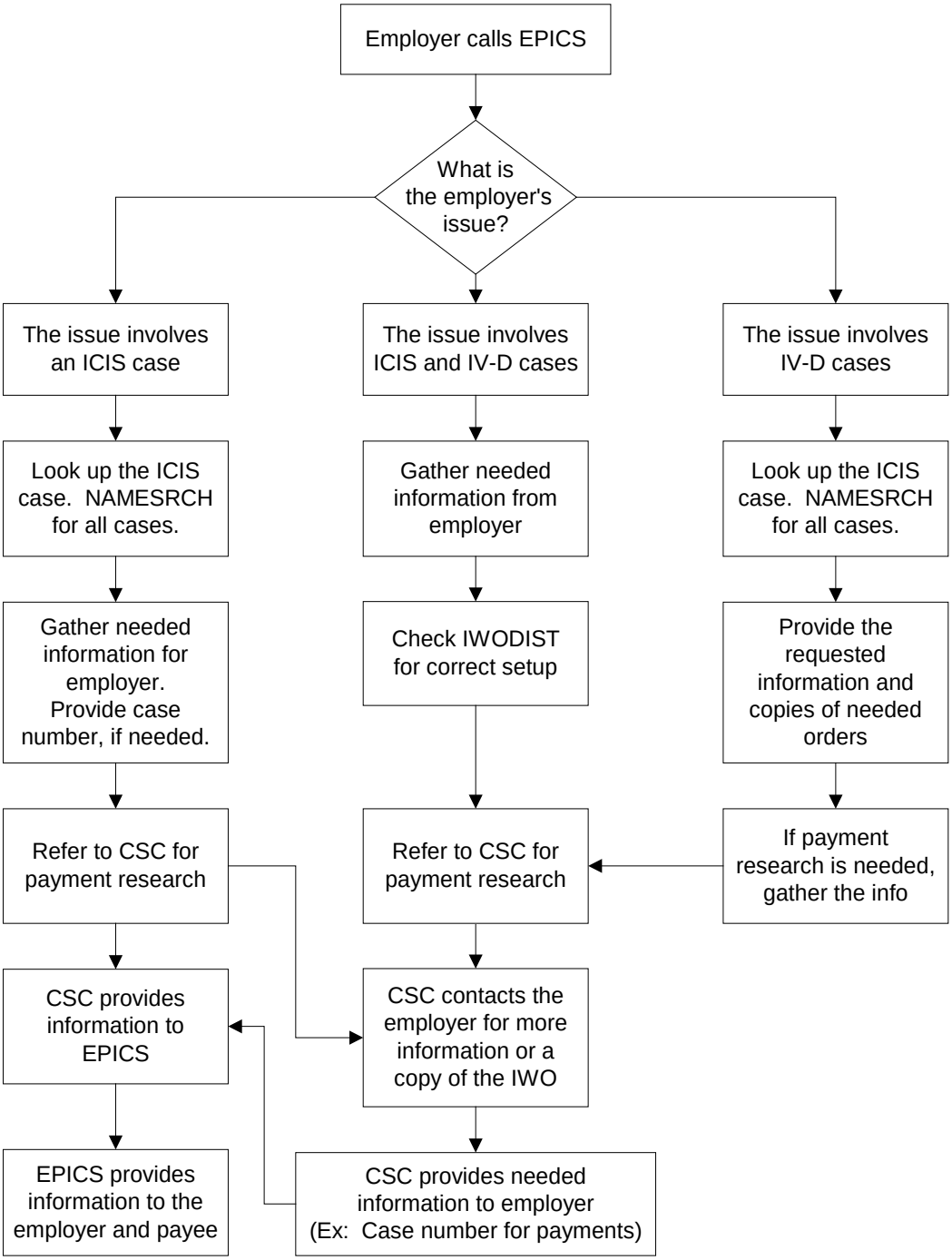
Correlated Cases and IWODIST Problems



Field Office Contacts



Customer Calls SCSU on ICIS Case



Employer Calls EPICS