



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

March 27, 2015

## GENERAL LETTER NO. 11-U-AP-3

ISSUED BY: Bureau of Collections  
Division of Child Support, Case Management, and Refugee Services

SUBJECT: Employees' Manual, Title 11, Chapter U, **APPEALS BASED ON DATE OF COLLECTION APPENDIX**, Title page, revised; Contents (page 1), revised; pages 1, 2, and 3, revised; and the following forms:

470-3360 *Notice of Decision: Support Payment*, revised

470-3394 *Acknowledgment of Claim Concerning Support Payment*, revised

### Summary

This chapter is revised to:

- ◆ Remove forms for the informal conference and appeals for rebates. Iowa discontinued issuing rebates in July 1998.
- ◆ Update the nondiscrimination language on forms.
- ◆ Reflect the Department's current manual standards.

### Effective Date

Upon receipt.

### Material Superseded

This material replaces the following pages from Employees' Manual, Title 11, Chapter U, Appendix:

| <u>Page</u>       | <u>Date</u>  |
|-------------------|--------------|
| Title page        | July 1, 1997 |
| Contents (page 1) | July 1, 1997 |
| 470-2606          | 8/93         |
| 1, 2              | July 1, 1997 |
| 470-2607          | 8/93         |
| 470-3360          | 12/96        |
| 3, 4              | July 1, 1997 |
| 470-3394          | 6/97         |

**Additional Information**

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

Revised March 27, 2015

Employees' Manual  
Title 11  
Chapter U Appendix

# **APPEALS BASED ON DATE OF COLLECTION**

## **APPENDIX**



|  | <u>Page</u> |
|--|-------------|
| 470-3360, Notice of Decision: Support Payment.....                 | 1           |
| 470-3394, Acknowledgment of Claim Concerning Support Payment ..... | 2           |

Iowa Department of Human Services

**NOTICE OF DECISION: SUPPORT PAYMENT**

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CSC Number: \_\_\_\_\_

Your claim of entitlement to a support payment has been researched, and the following decision has been made.

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If you do not agree with this decision, you have the right to appeal. Your appeal rights are explained on the next page of this notice.

## **Right of Appeal**

If you do not agree with the decision the Department has reached about your claim of entitlement to a support payment, you have the right of appeal. If you wish to file an appeal, make your request in writing and either mail it to the Collection Services Center, PO Box 9125, Des Moines, IA 50306, or hand deliver it to 727 E 2nd St, Des Moines, IA 50309.

When you ask for a hearing within 30 days after the date of this notice, a hearing will be held. When you ask for a hearing more than 30 days but less than 90 days after the date of this notice, a hearing may be held, depending on the reason for the delay. In these instances, the Director of the Iowa Department of Human Services determines whether a hearing will be held. Any discussions between you and the Bureau of Collections or the Collections Services Center do not extend this time period.

Appeals are limited to claims for support payments received by the Iowa Department of Human Services during the nine month period before the month in which the appeal is initiated. The issue of appeal is limited to dispute of the date of collection of the support payment.

You may present your appeal at the hearing yourself or have someone else present it for you. If you wish, you may be represented at the hearing by an attorney. However, there are no provisions for the Department to pay the attorney fee. Contact your worker for information regarding legal services that may be available in your area.

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

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

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complain to:

Iowa Department of Human Services, Hoover Building – 5<sup>th</sup> Floor, 1305 E. Walnut, Des Moines IA 50319-0114; or via e-mail [contactdhs@dhs.state.ia.us](mailto:contactdhs@dhs.state.ia.us).

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**470-3360, Notice of Decision: Support Payment**

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|--------------|--|
| Purpose      | Form 470-3360 notifies the payee of the decision reached regarding the payee's claim to a support payment.   |
| Source       | This form is available on-line. Generate this form by accessing it through the DIST process on FORMLIST or by entering the form number on FORMVIEW.  |
| Completion   | Complete this form when you have determined the merit of a payee's claim for a support payment. (The determination must be made within 30 days of the payee's initial contact with CSC regarding the claim.)   |
| Distribution | Generate three copies of this form. Mail one copy to the payee. File one copy at CSC and mail one copy to the local office handling the case. The local office images the form into the case record on PODS.   |
| Data         | Enter the following information: <ul style="list-style-type: none"><li>◆ Payee's name</li><li>◆ Payee's mailing address line 1</li><li>◆ Payee's mailing address line 2</li><li>◆ Payee's mailing city, state, and zip</li><li>◆ Date generated (current date in mm/dd/ccyy format)</li><li>◆ CSC case number</li><li>◆ The optional variable paragraphs indicating the decision reached regarding the payee's claim</li><li>◆ Your name</li><li>◆ CSC mailing address</li><li>◆ CSC telephone number</li><li>◆ Your title</li></ul> |

### 470-3394, Acknowledgment of Claim Concerning Support Payment

|              |   |
|--------------|---|
| Purpose      | Form 470-3394 acknowledges a payee's claim of entitlement to a support payment. It includes the months covered by the payee's claim, and indicates that the claim is being investigated or that a decision has been made regarding the claim.   |
| Source       | This form is available on-line. Generate this form by accessing it through the DIST process on FORMLIST or by entering the form number on FORMVIEW.   |
| Completion   | Complete this form when a payee calls or writes and claims entitlement to a support payment which was not distributed to the payee.   |
| Distribution | Generate three copies of this form. Mail one copy to the payee. File one copy at CSC and mail one copy to the local office handling the case. The local office images the form into the case record on PODS   |
| Data         | Enter the following information: <ul style="list-style-type: none"><li>◆ Payee's name</li><li>◆ Payee's mailing address line 1</li><li>◆ Payee's mailing address line 2</li><li>◆ Payee's city, state, and zip</li><li>◆ Date generated (current date in mm/dd/ccyy format)</li><li>◆ CSC case number</li><li>◆ Date the payee contacted you</li><li>◆ Amount claimed by the payee</li><li>◆ Months of support payment claimed by the payee</li><li>◆ Amount payee claims to have received from those payments (including 0.00)</li><li>◆ Optional variable paragraph indicating either:<ul style="list-style-type: none"><li>• The claim is under investigation</li><li>• A decision has been made</li></ul></li></ul> |

Iowa Department of Human Services

**ACKNOWLEDGMENT OF CLAIM CONCERNING SUPPORT PAYMENT**

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CSC Number: \_\_\_\_\_

This notice acknowledges your claim of entitlement to a support payment.

You contacted CSC on \_\_\_\_\_.

You stated that you are entitled to \$\_\_\_\_\_, but you received \$\_\_\_\_\_.

The following action has been taken concerning your case.

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ACKNOWLEDGMENT OF CLAIM CONCERNING SUPPORT PAYMENT (page 2)

**Right of Appeal**

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U.S. Department of Health and Human Services  
Office for Civil Rights Region VII  
501 E 12th St Rm 248  
Kansas City, MO 64106

.cc CSC CSRU

- ◆ Your name
- ◆ CSC mailing address
- ◆ CSC telephone number
- ◆ Your title