Iowa Department of Human Services

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July 29, 2016

GENERAL LETTER NO. 16-F-AP-4

ISSUED BY: Bureau of Child Care
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 16, Chapter F, ***COMPREHENSIVE FAMILY SUPPORT APPENDIX***, Contents (page 1), revised; and pages 1, 2, and 3, revised.

Summary

Chapter 16-F Appendix is revised to remove form 470-4399, *Children At Home Application*, and its Spanish translation, form 470-4399(S). The Children At Home program is being administered by the Iowa Department of Public Health. A new application has been developed for the program.

Effective Date

July 1, 2016

Material Superseded

This material replaces the following pages from Employees' Manual, Title 16, Chapter F, Appendix:

Page	Date
Contents (page 1)	January 27, 2012
470-4399	1/12
470-4399(S)	1/12
1-4	January 27, 2012

Additional Information

Refer questions about this general letter to Ryan Page, Child Care Regulatory Program Manager.

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Family Support Subsidy Renewal Application, Form 470-3004 2

Notice of Decision: Services, Form 470-0602 or 470-0602(S) 3

Effect of Family Support Subsidy, RC-0032

Purpose	Flier RC-0032 provides guidance for families receiving the family support subsidy. The information on the flier explains the impact of family support subsidy benefits on other programs.
Source	Supplies of the flier may be printed or photocopied as needed from the sample in the manual.
Completion	The local office or Central Office issues this flier upon request.
Distribution	The client retains the flier for future reference.
Data	The flier provides information necessary for applicants to make informed decisions regarding receipt of a family support subsidy.

Family Support Subsidy Renewal Application, Form 470-3004

Purpose	Form 470-3004 is used to reapply for the family support subsidy each year. The information on the form is used to determine ongoing eligibility.
Source	This form is available as a template in the public state-approved forms folder on Outlook. Supplies of the form may also be printed or photocopied as needed from the sample in the manual.
Completion	Central Office mails form 470-3004 to all subsidy recipients annually. A family that wishes to continue receiving assistance through the subsidy program completes the form. The applicant completes the form on behalf of the eligible child or enlists the help of an interested party in preparing the form. If the application is not compete when it is filed, it must be fully completed by a Central Office staff member through an interview or correspondence with the applicant or representative.
Distribution	The client may fax the form to Central Office at 515-281-5127 or mail it to the address below. Iowa Department of Human Services Division of Adult, Children and Family Services 1305 East Walnut Street, 5th Floor Des Moines, IA 50319-0114 If the form is returned to the local office, date-stamp the form and forward it to the Central Office.
Data	The form requests information necessary to determine ongoing family support subsidy eligibility.

Notice of Decision: Services, Form 470-0602 or 470-0602(S)

Purpose

Forms 470-0602 and 470-0602(S) are used to notify a subsidy recipient of all actions taken which affect the client's case. The form presents the information in a way that meets due process requirements and documents these actions.

Source

Both the English and Spanish versions of the form are available as templates in the public state-approved forms folder on Outlook. Supplies of the forms may also be printed or photocopied as needed from the samples in the manual.

Completion

Central office prepares an original and one copy of this form to notify clients of family support subsidy eligibility determinations and the following case actions:

- The subsidy amount is changed.
- The subsidy is terminated.
- The subsidy is renewed after a regular or special review.

NOTE: Do not continue family support subsidy benefits beyond the child's 18th birthday even if an appeal is timely.

Distribution

Send the original to the client. File a copy in the case record.

Data

Identifying Information: The case number may be omitted on applications.

Explanation of Action: Include in this section:

- The action taken,
- The amount of assistance, and
- The specific basis for the action in words the client can understand.

If assistance is being reduced, state the reason clearly. For a termination, include the basis for cancellation and the reason for termination.

Manual or Rule References: State the chapter and subsection of the Employees' Manual and the administrative rule reference that support the action taken.

Fees: Leave blank.