Iowa Department of Human Services

Review/Recertification Eligibility Document

Case Number County Number Worker Name

Please follow the instructions of the checked boxes below.

☐ FIP/Refugee Cash Assistance: It's time to review your case. Please fill out this form and send or bring it to the address above by . This information will be used to decide if you will continue to get Family Investment Program (FIP) or Refugee Cash Assistance benefits.

☐ Food Assistance: Your Food Assistance will end . Return this signed form by to get Food Assistance at the regular time next month, if you are eligible.

☐ If this box is checked, you must have an interview for Food Assistance. A worker will contact you by phone or appointment letter. If you miss the interview, your benefits may be delayed or canceled. You must ask your local office to reschedule and also provide required verification.

What must I do with this form?

- Fill out this form.
- Send proof if the question has **Send proof** Examples of proof of the money you get can be check stubs, self-employment records or award letters.
- Sign and date page 4.
- Send this form and your proof to us at the address above.
- Use extra paper, if needed for your answers.

What if I have questions?

Call your worker at . We will accept collect calls.

Household Members

These people get benefits with you or are counted to figure your benefits:

Name/State ID	Social Security Number	Age	Last Grade Completed in School	Citizen? Yes/No	If Alien, Status?

Is there anyone else living in your home that is not listed on page 1? ☐ Yes ☐ No If yes, fill out the information below.

Has anyone moved in or out of your home? ☐ Yes ☐ No If yes, fill out the information below.

Name	Social Security Number	Birth Date	Relationship to You	Last Grade in School	Date Moved In	Date Moved Out	Citizen? Yes/No	If Alien, Status?

If you have moved, give your new address.

Street address	City, State and Zip Code
Mailing address (if different)	City, State and Zip Code

If anyone has dropped out or is no longer attending school full-time, list who and when.

_____

If anyone is in a college or training program, list who and what school or program they are enrolled in.

_____

If anyone is in the military, a veteran, or a spouse of a veteran, list who and which they are.

_____

List the most recent address of each parent not in the home. **Only complete if you receive FIP.**

Name of Parent Not Living in the Home	Address of this Parent	Name of this Parent's Children

Tell Us About Criminal Actions and Disqualifications

Is anyone fleeing to avoid prosecution, custody, or jail for a felony crime? ☐ Yes ☐ No

Is anyone violating a condition of probation or parole? ☐ Yes ☐ No

Is anyone in or expecting to go to jail or prison? ☐ Yes ☐ No

Has anyone been disqualified from a Food Assistance program in any state for fraud or a program violation? ☐ Yes ☐ No

Income

Send proof – Send all pay stubs or proof of income for the last 30 days.
For proof of tips, send pay stubs showing tips, employer's statement, or your tip records. For new jobs, send proof showing first pay date, hourly rate, and weekly number of hours. If job stopped, send proof of the date of the last pay.

You must tell us about all money the people in your household get. If you leave a space blank, we will take that to mean there is no money of this kind. Please use an additional sheet of paper, if needed.

List all jobs the people in your household have.

Who works?	Employer name?	Does this person get tips?
		☐ Yes ☐ No
		☐ Yes ☐ No

Will the amount of money from jobs stay about the same as shown on the proof you are sending? If no, explain_____ ☐ Yes ☐ No

Has anyone been hired for a job but not received a paycheck yet? ☐ Yes ☐ No

If yes, who?_____ Employer name?_____

Has anyone's job ended in the last 30 days? ☐ Yes ☐ No

If yes, who?_____ Employer name?_____

What other money do people in your household get?	Who gets the money?	How much per month? Send Proof
Self-Employment or Odd Jobs (Send the most recent federal tax forms. If tax return was not filed, send records that show income and expenses.)		
Unemployment or Worker's Compensation		
Social Security or SSI		
Veterans Benefits, Pensions or Retirement		
Child Support or Alimony		
Money from Friends or Relatives		
Other: (Including irregular or one time payments) Explain:		

Will the amount of other money stay about the same as shown on the proof you are sending? ☐ Yes ☐ No

If no, explain_____

Resources (Assets)

Does anyone have a car, truck, boat, camper, motorcycle or other vehicle? ☐ Yes ☐ No
If yes, list make, model, year below.

_____

_____

List the money anyone has in:

Checking/savings or other bank/credit union accounts $_____ Who? _____

Cash $_____ Who? _____

Stocks, bonds, savings certificates, annuities, IRAs, Keogh or other assets $_____ Who? _____

List anyone who has or owns any land, buildings, or houses, other than the house you live in: _____

List anyone who has a conservatorship or trust: _____

Does anyone have life or death benefit insurance? ☐ Yes ☐ No

For FIP, list any tools, machinery, livestock, or collections that anyone has:

_____

Expenses

If you have **day care** expenses for a child or a disabled adult who lives with you, tell us.

Who gets care: _____ Amount $ _____ per month

If anyone pays court-ordered **child support**, tell us.

Who pays: _____ Amount $_____ per month **Send proof**

If you have **medical costs** not paid by insurance for anyone who is disabled or over age 59, tell us. These could be doctor or hospital bills, medicine, transportation, health insurance premiums, or other medical expenses.

Who pays: _____ Amount $ _____ per month **Send proof**

Shelter and Utilities (Answer these questions only if you get Food Assistance.)

How much is **your share** of the following expenses:

Rent: $_____ per month

Lot rent: $_____ per month

Mortgage: $_____ per month

If you pay taxes or insurance separate from your mortgage, list amounts below:

Property taxes: $_____ per _____

Homeowner's insurance: $_____ per _____

Check the boxes next to the utility bills you have to pay:

☐ Lights/electricity ☐ Telephone ☐ Garbage and trash

☐ Gas ☐ Water and sewage ☐ Extra charges from your landlord

☐ Other, explain_____

☐ Check here if any of the utility bills you have to pay are for heating or air conditioning.

☐ Check here if you got energy assistance in the past year.

☐ Check here if you are on low rent housing. If yes, what is your part of the rent? $_____

If you get help with your expenses, tell us:

Which Expense Was Paid	Who Paid	Amount Paid

Expected Changes

Tell us if anything has changed or is expected to change.

Sign and Date

I certify, under penalty of perjury, that:

- The answers I give are correct and complete to the best of my knowledge.
- My answers about citizenship or alien status of each person applying for assistance are correct.

I know what I reported may cause my benefits to be reduced, increased, or stopped and that the Department of Human Services may check my case.

Your Signature or Mark	Phone Number	Today's Date
Signature of Person, if Any, Who Helped Complete the Form	Phone Number	Today's Date

If we need to contact you, is morning or afternoon the best time to reach you?

What do I do with the form now?

After you have filled out the form, please send the form back to us using the envelope that was included. Be sure to mail it to the office address printed on page 1. This address is under your mailing address. You may also bring this form to the office. You have the right to ask for an application and submit it with readable name, address, and signature, at any time.

Social Security Number Information

We can give help only to people who give us their social security number (SSN) or proof of application from the Social Security office. **You don't have to give us the SSN for people in your household who you do not want help for, but you may choose to give us their SSN.** However, we will use any SSN given to us the same way we use the SSN of people getting assistance.

If you do not give us a SSN for people in your household, we will deny assistance to those people. There are some exceptions to this. Please ask your worker. We will not give any SSN to the Citizenship and Immigration Service.

Optional Release of Information

Help Us Help You!

You do not have to sign this, but it will help us get information we need to help you, without having to get your signature on specific requests.

You should know that:

- We may need more information to decide if you can get assistance.
- If more information is needed from you, you will get a letter telling you what we need and the date you must get it to us.
- You are responsible to get the information or to ask us for help to get it.
- If you do not give us the information or ask for help by the due date, your application may be denied or your assistance may stop.
- We may be able to use the release below to get the information we need. **But you still have to provide information we request or ask us for help.**
- We may attach a copy of this release to a form that asks other people or organizations (like your employer) for specific information needed about you or others in your household.

Print and sign your name below to give us permission to get needed information. Remember to also sign page 4.

RELEASE OF INFORMATION

I hereby authorize any person or organization to give the Iowa Department of Human Services requested information about me or other members of my household.

A copy of this release is as valid as the original.

This release does not apply to protected health information.

This release is good for 12 months from the date signed.

_____	_____
Your Name (please print clearly)	Other Adult Name (please print clearly)
_____	_____
Signature or Mark	Signature or Mark
_____	
Date	

Please keep this page for your information.

All Programs

We Check What You Tell Us

The information you give us may be checked by federal, state, and local officials to make sure it is true. Things we might check are any listed person's: SSN, job and pay, bank account amount, amounts received from other sources like Social Security or unemployment, and alien status. If any information you give us is not correct, we may deny your application.

We may check records from other states to see if any person in your household can get benefits in Iowa. This may be because a person was disqualified from a program in another state.

We check and use computer systems like the State Income and Eligibility Verification System. If something you told us is different from what the computer system tells us, we will check to find out what is correct. We might check your information by contacting your employer, your bank or other people.

Things You Need to Know

We will use the information you give us on this form to determine what assistance you are eligible to receive.

The Quality Control unit or Investigations unit may review your case. They may contact other people or organizations to get proof of your information. By signing this application, you give permission to release confidential information to the Quality Control unit or Investigations unit. You must cooperate with them to keep your benefits.

You will have to pay back any benefits you got or that were paid to a third party on your behalf for which you were not eligible.

Your expenses may be used to figure the amount of assistance you get. You may have expenses included in your benefit calculation by reporting and giving proof of your expenses. If you do not report or give proof of your expenses, you choose not to claim the expense. You can report and give proof later, and the expense can be used for future months.

Food Assistance

Households eligible for Food Assistance may get a notice that they are eligible for the "Promoting Awareness of the Benefits of a Healthy Marriage" program and a pamphlet listing those benefits. By giving this information, DHS can use different rules that may help you get Food Assistance.

A household with only Supplemental Security Income (SSI) applicants or recipients may apply for recertification at any Social Security Administration office.

By having signed this application, you agree that all required members of your household will register for work and follow all of the work and training rules.

Rules of the Food Assistance Program

Follow these rules:

- **Don't** hide or give wrong information on purpose to get Food Assistance benefits.
- **Don't** use Food Assistance benefits to buy non-food items like alcohol or tobacco.
- **Don't** trade, sell or give away Food Assistance benefits.
- **Don't** use someone else's Food Assistance benefits for yourself.

Penalties of the Food Assistance Program

Anyone who breaks the above rules:

- May not get Food Assistance benefits for **1 year for the first time, 2 years for the second time, and forever for the third time;**
- May be fined up to $250,000 or jailed up to 20 years or both; and
- May be kept off Food Assistance for an additional 18 months, if court ordered.

If a court finds you guilty of buying, selling, or trading more than $500 in Food Assistance benefits, you will lose benefits forever.

If a court finds you guilty of trading Food Assistance benefits for firearms, ammunition or explosives, you will lose benefits forever.

If a court finds you guilty of trading Food Assistance benefits for controlled substances, you will lose benefits for two years the first time and forever the second time.

You will not get Food Assistance for 10 years if you are found guilty of getting or trying to get Food Assistance in more than one household at a time. This penalty happens if you give wrong information about who you are or where you live.

Giving wrong information on purpose may result in us taking legal action against you, either criminal or civil. It might also mean we reduce your benefits or take money back from you.

Please keep this page for your information.

FIP or Refugee Cash Assistance

Things You Need to Know

Using Your FIP/RCA Electronic Access Card (EAC) or Your Debit Card to Access FIP/RCA Funds from Your Personal Bank Account

You cannot access your cash benefits with your EAC or personal debit card at a:

- Liquor store or any place that mainly sells liquor,
- Casino or other gambling or gaming establishment, or
- Business which provides adult-orientated entertainment in which performers disrobe or perform in an unclothed state (such as a strip club).

This includes these types of businesses located in Iowa, on tribal land, or in any other state.

If DHS determines that you have accessed your cash benefits with your EAC or personal debit card at one of the above places you:

- Will have committed fraud,
- Have to repay the amount of cash accessed at the location, as well as any access fees, and
- Your family will not get cash benefits for three months with the first misuse and six months for each additional misuse.

By having signed page 4, you agree that no member of your household will use the EAC or your personal debit card to access FIP/RCA funds at prohibited locations.

Your Child Support Payments

While you get FIP, you give up your rights to child support. The state of Iowa will keep your child support to pay back the money you get from FIP.

Penalty for Getting FIP in More Than One State

You will not get FIP for 10 years if you are found guilty of getting or trying to get FIP in more than one state at a time. This penalty happens if you give wrong information about where you live.

You Have the Right to Appeal

You, or the person helping you, may request an appeal hearing if you do not agree with any action taken on your case. For Food Assistance, you can appeal in writing or by telephone. For all other programs, you must appeal in writing. To appeal in writing do **one** of the following:

- Fill out an appeal electronically at https://dhssecure.dhs.state.ia.us/forms/, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, IA 50319-0114. If you need help filing an appeal, ask your county DHS office.

You can represent yourself. Or, you can have a friend, relative, lawyer or someone else act on your behalf.

You may contact your county DHS office about legal services. You may have to pay for these legal services. If you do, your payment will be based on your income. You may also call Iowa Legal Aid at (800) 532-1275. If you live in Polk County, call (515) 243-1193.

You Will Not Be Discriminated Against

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

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

Iowa Department of Human Services, Hoover Building, 5th Floor – Policy Bureau, 1305 E Walnut, Des Moines, IA 50319-0114 or via email contactdhs@dhs.state.ia.us

(Food Assistance only) USDA – Director, Office of Adjudication, 1400 Independence Ave SW, Washington, DC 20250-9410, or call 1-866-632-9992 voice. Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339; or 800-845-6136 (Spanish).