

Iowa Department of Human Services  
ACKNOWLEDGMENT OF REQUEST FOR INFORMAL CONFERENCE - MEDICAL

Date Notice Prepared: \_\_\_\_\_

Case Number: \_\_\_\_\_

Worker: \_\_\_\_\_

Child Support Recovery Unit

\_\_\_\_\_

\_\_\_\_\_

Tel. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

You have asked for an informal conference with the Child Support Recovery Unit (Unit) about medical support enforcement. The Unit has scheduled the conference as follows:

- You asked for a conference by telephone. Please send or bring in information you want us to consider so that we receive it before the telephone conference scheduled for:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

We will contact you at: \_\_\_\_\_

Issues we can discuss at the conference are whether:

- You are not the person responsible for providing health insurance coverage in this case.
- You are already providing health insurance for the dependent(s).
- There is no dependent coverage available to you.
- The dependent coverage available to you is not accessible to the child because of where the child lives.
- Your order does not require you to provide health insurance coverage.

It is your responsibility to provide information to support your position. You may represent yourself or be represented by an attorney at your own expense. The Unit will inform you of the results of the conference in writing.

- You asked for an in-person conference. The Unit has scheduled this conference for:

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Time: \_\_\_\_\_

\_\_\_\_\_

Issues we can discuss at the conference are whether:

- You are not the person responsible for providing health insurance coverage in this case.
- You are already providing health insurance for the dependent(s).
- There is no dependent coverage available to you.
- The dependent coverage available to you is not accessible to the child because of where the child lives.
- Your order does not require you to provide health insurance coverage.

It is your responsibility to provide information to support your position. You may represent yourself or be represented by an attorney at your own expense. The Unit will inform you of the results of the conference in writing.

You are not entitled to a conference because:

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***Policy on Nondiscrimination***

This action was taken without regard to race, creed, color, sex, age, physical or mental disability, religion, national origin, or political belief. If you think you have been discriminated against for any of the reasons stated above, you may file a complaint with DHS by completing a Discrimination Complaint Form, which you can get from any DHS office or the DHS Diversity Programs Unit. You may also file a complaint with the Iowa Civil Rights Commission (if you feel you were discriminated against **because of** your race, creed, color, origin, sex, religion or disability); or the United States Department of Health and Human Services, Office for Civil Rights.

Iowa Department of Human Services  
Diversity Programs Unit 1<sup>st</sup> Fl  
1305 E Walnut St  
Des Moines IA 50319-0114

Iowa Civil Rights Commission  
211 E Maple  
Des Moines IA 50309-1858

US Department of Health and Human Services  
Office for Civil Rights Region VII  
601 E 12<sup>th</sup> St Rm 248  
Kansas City MO 64106-2808

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Sent copies to: \_\_\_\_\_  
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