

March 28, 2025

GENERAL LETTER NO. 4-AP-166

ISSUED BY: Bureau of Financial, Food, and Work Supports
Division of Community Access and Eligibility

SUBJECT: Employees' Manual, Title 4 Appendix, **PROMISE JOBS Provider Manual Appendix**, Title Page, Contents 1, Contents 2, revised; Contents 3, new; 1, 2-4, 5, 6, 7-10, 11, 12, 13, 14-17, 18-20, 21, 22, 23-25, 26, 26a, 26b, 26c and 26d, 27, 28, 29, 30, 31, 32, 32a-32g, 33-37, 38, 39, 40, 41 and 42, 42a-42d, 43-48, 48a, 48b, 49, 50, 51-53, 54, 54a, 54b, 55, 56, 57, 58, 59, 60, 61, 62-66, revised; 67-75, new.

Summary

This chapter is revised to

- Update content, instructions, and add a Spanish version for Form **470-3099, Job Search Record**, and update the form name to **Job Search Activity Log**,
- Update instructions for Form **470-3915, Notice of Decision: Child Care Assistance**, and update the form number and name to Form **470-4558, Notice of Decision: Child Care**.
- Add Spanish versions of existing forms:
 - 470-0510(S)
 - 470-2617(S)
 - 470-3103(S)
 - 470-3300(S)
 - 470-4481(S)
- Update branding, style, and formatting throughout.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 4 Appendix, and destroy them:

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29	July 2, 2002
30	April 15, 2003
31	July 2, 2002
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33-37	October 29, 2004
38	December 19, 2000
39	April 15, 2003
40	September 30, 2003
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42a-42d	April 15, 2003
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55	December 19, 2000
56	October 29, 2004
57	December 19, 2000
58	April 15, 2003
59	December 19, 2000
60	October 29, 2004
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Additional Information

Refer questions about this general letter to Iowa Workforce Development PROMISE JOBS Quality Assurance staff.

PROMISE JOBS

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Adjustment to Overpayment Balance, Form 470-0010

Purpose	The Adjustment to Overpayment Balance , form 470-0010, is used to record payments and adjustments to debtor accounts established in WOPR.
Source	Complete form 470-0010 online using the template provided by HHS. This form may also be printed from the online manual.
Completion	<p>The PJ or HHS worker who needs to update a debtor's overpayment account completes this form when:</p> <ul style="list-style-type: none">▪ Payments (cash, returned warrants) are received in the local office, or▪ A monetary adjustment needs to be made to a debtor's account (e.g., credits to date were applied incorrectly), or▪ An offset needs to be credited. <p>Complete one form for each transaction.</p> <p>NOTE: The total amount of the claim is not adjusted with this form. Submit an Overpayment Recovery Information Input Summary (from the direct claim entry screen) to adjust the total amount owed.</p>
Distribution	<p>Send a copy with the official receipt and payment (if applicable) to:</p> <p>HHS Bureau of Payments and Receipts HHS Cashier, 6th Floor 321 E. 12th St Des Moines, IA 50319</p> <p>Keep a copy in the client's case file.</p> <p>If the reduction is a result of cash payment, the check or money order must accompany this form. Do not send cash.</p>
Data	<p>Complete the following fields:</p> <ul style="list-style-type: none">▪ Date: Enter the date the form is being submitted.▪ Submitting Worker: Enter the name of the worker preparing the form.

- **Agency/Office:** Enter the department of the worker preparing the form (HHS or IWD).
- **Phone:** Enter the worker's phone number.
- **Debtor Name:** Enter the name of the debtor whose overpayment recovery account needs adjustment. Enter the name as listed on the **Overpayment Recovery Information Input Summary** (from the direct claim entry screen).
- **Identifying Number and Prefix:** Enter the prefix and the main identifier. Use the state ID number when available.
- **Program:** Enter the program for the claim to which the change is being made, the offset is being credited, or the payment is being applied. If this payment could be applied to more than one claim, list all that apply.
- **Date Established:** Enter the date for the claim to which the change is being made, the offset is being credited, or the payment is being applied.
- **Action:** Check whether the claim balance should be increased or decreased.
- **Reduce Balance:** Enter the amount the debtor's account balance should be reduced, if applicable.
- **Increase Balance:** Enter the amount the debtor's account balance should be increased, if applicable. This occurs in case of FIP grant reduction or SNAP benefit reduction adjustments.
- **Reason:** Check the reason for the adjustment, and identify what the "other" reason is, if "other" is checked. If more than one reason is checked, indicate a separate amount for each reason. These amounts must total to the amount entered after the action.

Agreement to Pay a Debt, [Form 470-0495](#) or [470-0495\(S\)](#)

Purpose	The Agreement to Pay a Debt , form 470-0495 or 470-0495(S), is a written agreement between a debtor and the Department for repayment when a debt exists. This form is completed by DIAL and is included here for information only.
Source	This form is issued by DIAL.
Completion	<p>The DIAL investigator sends this agreement to a debtor to seek repayment for a debt owed to HHS.</p> <p>The investigator may also send this form when a notice of overpayment has been sent and there has been no response.</p> <p>The debtor should return this form within 10 days. When a debtor fails to respond, other collection actions are pursued.</p>
Distribution	DIAL places the original in the WOPR file and gives the copy to the debtor.
Data	The form states the amount of the debt and the repayment terms the debtor agrees to.

Appeal and Request for Hearing, Form 470-0487 or 470-0487(S)

Purpose	The Appeal and Request for Hearing , form 470-0487, is used to initiate the appeal process and to supply information needed to proceed with an appeal.
Source	<p>PJ staff may complete form 470-0487 or 470-0487(S) online using the template provided by HHS. This form may also be printed from the online manual.</p> <p>Clients can also complete the form at https://hhs.iowa.gov/programs/appeals which will go directly to the HHS Appeals Section to be processed.</p>
Completion	<p>The client who wants to appeal, or someone acting on their behalf, completes the form to start the appeal. The worker should help the client complete the form, if they want.</p> <p>The form doesn't have to be completed for an appeal to be requested. Any written appeal is valid. An appeal request for SNAP, Medicaid, CCA, Family Planning Program, PROMISE JOBS, or FIP may be expressed verbally or in writing.</p> <p>If the client verbally requests an appeal, the worker shall document the request on this form and send to the HHS, Appeals mailbox. If an appeal request is made on another form the worker shall forward the form and the written appeal request to the HHS, Appeals mailbox.</p>
Distribution	<p>Forward a copy of the appeal request to the HHS Appeals Section within 24 hours of receipt.</p> <p>If the form is submitted to the local office, give a copy to the client and keep a copy in the case file.</p>
Data	<p>Top Section Complete all the information, including phone number, if applicable. Check the programs under appeal.</p> <p>A person requesting an attribution appeal may also request an administrative hearing. An administrative hearing is a review of the record only and does not include an appearance by the worker or client.</p> <p>Explain why the client is appealing. The explanation may be as specific as the client wants to make it.</p>

Indicate whether the client:

- Wants benefits to continue while the appeal is pending.
- Wants a pre-hearing conference to discuss the appeal (Explain the purpose of a pre-hearing conference).
- Requests help with the appeal due to being blind or hard of hearing.
- Requests an interpreter for the hearing.

List anyone else the client wants to have notified of the time and place of the hearing, with their addresses. This may include an attorney or representative.

This form should be signed and dated, if possible.

Appeal Summary, Form 470-3862

Purpose	The Appeal Summary , form 470-3862, is used to provide a written summary of the action being appealed and is written in preparation for the hearing.
Source	Complete form 470-3862 using the online template provided by HHS. This form may also be printed from the online manual.
Completion	Workers complete this form when an appeal is filed.
Distribution	Within 10 days of the appeal being filed, upload the completed appeal summary to the HHS Appeals Information System (AIS). Send a copy to the client and their representative, if any. File a copy in the PJ case file.
Data	<p>Enter the following information:</p> <ul style="list-style-type: none">▪ Date▪ From▪ Case Number▪ Appeal Number▪ Issue Being Appealed: A brief description of the issue being appealed.▪ Department Summary Statement:<ul style="list-style-type: none">▪ A complete clear, and chronological summary of the events pertinent to the appeal.▪ A detailed statement summarizing the Department's position regarding the reason for the appeal. This should include a step-by-step process of the actions that led to the appeal. <p>Attached Supporting Documents: A complete list of supporting documents and exhibit numbers. All documents that help support the Department's position in the appeal hearing should be listed here as a supporting document.</p> <p>Cc: A list of individuals who will receive a copy of the appeal summary. List each person individually.</p>

[Authorization for Examination and Claim for Payment, Form 470-0502](#)

Purpose	The Authorization for Examination and Claim for Payment , form 470-0502, is used to authorize an examination for people who do not receive Medicaid. It also serves as a billing form for the examiner to present a claim to HHS for payment.
Source	Complete form 470-0502 online using the template provided by HHS. This form may also be printed from the online manual.
Completion	<p>The PJ worker completes the top section of this form when it is necessary to determine the illness, incapacity, or disability of a household member who is not a Medicaid recipient, because the participant reports the need to be in the home to care for this person.</p> <p>The examiner completes and signs the claim section. HHS Central Office staff complete the accounting section.</p>
Distribution	<p>Send the form to the examiner, along with form 470-0447, Report on Incapacity. The examiner shall return the form to the requesting PJ office.</p> <p>Put a copy in the PJ case file.</p> <p>Write "PROMISE JOBS" across the top of the original. Send to HHS, Division of Community Access and Eligibility, Bureau of Financial, Food, and Work Supports, 321 E. 12th St, Des Moines, IA 50319.</p> <p>HHS Central Office reviews the claim, completes the accounting section to identify the funding source and forwards the form to the Bureau of Payments and Receipts for processing. One copy of the form is returned to the examiner with the payment.</p>
Data	The top section of the form is self-explanatory. Indicate the PJ office name and address, the name and address of the person to be examined, and the case number (when already assigned), the date of the completion, the examiner's name and address, and the type of determination involved. The PJ worker shall sign the line designated for county director.

Authorization to Obtain or Release Health Care Information, Form 470-3951 or 470-3951(S)

Purpose	The Authorization to Obtain or Release Health Care Information , form 470-3951 or 470-3951(S), is a two-way release form used to get the permission of the client or the client's legally authorized representative to share health information.
Source	Complete the form online using the template provided by HHS. This form may also be printed from the online manual.
Completion	<p>Complete a separate form for each source. The worker may complete the identifying information and the description of the information being obtained.</p> <p>The client or client's personal representative signs the section to give the authorization. Obtain the signature of two witnesses for clients who are incapable of signing their name due to a physical or mental disability.</p>
Distribution	Give the client a copy upon signature of the form. Give a copy to the legal representative, if any.
Data	<p>To initiate the form,</p> <ul style="list-style-type: none">▪ Enter the client's name, state or patient identification number, SSN, date of birth, and parent's or guardian's name, if applicable.▪ In the first set of agency information, enter the name and address of the provider from which information will be requested. Enter the phone number and fax number, if known.▪ Enter the information for PJ in the second set of agency information. Use your PJ office address and telephone number. <p>In the INFORMATION RELEASED OR SHARED MAY INCLUDE section, check the boxes as follows:</p> <ul style="list-style-type: none">▪ Hospitals mark: admission status, psychological reports, discharge summary, social history, lab results, treatment and aftercare plans, diagnosis/allergies, X-ray/imaging reports, medication history, history and physical exam, initial assessment, evaluation and recommendations, and receiving phone calls.

- **Physical doctors**, mark: lab results, treatment and aftercare plan, diagnosis/allergies, X-ray/imaging reports, medication history, history and physical exam, initial assessment, immunization record, evaluation and recommendations, receiving phone calls, and consultation reports.
- **Psychiatrists, psychologists, mental health centers**, etc., mark: admission status, psychological reports, discharge summary, social history, lab results, treatment and aftercare plans, diagnosis/allergies, team notes, medication history, initial assessment, evaluation and recommendations, receiving phone calls, and consultation reports.
- **Schools, AEAs, child care centers**, etc., mark: psychological reports, social history, treatment and aftercare plans, team notes, diagnosis/allergies, medication history, initial assessments, immunization record, school records, court documents, evaluation and recommendations, receiving phone calls, consultation reports, and other (note IEPs and teacher questionnaires).

NOTE: When in doubt, mark all boxes that you believe may apply. If the client indicates that a specific test or study was done, mark the “Other” box and list the specific study, test, or procedure performed.

- State the purpose for which the information will be used.
- In the SPECIFIC AUTHORIZATION FOR RELEASE section, secure the client’s or the client’s legal representative’s initials if mental health, AIDS/HIV-related, or substance abuse is to be obtained or released.

NOTE: Only the client or client’s **legally authorized** representative can give consent to release or obtain mental health and AID/HIV-related information. **Only the client** can give consent to release or obtain substance abuse information.

“Mental health information” means oral, written, or recorded information that indicates the identity of an individual receiving professional services and which relates to the diagnosis, course, or treatment of the individual’s mental or emotional condition.

“Substance abuse” means the use of chemical substances by persons suffering from chemical dependency, persons who are incapacitated by a chemical substance, substance abusers, or chronic substance abusers.

“AIDS” means a medical diagnosis of acquired immunodeficiency syndrome, based on the Center for Disease Control’s “Revision of the CDS Surveillance Case Definition for Acquired Immunodeficiency Syndrome.” “HIV” means a medical diagnosis of human immunodeficiency virus infection based on a positive HIV-related test. Discuss the authorization and explanation paragraph regarding the use of this form and answer any questions raised. Explain the consequences of failure to sign the form. Ensure that the client understand the right to revoke the authorization at any time. (See [1-C Appendix](#))

- Ask the client or the client’s representative to sign and date the form.
- Enter an expiration date that is 12 months from the date the client signs the form.
- Check the box indicating the relationship of the person who signs the form to the client.

To use this form as the required documentation for the disclosure of mental health information, enter on the back of the form kept in the case record the:

- Date.
- Name of recipient of information.
- Information disclosed.
- Name of the person who disclosed the information.

[Billing Statement, Form 470-0130](#)

Purpose	The Billing Statement , form 470-0130, is sent to debtors who have received a demand letter requesting repayment of a debt. It notifies debtors of payments due and account balances. It also shows account activity, including all payments or adjustments applied to an account.
Source	Form 470-0130 is generated by WOPR.
Completion	<p>This form is generated:</p> <ul style="list-style-type: none">▪ Monthly to debtors with a cash agreement, reflecting all payments received during the month.▪ Quarterly to debtors on grant or benefit reduction.▪ Periodically to debtors who have not completed a repayment agreement. <p>The statements are printed on the last working day of each month.</p>
Distribution	The form is mailed to the debtor.
Data	<p>Debtors making cash payments detach the top of the statement and return it with payment to:</p> <p>HHS Bureau of Payments and Receipts HHS Cashier, 6th Floor 321 E. 12th St Des Moines, IA 50319</p>

[Certificate of Enrollment, Form 470-4444](#)

Purpose	The Certificate of Enrollment , form 470-4444, is used to inform providers that a child has been approved for Child Care Assistance. This form informs the provider of the hours of care, units of service, and co-pay fee that each child in care is approved for.
Source	Form 470-4444 is generated by the KinderTrack system.
Distribution	This form is mailed to the provider that is assigned to the child. The form is also saved electronically in the KinderTrack system.
Data	The system completes all information on this form.

Child Care Assistance Billing/Attendance, Form 470-4534

Purpose	The Child Care Assistance Billing/Attendance , form 470-4534, is used by a child care provider to bill the Department for child care services provided to a child eligible for Child Care Assistance (CCA).
Source	This form is generated by the KinderTrack system and mailed to the child care provider for each CCA-eligible child.
Completion	<p>The KinderTrack system generates and completes the header information for each CCA-eligible child. This form prints and is mailed to the provider every four weeks.</p> <p>If the provider does not submit time and attendance online through the Child Care Assistance Provider Portal, this form must be completed and returned to the Centralized Child Care Assistance Unit or to PJ for PJ CCA. The provider is responsible for completing the remainder of the form, including having the parent sign it.</p>
Distribution	This form is mailed to the child care provider from HHS central office. The provider must retain a signed copy of this form. This form also is saved electronically in KinderTrack.
Data	<p>The KinderTrack system completes:</p> <ul style="list-style-type: none">▪ Provider: The provider's name.▪ Child Name: The name of the child the provider should bill for.▪ Case Number: The KinderTrack case number.▪ Billing Period: The two-week billing period.▪ Parent Name: The name of the child's parent.▪ Date: Each day of the two-week billing period. <p>The child care provider is responsible for:</p> <ul style="list-style-type: none">▪ In: The time the child arrived at the provider's care.▪ Out: The time the child left the provider's care.▪ Absent: Mark if a child was absent from the child care on a day that the child is normally scheduled to attend.

- **Parent Signature:** The parent of the child must sign the form to certify the hours of care being billed to the Department for this child care are correct.
- **Provider Signature:** The provider of the child must sign the form to certify that the hours of care being billed to the Department for this child are correct.

[Child Care Assistance Billing/Attendance Provider Record, Form 470-4535](#)

Purpose	The Child Care Assistance/Billing Attendance Provider Record , form 470-4535, serves as verification that an electronic bill has been submitted to the Department for child care services provided to a child eligible for Child Care Assistance (CCA).
Source	This form is generated by the KinderTrack system and is printed by the child care provider.
Completion	KinderTrack generates and completes all information for each CCA-eligible child. A provider that bills electronically is required to print this form after electronically submitting a bill for service and have the parent sign it.
Distribution	The provider must retain this form for ten years as verification that the electronic billing was correct and complete.
Data	<p>The KinderTrack system completes all information on this form based on what the provider's electronic billing for:</p> <ul style="list-style-type: none">▪ Provider Name▪ Provider Address▪ Parent: The name of the child's parent.▪ Child: The name of the eligible child.▪ Case Number: The KT case number.▪ Billing Period: The two-week billing period.▪ Date: Each day of the two-week billing period.▪ Time In: The time the child arrived at the provider's child care.▪ Time Out: The time the child left the provider's care.▪ Absent: Marked if the child was absent from the child care on a day that the child is normally scheduled to attend.▪ Parent's Signature: The parent of the child must sign the form to certify the hours of care being billed to the Department for this child are correct.▪ Provider's Signature: The provider of the child must sign the form to certify the hours of care being billed to the Department for this child are correct.

Child Care Assistance Provider Agreement, Form 470-3871 or 470-3871(S)

Purpose	The Child Care Assistance Provider Agreement , form 470-3871 or 470-3871(S), sets the terms for payment of a child care provider by HHS.
Source	The English version of the form is generated from KinderTrack. This form may also be printed from the online manual. Print the Spanish version of the form from the online manual or use the template provided by HHS.
Completion	<p>A provider selected by a CCA client initially completes pages 1 and 2 of the form and signs and dates it to indicate understanding and agreement to all of the terms and conditions stated on the form. The provider returns pages 1 through 4 to the HHS CCA Unit and keeps the other pages for their records.</p> <p>The HHS CCA worker:</p> <ul style="list-style-type: none">▪ Reviews the agreement.▪ Determines if the provider meets all of the requirements.▪ Completes the third page with the:<ul style="list-style-type: none">• provider type.• provider number.• approved rates.• effective date of the Agreement.• termination date. <p>The Agreement must be renewed at least every two years, or when the provider reports changes.</p>
Distribution	When the Agreement is approved and all signatures are secured, the HHS CCA Unit sends one copy of the Agreement back to the child care provider and keeps one copy.
Data	The first and second pages of the form gather provider information. The third through seventh pages set forth the terms and conditions to which both parties agree, as indicated by the signatures of the provider and HHS CCA worker.

On the first page, the provider chooses either Box A or Box B:

- Enters the following identifying data:
 - Type of business
 - SSN or employer identification number
 - Provider name
 - Address
 - Phone number
- On the second page, the provider,
- Enters all of the rates the provider charges for basic and special needs care for each age group. Providers may enter half-day, full-day, hourly, or weekly rates. If the provider does not enter half-day rates, the CCA worker must calculate the half-day rate.
- Signs the form to indicate the provider agrees to the terms and conditions set forth on pages 4 through 7.

On the third page, the HHS CCA worker:

- Enters the provider type and provider number.
- Fills out the table with the approved half-day rates for the provider.
- Enters the effective date as follows:
 - Nonregistered: Based on the client's application or eligibility date.
 - Registered: The first date of the child care services or the registration effective date, whichever is later.
 - Licensed or exempt: The first date of the child care services or the license effective date, whichever is later.
- Enters the termination date, which can be no later than 24 months from the effective date.
- Signs the agreement. Sends a copy of the signed agreement to the provider.

Child Care Claim Cover Letter, Form 470-4469 or 470-4469(S)

Purpose	The Child Care Claim Letter , form 470-4469 or 470-4469(S), is used to tell a provider why a CCA claim is being returned. The cover letter tells the provider whether the claim could be processed and, if not, what needs to be done to correct the answers.
Source	Complete the English or Spanish version of the form online using the template provided by HHS. This form may also be printed from the online manual.
Completion	<p>When the worker identifies that a claim is incorrect in an area that can be corrected:</p> <ul style="list-style-type: none">▪ Make the corrections, copy the claim form,▪ Highlight the corrected errors, and▪ Send this cover letter and corrected copy of the claim back to the provider for information. <p>When the worker identifies that the claim is incorrect in an area that cannot be corrected:</p> <ul style="list-style-type: none">▪ Specify on the cover letter the reasons the claim cannot be processed, and▪ Send this cover letter along with a copy of the incorrect claim and a blank claim form back to the provider for corrections.
Distribution	Send one copy of this form along with a copy of the incorrect claim form to the provider along with a blank claim form, and file one copy of this form and original claim in the PJ case file.
Data	The form includes instructions for the provider about the need to complete a new claim form (when necessary) and identifies any information that needs to be corrected.

Consent to Obtain and Release Information, Form 470-0429 or 470-0429(S)

Purpose	<p>The Consent to Obtain and Release Information, form 470-0429, is designed to get the permission of a client or the client's legally authorized representative to:</p> <ul style="list-style-type: none">▪ Release information about the client to a third party.▪ Obtain information needed to provide service to the client. <p>This form is used to secure or release non-health related information for purposes of determining a client's eligibility or services. See Authorization to Obtain or Release Health Care Information, Form 470-3951 or 470-3951(S) for more information used to authorize exchange of health care information.</p>
Source	<p>Complete this form online using the template provided by HHS. This form may also be printed from the online manual.</p>
Completion	<p>The PJ worker prepares this form and secures the signature of the client or client's representative:</p> <ul style="list-style-type: none">▪ At the initial request for services.▪ When the current authorization expires.▪ When new services are added to the client's plan.
Distribution	<p>File the original in the case record and give a copy to the client or client's representative. Provide a copy to each person or agency authorized to share information.</p>
Data	<p>Enter the requested identifying information at the top of the form. Complete the parent or guardian's name if the client is a minor. Cross out "HHS" and write PJ.</p> <p>List each person or agency authorized to share information with or receive information from the Department or PJ.</p> <p>In the box to the right of the list, cross out "HHS or County" and write in "PJ." Enter the name, address, and phone number of the PJ office to receive the information.</p> <p>Describe any exceptions or limitations under Other. Sample entry: PJ may obtain information from but not release information to Des Moines Area Community College.</p> <p>Have the client sign and date the form. If a parent/guardian signs the form for a minor, enter the adult's relationship.</p>

Enter the expiration date if it is other than “**upon termination of services.**”

If the client **withdraws** authorization to share information with a listed person or agency, cross out the entry and secure the date and initials of the client or client’s legally authorized representative.

Dismissal Request, Form 470-5597 or 470-5597(S)

Purpose	<p>The Dismissal Request, form 470-5597 or 470-5597(S), is used to request dismissal of an appeal when the issue being appealed has been resolved. A client or their representative cannot ask for an appeal to be dismissed. This can only be done by the Department's representative.</p> <p>A client or their representative can ask to have an appeal withdrawn on form 470-0492, Request for Withdrawal of Appeal.</p>
Source	<p>Complete this form online using the template provided by HHS. This form may also be printed from the online manual.</p>
Completion	<p>Complete the form and provide documentation showing the issue being appealed has been resolved.</p>
Distribution	<p>If the appeal has been assigned an appeal number, upload a copy of the form into the appeal record in the Appeals Information System (AIS) and use the send email feature to notify other HHS parties and the administrative law judge of the request.</p> <p>If no appeal number has been assigned, forward a copy of the form to the HHS Appeals mailbox. The Appeals Section will upload a copy of the Dismissal Request once the appeal record has been established in AIS.</p> <p>File one copy in the PJ case file. One copy goes to the client.</p>
Data	<p>The form contains the:</p> <ul style="list-style-type: none">▪ client's name and address▪ appeal number▪ requestor's name, address, and contact information▪ requestor's signature▪ date the form was signed

Employer's Statement of Earnings, Form 470-2844 or 470-2844(S)

Purpose	<p>The Employer's Statement of Earnings, form 470-2844 or 470-2844(S), is designed to:</p> <ul style="list-style-type: none">▪ Secure the client's permission for PJ to obtain verification of employment and employment hours.▪ Secure the client's permission for the HHS worker to obtain verification of earned income.▪ Provide a means for the employer to furnish the requested verification.
Source	<p>PJ may complete the English or Spanish version of the form online using the template provided by HHS. This form may also be printed from the online manual.</p> <p>The HHS worker may complete the English or Spanish version of the form in WISE.</p>
Completion	<p>PJ completes this form when it is necessary to verify employment and actual employment hours.</p> <p>The HHS worker completes this form when it is necessary to determine earned income.</p> <p>Complete the identifying information on the form.</p> <ul style="list-style-type: none">▪ The client (or person authorized to obtain the information) shall sign and date the authorization section of the form.▪ The employer completes the sections of the form that the worker has checked and the signature line.
Distribution	<p>Send one copy of the form to the client to have their employer complete. Employers who want a copy of the completed form for their records should photocopy it.</p> <p>When the completed form is returned, send a copy to the HHS worker, along with the Notice of Employment (NOE), form 470-0820, if appropriate.</p>
Data	<p>Before sending the form, enter:</p> <ul style="list-style-type: none">▪ The date sent▪ name▪ worker number▪ phone number

- fax number
- mailing address
- email address
- client's case number
- employee's name
- employer's name
- employee's SSN
- toll-free number, if applicable

Check the box indicating each section the employer is to complete.

The person representing the employer shall:

- Complete the specific information requested in each section indicated.
- Sign the form.
- Indicate the name of the person completing the form, phone number, and the date.

Estimate of Cost, Form 470-0510 or 470-0510(S)

Purpose	The Estimate of Cost , form 470-0510 or 470-0510(S), is used to obtain an estimate of the amount of PJ expense allowances needed to allow the client to participate in a component or to obtain an estimate of a service that may be funded by FSSG. This information is also used to determine if the participant has an approvable classroom training plan.
Source	Complete this form online using the template provided by HHS. This form may also be printed from the online manual.
Completion	<p>When documentation of financial need for goods or services is required, provide the participant with a supply of Estimate of Cost forms. The participant asks the provider who furnishes the service or goods to complete the form when:</p> <ul style="list-style-type: none">▪ The participant has applied for vocational secondary classroom training.▪ The participant has a change in previously reported expenses.▪ It is necessary to obtain estimates of new expenses.
Distribution	Once the form has been completed, signed, and dated by the provider, the participant returns the form to the PJ worker. File the completed form in the PJ case file.
Data	<p>Providers of goods such as books or supplies must list each item and the cost of each item separately, their federal I.D. number, and the total cost for all goods.</p> <p>Category E, "Other", is used for services or goods not addressed in sections A through D.</p> <p>The participant signs the form.</p> <p>The provider's name and address are entered and the provider signs and dates the form.</p>

Family Investment Agreement, Form 470-3095 or 470-3095(S)

Purpose	The Family Investment Agreement , form 470-3095 or 470-3095(S), outlines the family or individual goal to achieve self-sufficiency.
Source	Complete the English and Spanish form online using the templates provided by HHS. This form may also be printed from the online manual.
Completion	<p>The PJ worker prepares this form during the assessment process with the assistance of the client and related family members. The FaDSS case worker may assist when the family is enrolled in the FaDSS program.</p> <p>Complete this form for each family that is required to complete an FIA. All family members who are required to have an FIA, involved PJ workers, and a PJ supervisor must sign and date the bottom of the form.</p>
Distribution	<p>File one copy in the PJ case file.</p> <p>Give one copy to the client.</p> <p>Give one copy to the client's FaDSS worker if the client is enrolled in the FaDSS program.</p>
Data	<p>Enter the name and state identification number of each person required to have an FIA. Enter the date completed.</p> <p>Either the PJ worker or a family member must enter the family goal and the date by which the family plans to achieve self-sufficiency. When long-term planning is not possible, enter "to be negotiated" and establish a date at the earliest possible time.</p> <p>The client, PJ worker, and PJ Supervisor must sign and date the bottom of the form. Electronic signatures are acceptable.</p>

FIA Appointment, Form 470-3897 or 470-3897(S)

Purpose	<p>The FIA Appointment, form 470-3897 or 470-3897(S) is used to schedule an appointment for an FIA-responsible person to meet with PJ to complete and sign an FIA. For applicants, failure to complete and sign an FIA results in denial of the family's FIP application.</p>
Source	<p>PJ completes this form online using the template provided by HHS. HHS completes the English or Spanish version of this form using the form in WISE.</p> <p>This form may also be printed from the online manual.</p>
Completion	<p>The HHS worker uses this form to notify an FIA-responsible person of their appointment to meet with PJ to write and sign an FIA after scheduling the appointment in the PJCase Calendar.</p> <p>The FIA Appointment form is issued by:</p> <ul style="list-style-type: none">▪ The HHS worker during the initial FIP eligibility interview with the applicant.▪ PJ when rescheduling appointments initiated by HHS.▪ Either HHS or PJ when a client has requested reconsideration of a first LBP and can be scheduled before the effective date of the LBP. <p>For applicants, the HHS worker completes the form if the family appears eligible for FIP and includes a member of the assistance unit who is FIA-responsible. (When it appears that the family will not be eligible for FIP or there are no FIA-responsible members, form 470-3897 will not be completed, as no involvement from PJ is needed.)</p> <p>This form allows the HHS worker or PJ worker to schedule an in-person or virtual FIA appointment.</p> <p>FIA appointments are conducted virtually unless the applicant identifies that they cannot attend virtually. In the rare instance that an applicant cannot attend virtually, HHS must coordinate with PJ to make alternate arrangements before issuing the FIA appointment letter for an in-person appointment.</p>

Distribution	<p>After the HHS worker completes the form, they will:</p> <ul style="list-style-type: none">▪ Hand-issue, mail, or email the form to the FIA-responsible person, and▪ File a copy in the FIP case record. <p>If PJ completes the form, PROMISE JOBS will:</p> <ul style="list-style-type: none">▪ Give a copy to the FIA-responsible person,▪ Send a copy to FaDSS if the family is currently enrolled in the FaDSS program, and▪ File a copy in the PJ case file.
Data	<p>If PJ completes the form, PJ completes all sections of the form.</p> <p>If HHS completes the form, on the preface page in WISE, they select the:</p> <ul style="list-style-type: none">▪ Appropriate PJ office from the displayed list of PJ offices displayed as choices.▪ Type of appointment (in-person or virtual) and enters the appointment date and time. <p>Page 1 of the form will be populated based on the HHS worker's entries on the preface page.</p> <p>HHS completes all remaining fields in the Referral Information and Person Responsible for Signing an FIA sections.</p>

FIA Referral for Mandatory Participants, Form 470-3105

Purpose	The FIA Referral for Mandatory Participants , form 470-3105, informs FIP recipients that they have been referred to PJ as FIA-responsible and that they have 10 days to contact PJ to schedule orientation and to write and sign an FIA.
Source	This form is system-generated.
Completion	This form is sent when the HHS worker changes a referral code on the ABC system from exempt to mandatory for PJ participation.
Distribution	The form is mailed to the participant from HHS Central Office.
Data	The system completes the date, the name and address of the client, the worker's name, the address and phone number of the office the participant should contact, and the deadline for the contact.

FIA Steps to Achieve Self-Sufficiency, [Form 470-3096](#) or [470-3096\(S\)](#)

Purpose	The FIA Steps to Achieve Self-Sufficiency , form 470-3096 or 470-3096(S), outlines the client's plan to achieve self-sufficiency by identifying the resources and supportive services to be provided to the participant and the activities to be completed by the participant in order to reach the final goal.
Source	Complete the English and Spanish form online using the template provided by HHS. This form may also be printed from the online manual.
Completion	The PJ worker prepares this form during the assessment process with the assistance of the client and related family members. Complete this form for each family member required to complete an FIA.
Distribution	File one copy in the PJ case file. Give one copy to the client.
Data	Enter the name and State ID of each person required to have an FIA. Indicate the date completed, the HHS worker number, and county number. Either the PJ worker or a family member must enter the individual goal and the date by which the family plans to achieve self-sufficiency. Under "Needs to be Resolved to Achieve Self-Sufficiency," list the barriers that need to be addressed for self-sufficiency to be achieved. Under "Interim Goals and Action Steps," list actions to be taken by the participant for each barrier listed in the previous section. In the "Time Frames" section, enter the targeted and actual start and end dates for each action listed in the interim goals section. Indicate if the client wants family planning counseling services by marking the applicable box. Mark each box that indicates assistance and supportive services that PJ will provide. The client and the PJ worker must sign and date the bottom of the form. Electronic signatures are acceptable.

Hardship Exemption Determination, Form 470-3876

Purpose

Assistance from FIP is limited to a total of 60 months. The only way families that have received FIP for 60 months may receive FIP beyond that limit is if they request and are determined eligible for a “hardship exemption.”

The hardship exemption eligibility determination is a one- or two-step process:

1. Based on supporting evidence, the HHS worker determines whether the family has a hardship condition that affects its ability to be self-supporting. If the family does not meet the criteria, the HHS worker denies the hardship exemption request at that point.
2. If the HHS worker decides that the family meets hardship requirements and there is an FIA-responsible person, the family must then meet with PJ to develop and sign a six-month Family Investment Agreement (FIA) that addresses the family’s documented hardship condition.

A family:

- Without an FIA-responsible person has to meet step 1.
- With an FIA-responsible person has to meet both steps.

All families must also meet all other FIP eligibility requirements to be approved for a hardship exemption. Refer to [4-C, Hardship Exemption](#) for more information.

Form 470-3876 is used to document approval or denial of a family’s hardship exemption request. The HHS worker also uses the form to:

- Notify PJ of families with an FIA-responsible person that have met step one.
- Identify the FIA-responsible adults to PJ.
- Identify the family’s service worker if the family has an active service case.

Source

470-3876 originates from HHS. PJ does not initiate the form. HHS completes form 470-3876 using the template in:

- SharePoint under Employee Manual/Forms
- WISE.

This form may also be printed from the online manual.

Completion	<p>Complete this form when a family requests a hardship exemption from the FIP 60-month limit. The form consists of parts A, B, and C.</p> <ul style="list-style-type: none">▪ HHS only completes Part A if the family does not meet Step One.▪ When the family has met Step One, HHS completes part A- and later part C. <p>For a family with an FIA-responsible person, PJ completes Part B to document the results of Step Two and returns the form to HHS.</p> <p>The HHS worker completes Part C to document the final determination.</p>
Distribution	<p>Copies of form 470-3876 with Parts A, B, and C completed, as applicable, may be forwarded to the appropriate parties by email, fax, or local mail. Depending on the final hardship exemption disposition, copies of the form are distributed under “Data.”</p> <p>If difficulties are encountered when using email to exchange copies between HHS and PJ, staff will need to use one of the other available methods for exchanging copies of the form.</p> <p>HHS forwards a copy of form 470-3876 that reflects the final hardship exemption determination to the:</p> <ul style="list-style-type: none">▪ PJ worker (if applicable).▪ Family’s service worker identified in form 470-3884 (if any). <p>File the completed copy of form 470-3876 in the PJ case file.</p>
Data	
Part A	<p>If HHS determines that the family does not meet hardship criteria, HHS completes the following sections of Part A:</p> <ul style="list-style-type: none">▪ Information about the family at the top.▪ “Hardship Does Not Exist” section, and▪ “Reason” section. <p>No involvement with PJ is needed.</p> <p>HHS forwards a copy of the form to the service worker identified on form 470-3884 (if any).</p> <p>HHS processes the hardship exemption denial and makes corresponding entries in FIP Eligibility Tracking (FET).</p>

If HHS determines that the family **meets** hardship criteria, HHS completes the following sections of Part A:

- Information about the client at the top
- “Hardship Exists” section, and
- “Reason” section.

For a family with an FIA-responsible person, HHS forwards copies of each of the following to the local PJ office within one working day:

- Form 470-3876, Hardship Exemption Determination
- Form 470-3826, Request for FIP Beyond 60 Months
- The family’s supporting hardship evidence
- Form 470-3884, **Hardship Exemption: Service Information**, if HHS received one from the family’s service worker.

This notifies PJ that HHS has determined the family with an FIA-responsible person has a hardship condition and must now develop and sign a six-month FIA before the hardship exemption request can be granted.

Part B:

Upon receipt of these documents, initiate procedures for the FIA-responsible adults to attend an interview to develop and sign the six-month FIA. Document in Part B whether the family has met the FIA requirement. If FIP approval for a family reconsidering an LBP is contingent upon the completion of 20 hours of work or work activities, note this in Part B. Return a copy of the form to HHS.

Part C: For families with an FIA-responsible person, upon receipt of a copy of form 470-3876 from PJ with Part B filled in, HHS completes Part C to reflect the final determination of the family’s hardship exemption request.

- If Part B states the family failed to attend the required interview or failed to sign the FIA, the family is not eligible for a hardship exemption. HHS checks the “Denied – no FIA” box in Part C, processes the denial and makes corresponding entries in FET.
- If Part B states the family has met the FIA requirement, but the family’s circumstances have changed since HHS completed Part A and the family no longer meets non-financial FIP eligibility criteria, the family is not eligible for a hardship exemption.
- In that case, HHS checks the “Denied – no FIP eligibility” box in Part C, processes the denial, and makes corresponding entries in FET.

- If Part B states the family has met the FIA requirement and the family continues to meet all non-financial FIP eligibility criteria, HHS processes the approval. However, HHS does not complete Part C or make FET entries until after the ABC system determines the family's financial eligibility for FIP.
- If ABC determines the family is financially ineligible for FIP due to excess countable income or resources, the family is not eligible for a hardship exemption. HHS checks the "Denied – No FIP eligibility" box in Part C and makes corresponding entries in FET.
- If ABC determines the family is financially eligible for FIP, the family is eligible for a hardship exemption. HHS checks the "Approved" box in Part C and makes corresponding entries in FET.
- For families without an FIA-responsible person, HHS completes Part C of the form to reflect the final determination of the family's hardship exemption request.
- If the family's circumstances changed since HHS completed Part A and the family no longer meets non-financial FIP eligibility criteria, the family is not eligible for a hardship exemption.
- In that case, HHS checks the "Denied – no FIP eligibility" box in Part C, processes the denial, and makes corresponding entries in FET.
- If the family continues to meet all non-financial FIP eligibility criteria, HHS processes the approval. However, HHS does not complete Part C or make FET entries until after the ABC system determines the family's financial eligibility for FIP.
- If ABC determines the family is financially ineligible for FIP due to excess countable income or resources, the family is not eligible for a hardship exemption. HHS checks the "Denied – no FIP eligibility" box in Part C and makes corresponding entries in FET.
- If ABC determines the family is financially eligible for FIP, the family is eligible for a hardship exemption. HHS checks the "Approved" box in Part C and makes corresponding entries in FET.

[Hardship Exemption: Service Information, Form 470-3884](#)

Purpose

Assistance from FIP is limited to a total of 60 months. Families may receive FIP beyond 60 months if they have a hardship condition and they request and are determined eligible for a “hardship exemption.” To request the exemption, a family must:

- Provide evidence that supports their hardship claim, and
- Complete form 470-3826, Request for FIP Beyond 60 Months.

The request contains an authorization for release of information that allows HHS, PJ, Service, and FaDSS program staff to share substance abuse, mental health, and AIDS/HIV-related information with each other.

The hardship exemption determination is a one-or-two-step process:

- Based on supporting evidence provided by the family, the HHS worker determines whether a family has a hardship condition that keeps the family from self-sufficiency. If the family does not meet hardship criteria, the HHS worker denies the hardship exemption request at this point.
- If the HHS worker determines the family meets hardship criteria, and there is an FIA-responsible person, the family must then meet with PJ to develop and sign a six-month FIA that addresses the family’s documented hardship condition.

A family:

- Without an FIA-responsible person has to meet step 1.
- With an FIA-responsible person has to meet both steps.

All families must also meet all other FIP eligibility requirements to be approved for a hardship exemption. Refer to [4-C, Hardship Exemption](#) for additional information.

Form 470-3884 is used to transmit relevant information from the service worker to:

- Assist PJ in developing an FIA with a family that has an FIA-responsible person.
- Provide the HHS worker with the information on the form to use as an additional source to substantiate the family’s hardship claim.

Source	Form 470-3884 originates with the HHS worker. PJ does not initiate the form. HHS completes form 470-3884 using the template in SharePoint under Employee Manual/Forms and WISE.
Completion	<p>When a family requests a FIP hardship exemption, the HHS worker determines whether the family's FIP case circumstances are appropriate for requesting a hardship exemption. If so, the HHS worker then checks whether the family has an active service case.</p> <p>If an open service case exists, the HHS worker forwards to the service worker a paper copy of form 470-3826, Request for FIP Beyond 60 Months, and an electronic copy of form 470-3884 with Part A completed to request information about the family.</p> <p>The service worker completes Part B and returns the form to HHS.</p> <p>Provided the family with an FIA-responsible person has met the requirements in Step 1, the HHS worker forwards the completed form 470-3884, along with other pertinent documents, to PJ. PJ will then contact the family for completion of Step 2.</p> <p>The HHS worker notifies the service worker of the outcome of the family's request for a hardship exemption via a completed form 470-3876, Hardship Exemption Determination.</p> <p>If the family's hardship exemption request is approved, and there is an FIA-responsible person, PJ will forward a copy of the FIA that the family completed to the service worker.</p>
Distribution	<p>The service worker returns the completed form 470-3884 to the HHS worker within five working days.</p> <p>For a family that has an FIA-responsible person, the HHS worker forwards a copy of the completed form to the PJ office for using in developing the family's FIA.</p> <p>Completed copies of form 470-3884 are maintained in the:</p> <ul style="list-style-type: none">▪ HHS case file.▪ PJ case file (if appropriate).▪ "Other Reports" section of the service case file.

Data

Completion of Part A is self-explanatory.

The service worker completes Part B as follows:

- In item 1, list the family's time commitments and responsibilities, to assist PJ in developing an FIA for an FIA-responsible person that will not conflict with appointments or responsibilities the family has.

For example, if a parent is court-ordered to attend therapy with the child every Monday, Wednesday and Friday, the PJ worker will want to take this into consideration when developing the FIA with the family.
- In item 2, write a brief assessment of the challenges, including safety issues, the family has that should be considered by the HHS worker and addressed in the FIA for an FIA-responsible person.
- Fill in the service worker's name in the first box.
- Identify in the second box who filled out the form (this may be someone other than the assigned worker), that person's phone number, fax number, and complete email address.
- Date the form.

[Hardship Appeals, PROMISE JOBS Appeal Summary, Form 470-4519](#)

Purpose	The Hardship Appeals, PROMISE JOBS Appeal Summary , form 470-4519, is used to provide a written summary of the hardship LBP action being appealed and is written in preparation for the hearing.
Source	Complete form 470-4519 using the online template provided by HHS. This form may also be printed from the online manual.
Completion	Workers complete this form when a hardship appeal is filed.
Distribution	Within 10 days of the appeal being filed, upload the completed hardship appeal summary to the HHS Appeals Information System (AIS). Send a copy to the client and the client's representative, if any. File a copy in the PJ case file.
Data	Enter the following information: <ul style="list-style-type: none">▪ Date▪ From▪ Case Name▪ Appeal Number▪ Issue Being Appealed: A brief description of the issue being appealed.▪ Date referred to PJ▪ Has there been any previous LBP's: Check Yes or No.▪ List PJ components that have been included, including dates.▪ List PJ components the household failed to complete, including dates.▪ Department Summary Statement:<ul style="list-style-type: none">• A complete, clear, and chronological summary of the events pertinent to the hardship appeal• A detailed statement summarizing the Department's position regarding the reason for the appeal. This should include a step-by-step process of the actions that led to the hardship appeal.

- Attached Supporting Documents: A complete list of supporting documents and exhibit numbers. All documents that help to support the Department's position in the hardship appeal hearing should be listed here as a supporting document.
- Cc: A list of individuals who will receive a copy of the appeal summary. List each person individually.

Job Search Activity Log, Form 470-3099 or 470-3099(S)

Purpose	The Job Search Activity Log , form 470-3099 or 470-3099(S), is completed to document job search activities that the PJ worker cannot document in another manner. The form also gives authorization for the PJ worker to contact any of the employers listed to verify the contact.
Source	Complete the form online using the template provided by HHS. This form may also be printed from the online manual.
Completion	The PJ participant prepares one copy of this form and provides it to the PJ worker within 10 days after the last working day of any month during which the participant completed the job search activities.
Distribution	The participant submits the original to the PJ worker. File the form in the PJ case file.
Data	<p>The form is self-explanatory.</p> <p>Participants shall complete the following information:</p> <ul style="list-style-type: none">▪ The first date of the week the job search started and the last day of the week the job search ended, if not already completed by the PJ worker.▪ Participant name, phone number, date of birth, and PJ worker if not already completed by the PJ worker.▪ Part One: Job Search Activities – What did you do?▪ Date of Activity▪ Check the box of the activity that was completed: If the activity is not listed, complete “Other Activity: Please Explain.”▪ Time Spent▪ Part One: Total Time▪ Part Two: Employer Contacts (Applications and Interviews)▪ Date of Contact▪ Employer name, person contacted, address, phone number, and internet address or email, if applicable.▪ Job Title

- Type of Contact
- Purpose
- Outcome
- Other/Notes
- Time Spent
- Time to Travel to Next Contact
- Part Two: Total Time
- Sign and date the form.

PJ shall complete the following information in “For Staff Use Only”:

- Excused Absent Hours
- Total Minutes
- List Job Contacts Verified and Method Used to Verify Job Contacts

Job Search Plan Agreement, Form 470-4481 or 470-4481(S)

Purpose	<p>The Job Search Plan Agreement, form 470-4481 or 470-4481(S), is a written statement to document the PJ participant's plan to complete job search contacts and activities for individual job search. The form is also used to:</p> <ul style="list-style-type: none">▪ Make sure the participant understands their responsibilities for individual job search.▪ Schedule an appointment at the end of a week of job search to give the PJ worker and participant the opportunity to discuss the Job Search Activity Log, to provide help with completion of the activity log, if needed, and to discuss future job searches.
Source	<p>Complete this form online using the template provided by HHS. This form may also be printed from the online manual.</p>
Completion	<p>Assist the participant with completing this form when the participant includes individual job search in their FIA.</p>
Distribution	<p>File one copy in the PJ case file. Give one copy to the participant.</p>
Data	<p>This form is self-explanatory. Complete the following information:</p> <ul style="list-style-type: none">▪ Participant's name and SID▪ The start and end date of each job search week and number of hours the participant will job search for each week▪ The total number of job search hours and the due date of the job search activity log with total hours▪ Plan for job search contacts and activities▪ Type of employers interested▪ Child care need, expected number of days per week and hours per day▪ Transportation need▪ PJ worker's name, address, phone number, email, and fax number.▪ The client and the PJ worker must sign and date the bottom of the form. Electronic signatures are acceptable.

[Limited Benefit Plan \(LBP\) PROMISE JOBS Appeal Summary, Form 470-4520](#)

Purpose	The Limited Benefit Plan (LBP) PROMISE JOBS Appeal Summary , form 470-4520, is used to provide a written summary of the LBP action being appealed and is written in preparation for the hearing.
Source	Complete form 470-4520 using the online template provided by HHS. This form may also be printed from the online manual.
Completion	Workers complete this form when an LBP appeal is filed.
Distribution	Within 10 days of the LBP appeal being filed, upload the completed LBP PJ Appeal Summary to the HHS Appeals Information System (AIS). Send a copy to the client and the client's representative, if any. File a copy in the PJ case file.
Data	Enter the following information: <ul style="list-style-type: none">▪ Date▪ From▪ Case Name▪ Appeal Number▪ Issue Being Appealed: A brief description of the issue being appealed.▪ Any Previous LBP's: Check Yes or No▪ Explain office mailing procedures▪ Explain reported problems with mail delivery, if any (for example, non-receipt of notice of appointment or returned mail due to non-delivery).▪ Any Additional Information▪ Attached Supporting Documents: A complete list of supporting documents and exhibit numbers. All documents that help to support the Department's position in the appeal hearing should be listed here as a supporting document.▪ Cc: A list of individuals who will receive a copy of the appeal summary. List each person individually.

Notice of Appointment or Participation, [Form 470-0813](#) or [470-0813\(S\)](#)

Purpose	The Notice of Appointment or Participation , form 470-0813 or 470-0813(S), notifies clients of appointments with PJ staff and about assignments to specific PJ components.
Source	Complete form 470-0813 online using the template provided by HHS. This form may also be printed from the online manual.
Completion	PJ staff prepare two copies of this form when: <ul style="list-style-type: none">▪ A client has been selected to participate in PJ.▪ It is necessary to notify a client of assignment to a specific PJ component or of an appointment.
Distribution	Send one copy to the client at least 10 calendar days before the scheduled meeting or activity. Keep one copy in the PJ case file.
Data	The top part of this form is self-explanatory. Complete all entries, checking the applicable PJ component. Make certain the purpose of the notice is clear to the client.

[Notice of Child Care Assistance Provider Sanction, Form 470-4053](#)

Purpose	The Notice of Child Care Assistance Provider Sanction , form 470-4053, is used to notify families that their child care provider has been sanctioned by the Child Care Assistance (CCA) program and that they may need to select another provider if they want CCA to continue paying for their child care services.
Source	This form is rarely used and is not available in printed form. Request a template from HHS, if necessary, and complete the form online using the template provided by HHS.
Completion	When a sanction is imposed, the HHS CCA worker or PJ worker shall complete the Notice of Child Care Assistance Provider Sanction for every family using the sanctioned provider.
Distribution	Mail one copy to the family and keep a copy in the family's HHS or PJ case file.
Data	<p>The template will automatically enter the notice date. Use the "tab" key to navigate between fields requiring data entry. Enter the following information:</p> <ul style="list-style-type: none">▪ Family's name and mailing address.▪ Parent or guardian's first name.▪ Child care provider's name. <p>Click or tab to the text box and:</p> <ul style="list-style-type: none">▪ Choose "Yes" if the letter is going to a CCA family or "No" if the letter is going to a family who does not get CCA.▪ Select the applicable sanction type.▪ Click the "insert language" button.▪ Enter the sanction effective date. <p>If the letter is going to a CCA family, enter:</p> <ul style="list-style-type: none">▪ PJ worker's name.▪ County name.▪ Worker's phone number.

If the letter is **not** going to a CCA family, enter:

- County name.
- HHS office phone number.

Once all fields have been entered, print a copy of the letter for the family and another copy for the client's case file, if any.

Notice of Decision: Child Care, Form 470-4558

Purpose	The Notice of Decision: Child Care , form 470-4558, is used to notify clients of agency actions that affect the client's eligibility or benefit level. Each client has the right to be given information regarding eligibility and benefit determination.
Source	The KinderTrack system generates form 470-4558 based on worker entries.
Completion	The Notice of Decision: Child Care is used when: <ul style="list-style-type: none">▪ An application is approved.▪ An application is denied.▪ A new or different provider is selected.▪ Benefits are changed because of review or redetermination.▪ Benefits are canceled.▪ A provider is determined not eligible to provide child care.▪ There is a change in family circumstances that results in a fee change (job or income change, etc.)
Distribution	KinderTrack will mail a copy of the notice to the client and will also save a copy in the system.
Data	KinderTrack completes all information on the notice based on worker entries into the system.

Notice of Decision: Services, [Form 470-0602](#) or [470-0602\(S\)](#)

Purpose	<p>The Notice of Decision: Services form 470-0602 or 470-0602(S) is used to notify a participant or provider of all actions taken which effect the participant's case.</p> <p>EXCEPTION: Form 470-0602 is not used for notices affecting the Child Care Assistance program. Instead, form 470-3915 is used.</p>
Source	<p>Complete form 470-0602 online using the template provided by HHS. This form may also be printed from the online manual.</p>
Completion	<p>The worker responsible for the case prepares an original and one copy of this form when a service is approved, denied, withdrawn, or changed.</p>
Distribution	<p>Send one copy to the participant. File a copy in participant PJ case file.</p>
Data	<p>Complete the form as follows:</p> <ul style="list-style-type: none">▪ County in which the action is taken.▪ Current date.▪ HHS case number.▪ Effective date of the action. <p>When denying services that have not yet been approved, the effective date is the date the notice is issued. When canceling ongoing services, the effective date is:</p> <ul style="list-style-type: none">• The first day of the month following the month the action is taken, or• The first day of the second following month, if timely notice cannot be issued for the first following month. <ul style="list-style-type: none">▪ Enter the client's name and mailing address.▪ Check the box that indicates the specific action being implemented by the notice.▪ In the "Explanation of Action" section, enter a full explanation of the action, the effective date, and the reason the action is being taken.▪ Enter the provider manual heading that supports your action.▪ Fees are NOT applicable for PJ.▪ Sign at the bottom of the form. List your office address and phone number.

[Notice of Employment, Form 470-0820](#)

Purpose	PJ uses the Notice of Employment , form 470-0820, to notify HHS staff when a PJ participant begins, ends, or changes employment.
Source	Complete form 470-0820 online using the template provided by HHS. This form may also be printed from the online manual.
Completion	PJ staff completes Part A of the form when a participant begins, ends, or changes employment.
Distribution	The PJ worker sends a copy of the form to the HHS worker and files a copy in the PJ case file. If available, PJ will also send a copy of form 470-2844, Employer's Statement of Earnings , letter from the employer, paystubs, or other acceptable verification of employment.
Data	<p>Complete Part A to describe the participant's employment.</p> <p>Note: The "Hours Employed/Week" box requests the expected number of hours to be worked each week.</p> <p>Sign and date the form and enter the office phone number.</p> <p>Part B of this form is obsolete. HHS is not required to complete Part B of the form or send it back to PJ.</p>

[Notice of PROMISE JOBS Overpayment, Form 470-4688](#)

Purpose	The Notice of PROMISE JOBS Overpayment , form 470-4688, informs the debtor on a PJ claim of the amount and reason for the overpayment and requests payment.
Source	Form 470-4688 is generated by WOPR.
Completion	The form is completed for debtors who have a PJ claim entered in WOPR and have not submitted an agreement to repay.
Distribution	One copy is mailed from HHS Central Office.
Data	<p>The system completes the:</p> <ul style="list-style-type: none">▪ Date,▪ Debtor's name and address,▪ Amount and months of overpayment,▪ Type of error,▪ Reason for the overpayment <p>The debtor completes the repayment terms.</p>

[Notice of Waiting List Placement, Form 470-2925](#)

Purpose	<p>The Notice of Waiting List Placement, form 470-2925, is used to inform a participant that they have been placed on a waiting list for their selected training component.</p> <p>The notice informs the participant of the reason for the waiting list and lets them know they have the option to pursue training independently, without PJ services, and it won't affect their placement on the waiting list.</p> <p>In addition, the notice informs the participant to talk to the PJ worker about alternative sources of assistance that may be available if they choose to pursue training while on the waiting list.</p>
Source	<p>Complete form 470-2925 online using the template provided by HHS. This form may also be printed from the online manual.</p>
Completion	<p>The PJ worker prepares two copies of this form when they place a participant on the waiting list for work and training services.</p>
Distribution	<p>Issue one copy to the participant. File a copy in the PJ case file.</p>
Data	<p>The PJ worker completes the participant's name, address, and SSN, the date, the office name, the name of the component the participant is on the list for, and the worker's name and phone number.</p>

[Overpayment Recovery Supplemental Information, Form 470-0465](#)

Purpose	<p>The Overpayment Recovery Supplemental Information, form 470-0465, gives DIAL additional information about an overpayment so DIAL can better determine whether to pursue voluntary repayment, investigation, civil prosecution, or criminal prosecution.</p> <p>If DIAL refers the case for prosecution, this form is submitted to the county attorney to summarize the basis for the investigation.</p>
Source	<p>PJ workers complete this form online using the template provided by HHS. This form may also be printed from the online manual.</p> <p>HHS workers complete this form using the template in SharePoint under Employee Manual/Forms and WISE.</p>
Completion	<p>PJ workers complete this form for overpayments in CCA and PJ programs.</p> <p>HHS workers complete this form for overpayments in FIP, Refugee Cash Assistance, SNAP, Medicaid, CCA, and State Supplementary Assistance.</p> <p>The Hawki program's third-party administrator completes this form for Hawki overpayments.</p> <p>Prepare an original and one copy of the form when:</p> <ul style="list-style-type: none">▪ A claim is being revised, and▪ It is now a client error of over \$1,000, and▪ The worker did not previously complete either form 470-0465 or a fraud referral screen in the direct claim entry screen.▪ The DIAL Division of Investigations requests the information to pursue recovery actions.
Distribution	<p>Submit the original along with the Overpayment Recovery Information Input Summary (from the direct claim entry screen), form 470-0464, to:</p> <p>DIAL Investigation Division, PADRU, 6200 Park Ave, Suite 100, Des Moines, IA 50321</p> <p>Keep a copy in the case record.</p>

Data

Make the following entries:

State ID: Enter the debtor's state identification number.

ABC Case No.: Depending on the type of claim, enter the debtor's ABC case number.

Hawki case no.: If this is a Hawki claim, enter the debtor's Hawki case number.

SRS case no.: Depending on the type of claim, enter the debtor's SRS or KinderTrack case number.

Summary Regarding Overpayment: Give a brief statement regarding the condition that caused the overpayment.

Possible Witnesses and Evidence: List separately each person who can provide truthful and relevant testimony regarding the overpayment. Include the person's name, current address, and phone number.

Under each witness's name, describe what that witness can testify to, including time and dates of contacts or statement. Be specific, but brief.

If the person is an employee of a state agency, name the county or location where the person is employed. List the office phone number and the type of caseload carried.

List all related documents, giving the date of each document.
(Examples: **Notice of Decision: Services, PROMISE JOBS Time and Attendance, Estimate of Cost**)

In addition, list all signed statements available from either the participant or a collateral source. Maintain all related documents in the case record until complete recovery has been made or the Division of Investigations requests the documents.

Worker: Sign the form when it is completed.

Date: Enter the date the form is completed.

[Participation No Longer Required, Form 470-2758](#)

Purpose	The Participation No Longer Required , form 470-2758, informs clients that they are no longer mandatory PJ participants.
Source	Form 470-2758 is system-generated.
Completion	ABC issues this letter to the participant when the HHS worker changes the client's PJ referral status from a mandatory referral code to an exempt code on the ABC system.
Distribution	HHS Central Office sends the original to the participant.
Data	The system completes all information on this form.

Payment Application for Nonregistered Providers, Form 470-2890 or 470-2890(S)

Purpose	Nonregistered and in-home providers apply for Child Care Assistance (CCA) payment by completing the Payment Application for Nonregistered Providers , form 470-2890 or 470-2890(S).
Source	Print this form from the online manual.
Completion	<p>The provider completes the application when:</p> <ul style="list-style-type: none">▪ Applying for payment for the first time; or▪ Applying for a two-year renewal; or▪ Applying after the expiration date of a previous agreement; or▪ There is a change of name, care, living or mailing address, or household composition. <p>The applicant-provider shall complete the form after reading all the instructions and the minimum requirements in Comm. 95, Guidelines for Child Care Homes with a Child Care Assistance Provider Agreement.</p>
Distribution	The applicant-provider returns the application to the HHS CCA Registration Unit. The Unit files the application in the child care case record.
Data	<p>The applicant-provider shall:</p> <ul style="list-style-type: none">▪ Indicate whether this is a new application or a renewal.▪ Carefully print the name (and maiden name and other last names, if any) and addresses.▪ Enter the birth date, last four digits of the SSN, phone number with area code,▪ Nonregistered providers add the names of other adults and children living in the home with birth dates and the last four digits of the social security number, if available.▪ In-home providers list the names of the parents and children living in the home where care will be provided, if available.▪ Sign the application and date it to certify compliance with the minimum requirements of HHS and indicate agreement with the eight numbered statements.

PROMISE JOBS Stepping Stones To Success, [Form 470-0806 or 470-0806\(S\)](#)

Purpose	The PROMISE JOBS Stepping Stones to Family Success , form 470-0806 or 470-0806(S) is used to obtain information about a PROMISE JOBS client as part of the assessment process. This form helps identify and prioritize areas the client wants to change, which will then be listed as goals on their FIA. It also helps identify potential barriers that will be on their FIA.
Source	Complete form 470-0806 online using the template provided by HHS. This form may also be printed from the online manual. HHS may print the English or Spanish version from WISE, the online manual, and/or SharePoint under Employee Manual/Forms.
Completion	The PJ worker completes this form based on responses given by the client or gives it to the client to complete during the FIA appointment. This form may also be completed during the case management process, as deemed appropriate by the PJ worker. The HHS worker may issue a copy of this form upon a client's request.
Distribution	File a copy in the PJ case file.
Data	The form requests information about the client's: <ul style="list-style-type: none">▪ Overall stress level▪ Basic Needs: housing, transportation and child care▪ Health and Well-Being: general health, mental health, and substance use▪ Legal Involvement▪ Family Relationships: social support and relationship with partner▪ Education and Learning: education, training, credential attainment, and language▪ Employment and Income: employment, job search skills, income and expenses <p>The form asks if the client has specific topics they would like to discuss with the PJ worker, and also inquires if any of their information, such as address, phone number, email, employment, household members, etc. needs to be updated.</p>

[Referral for Work Experience \(WEP\) Placement, Form 470-0810](#)

Purpose	The Referral for Work Experience (WEP) Placement , form 470-0810, is used to refer participants to WEP sponsors to interview for specific assignments. The form also notifies PJ whether the participant has been accepted for assignment, when assignment will begin, and the number of days and hours per week that the client will work in the position.
Source	Complete form 470-0810 by using the template provided by HHS. This form may also be printed from the online manual.
Completion	PJ staff initiate this form when the participant is referred to a sponsor for WEP placement. The sponsor completes the form.
Distribution	The sponsor returns the signed form to PJ after completing the sponsor's section. Give copies to the participant and the sponsor. File a copy in the PJ case file.
Data	The PJ worker completes the referral section, which is self-explanatory. The sponsor completes the "Interview Results" section.

[Referral to Community Agencies, Form 470-3102](#)

Purpose	The Referral to Community Agencies , form 470-3102, is used to refer clients to community agencies for services.
Source	Complete form 470-3102 online using the template provided by HHS. This form may also be printed from the online manual.
Completion	The PJ worker completes three copies of this form when the worker refers a client for services provided by a community agency.
Distribution	Send one copy to the community agency, keep one copy in the PJ case file, and send one copy to the client. Attach a completed, signed, and dated Consent to Obtain and Release Information , form 470-0429. Attach a completed, signed, and dated Authorization to Obtain or Release Health Care Information , form 470-3951 or 470-3951(S), if asking for health information.
Data	Complete each section of the form, identifying the referral agency, the client, the services requested, and the referring worker.

Report on Incapacity, Form 470-0447 or 470-0447(S)

Purpose The **Report on Incapacity**, form 470-0447 or 470-0447(S), is used to obtain information from a doctor, chiropractor, hospital, clinic, psychologist, psychiatrist, or other medical professional.

Source Complete this form online using the template provided by HHS. This form may also be printed from the online manual.

Completion The PJ worker can issue this form when:

- A FIP applicant or participant reports the inability to participate in PJ activities either at all or in a reduced capacity due to a physical or mental health issue or disability.
- Information from **PROMISE JOBS Stepping Stones to Family Success**, form 470-0806, other assessment information, observation, or key historical information indicates a possible barrier to full participation due to a physical or mental health issue or disability.
- A participant fails to attend FIA activities and claims the absence was due to a temporary illness of the participant or another family member and documentation is needed to determine if the absence can be excused.

The HHS worker issues this form when:

- A stepparent has applied to be included in the FIP or FMAP-related Medicaid eligible group due to incapacity.
- A Refugee Cash Assistance applicant or participant claims exemption from work or training requirements because the person is needed in the home to care for an incapacitated household member.
- A FIP applicant or participant requests a hardship exemption based on physical or mental health or disability.
- Incapacity must be determined for any other purpose.

The PJ or HHS worker completes the identifying information and due date at the top of the form.

The client completes and signs the Patient Permission section.

The medical professional completes the remainder of the form.

Distribution	<p>If an examination or additional information is required, mail the form to the examiner or to the client to deliver to the examiner.</p> <p>When an examination is required, advise Medicaid members to make an appointment with their managed health care provider or regular Medicaid provider, as applicable.</p> <p>If the person is not a Medicaid member, and no other medical resources are available, attach form 470-0502, Authorization for Examination and Claim for Payment, to the form.</p> <p>When a completed report is returned, send a copy to the HHS worker, if the form states the customer is unable to engage in substantial activity due to a disability that is expected to last 12 months or is expected to result in death, and file a copy in the PJ case file.</p>
Data	The form is self-explanatory.

Request for FIP Beyond 60 Months, [Form 470-3826](#) or [470-3826\(S\)](#)

Purpose	<p>Assistance from FIP is limited to a total of 60 months. The only way families may receive FIP beyond 60 months is if they request and are determined eligible for a “hardship exemption.”</p> <p>The Request for FIP Beyond 60 Months, form 470-3826 or 470-3826(S), is the form families must complete to request a hardship exemption. Receipt of the form in any HHS or PJ office protects the date of the request.</p> <p>The form is also an authorization for release of information that allows HHS, PJ, HHS Child Protective Services, and FaDSS staff to share with each other substance abuse, mental health, and AIDS/HIV-related information about the family that may be relevant to the hardship exemption determination with each other.</p>
Source	<p>Form 470-3826 originates with the HHS worker. PJ does not initiate the form. HHS obtains form 470-3826 from SharePoint under Employee Manual/Forms, WISE, or prints it from the online manual.</p>
Completion	<p>The hardship exemption applicant completes form 470-3826 or 470-3826(S). The HHS worker issues the form to the family, includes a return envelope for the applicant to send the form to the scanning center, and documents the date the form was issued in the case record.</p>
Distribution	<p>The applicant submits form 470-3826 or 470-3826(S) to any HHS or PJ office. If a PJ office receives the form, the office must forward it to the HHS worker within one working day.</p> <p>Return a copy of form 470-3826 or 470-3826(S) to the family as a record of the authorization to share information.</p> <p>Upon receipt of form 470-3826 or 470-3826(S) from the family, HHS screens the family’s FIP case circumstances.</p> <p>If the request does not appear appropriate for the circumstances of the case, e.g., the family has received FIP for 57 or fewer months, HHS denies the family’s request.</p> <p>If the family’s hardship exemption request appears appropriate for the FIP case circumstances, HHS processes the hardship exemption request.</p>

EXCEPTION: When the family is no longer on FIP and needs to file a **Food and Financial Support Application** to regain FIP eligibility, HHS will delay processing the hardship exemption request until the application is received. If the family fails to return the application by the due date, HHS denies the hardship exemption request for that reason.

The hardship exemption eligibility determination is a one-or-two step process:

1. Based on supporting evidence, the HHS worker determines whether the family has a hardship condition that affects its ability to be self-supporting. If the family does not meet the criteria, the HHS worker denies the hardship exemption request at that point.
2. If the HHS worker decides that the family meets hardship requirements, and there is an FIA-responsible person, the family must then meet with PJ to develop and sign a six-month FIA that addresses the family's documented hardship condition.

A family:

- Without an FIA-responsible person has to meet step 1.
- With an FIA-responsible person has to meet both steps.

All families must also meet all other FIP eligibility requirements to be approved for a hardship exemption. Refer to [4-C, Hardship Exemption](#), for more information.

To process the exemption request:

If the family has an active service case, HHS forwards a copy of form 470-3826 or 470-3826(S) and an electronic copy of 470-3884, **Hardship Exemption: Service Information**, to the service worker and requests the worker's recommendations for steps to consider in the FIA.

HHS contacts the family in writing to provide supporting evidence of its hardship condition. If the family does not meet criteria, HHS denies the family's hardship exemption request.

After HHS has determined that the family has a hardship condition, HHS forwards to the local PJ with a copy of:

- Form 470-3826 or 470-3826(S), Request for FIP Beyond 60 Months
- Form 470-3876, Hardship Exemption Determination.
- The supporting hardship evidence.
- Form 470-3884, **Hardship Exemption: Service Information**, received from the family's service worker (if applicable).

Upon receipt of these documents, PJ will initiate procedures for the adults in the family to attend the required interview and develop and sign the six-month FIA.

Data

The family must complete designated items. To be considered valid, the form must contain a legible name and address, and must be signed by the "adult" in the family who is:

- The parent in the home, even if the parent is or will be excluded from the FIP grant. When both parents or a parent or stepparent are in the home, either parent or stepparent can sign the form.
- The incapacitated stepparent when the stepparent is or requests to be on the FIP grant.
- The needy nonparental specified relative who is or requests to be on the FIP grant.

When the adult is incompetent or incapacitated, someone acting responsibly on the adult's behalf may sign the form.

Request for Withdrawal of Appeal, [Form 470-0492](#) or [470-0492\(S\)](#)

Purpose	<p>The Request for Withdrawal of Appeal, form 470-0492 or 470-0492(S), is used to withdraw a client's request for an appeal and hearing. Department staff cannot ask for an appeal to be withdrawn. This can only be done by the client or their representative.</p> <p>Department staff can ask to have an appeal dismissed on form 470-5597, Dismissal Request.</p>
Source	<p>Complete this form online using the template provided by HHS. This form may also be printed from the online manual.</p> <p>Clients may complete this form electronically at https://hhs.iowa.gov/programs/appeals. The request will be submitted directly to the Appeals Section to be processed.</p>
Completion	<p>The worker, the Appeals Section, or the client may prepare the form whenever a client indicates a wish to withdraw. However, the client or the client's representative must sign it.</p>
Distribution	<p>If the appeal has been assigned an appeal number, upload a copy of the form in the appeal record in the Appeals Information System (AIS) and use the send email feature to notify other HHS parties and the administrative law judge of the request.</p> <p>If no appeal number has been assigned, send a copy of the form to the HHS, Appeals mailbox. The Appeals Section will upload a copy of the withdraw request once the appeal record has been established in AIS.</p> <p>One copy goes to the client. File a copy in the PJ case file.</p>
Data	<p>The form contains the:</p> <ul style="list-style-type: none">▪ client's name and address.▪ appeal number.▪ program being appealed.▪ date of the appeal.▪ client's comments, if any.▪ client's signature.▪ date the form was signed.

Sponsor's Request for Work Experience (WEP) Participant, Form 470-0809

Purpose	The Sponsor's Request for Work Experience (WEP) Participant , form 470-0809, is used by public and non-profit agencies to request Work Experience Program (WEP) participants for positions that qualify for placements for that program.
Source	This form may be printed from the online manual.
Completion	The sponsor prepares an original and one copy of this form when the agency wishes to request a WEP participant for an available position. The PJ worker shall review the position being offered. If approved, the authorized PJ person shall sign and date the form.
Distribution	The sponsor returns both copies of the form to PJ when completed. PJ files a copy in the PJ case file and returns a copy to the sponsor if the placement request is approved.
Data	The sponsor must complete all entries on the form, and sign and date the form to attest that the sponsor understands the terms of the WEP program. If approved, PJ must sign and date the form.

Time and Attendance, Form 470-2617 or 470-2617(S)

Purpose	The Time and Attendance , form 470-2617 or 460-2617(S), is used to verify and document a participant's hours of participation in PJ activities.
Source	Complete form 470-2617 online using the template provided by HHS. This form may also be printed from the online manual.
Completion	<p>Work and training service providers, other than PJ, must complete this form to verify the participant's hours of attendance unless another method is required.</p> <p>The participant may complete the form, but it must be signed and dated by the service provider, training institution, or work site.</p> <p>The participant signs and dates the form.</p>
Distribution	<p>The participant is responsible for providing the signed and dated Time and Attendance form to PJ within 10 calendar days following the end of each month, unless the service provider, training institution, or work site provides the form to PJ within this time frame.</p> <p>When the service provider, training institution, work site, or participant returns the form to the PJ worker, file it in the PJ case file. The provider or participant may keep a copy.</p>
Data	The form is self-explanatory.

[Transfer Between PROMISE JOBS Offices, Form 470-2604](#)

Purpose	The Transfer Between PROMISE JOBS Offices , form 470-2604, is used to inform the PJ participant and the new office when a case is transferred.
Source	Complete form 470-2604 online using the template provided by HHS. This form may also be printed from the online manual.
Completion	The PJ worker completes three copies of this form when: <ul style="list-style-type: none">▪ A participant is being referred from one PJ office to another, or▪ A participant has moved to a new county.
Distribution	Send one copy to the participant, one copy to the receiving office, and keep one copy in the PJ case file.
Data	<p>The form is self-explanatory. Complete all entries. Enter the participant's SSN, phone number, and county at the top of the form. Be sure to enter the participant's correct PJ referral code.</p> <p>Describe the nature of the transfer. Include the address and phone number of the office to which the case is being transferred. Sign and date the form.</p>

[Work Experience Participant Evaluation, Form 470-0805](#)

Purpose	The Work Experience Participant Evaluation , form 470-0805, is used to provide both the participant and the PJ worker with a monthly evaluation of the participant's WEP performance.
Source	Complete form 470-0805 online using the template provided by HHS. This form may also be printed from the online manual.
Completion	Ask the sponsor to prepare the form: <ul style="list-style-type: none">▪ After close of business on the last day of each month, or▪ When the participant's WEP participation in a specific placement is terminated.
Distribution	Ask the sponsor to: <ul style="list-style-type: none">▪ Return one copy to PJ.▪ Keep one copy.▪ Give one copy to the participant or return it to PJ.
Data	The form is self-explanatory. The form asks the sponsor to rate the participant's overall performance and several particular work traits. The sponsor completes all entries and signs and dates the form.

Your Family Investment Agreement Reminder, [Form 470-3300](#) or [470-3300\(S\)](#)

Purpose	Your Family Investment Agreement Reminder , form 470-3300 or 470-3300(S), informs FIP participants who have signed an FIA and who have experienced a break in FIP assistance that they continue to be responsible for their FIA.
Source	Complete this form online using the template provided by HHS. This form may also be printed from the online manual.
Completion	PJ staff complete this form as soon as HHS refers a participant who has signed an FIA to PJ after a break in FIP assistance and you have determined that a valid FIA already exists. Follow instructions found at PROMISE JOBS Provider Manual, Family Investment Agreement (FIA) FIA and a Break in FIP Assistance .
Distribution	Send one copy to the participant, along with a copy of the FIA. Keep a copy in the PJ case file.
Data	The form is self-explanatory. Complete all entries. PJ: Use the blank lines on this form to remind the participant of: <ul style="list-style-type: none">▪ Appointments that have been previously scheduled or will soon be scheduled.▪ FIA activities they are expected to attend.▪ Required information that must be returned.

Your FIA Rights and Responsibilities, [Form 470-3104](#) or [470-3104\(S\)](#)

Purpose	Your FIA Rights and Responsibilities , form 470-3104 or 470-3104(S), is used to document that a FIP applicant or participant who has been referred to PJ has received a detailed explanation of the PJ program.
Source	Complete this form online using the template provided by HHS. This form may also be printed from the online manual.
Completion	The client and the PJ worker review, sign, and date this form as part of the PJ orientation and assessment process.
Distribution	Once the form is signed and dated, give the client a copy and keep a copy in the PJ case file.
Data	The form describes: <ul style="list-style-type: none">▪ How PJ works.▪ Services that are available.▪ Potential consequences for failure to participate.▪ The rights and responsibilities that the client has as a participant in the PJ program.

Your PROMISE JOBS Reminder, [Form 470-3103](#) or [470-3103\(S\)](#)

Purpose	<p>Your PROMISE JOBS Reminder, form 470-3103 or 470-3103(S):</p> <ul style="list-style-type: none">▪ Informs FIP participants whose referral status changes from exempt to FIA-responsible that they are not following through with orientation activities and the consequences of their lack of action.▪ Explains the first and subsequent limited benefit plan (LBP).▪ Tells the participant to contact PJ if the participant has problems that make it difficult to work with PJ.▪ Explains that the PJ supervisor is available to discuss any problems or questions. <p>Failure to respond to this form within 10 calendar days from the mailing date will prompt the issuance of a Notice of Decision, form 470-0486, establishing:</p> <ul style="list-style-type: none">▪ The beginning date of the LBP.▪ The beginning and ending dates of the six-month period of ineligibility of a subsequent LBP.
Source	Complete this form online using the template provided by HHS. This form may also be printed from the online manual.
Completion	<p>The PJ worker prepares two copies of this form:</p> <ul style="list-style-type: none">▪ 10 days after HHS sent the original referral letter, form 470-3105, FIA Referral for Mandatory Participants, to the participant, if the participant has not established an orientation appointment.▪ When a participant fails to keep or reschedule an orientation appointment.
Distribution	Send one copy to the participant and keep one copy in the PJ case file.
Data	Complete all entries. Enter the mailing date and PJ worker's name and phone number at the top of the form. Be sure to enter the participant's name and a response due date that is 10 days from the mailing date. Check the box that describes the participant's situation.

Comm. 132 or Comm. 132(S), Family Planning Counseling

Purpose	Comm. 132 or Comm. 132(S), Family Planning Counseling , brochure is designed to give basic information about family planning counseling services.
Source	PJ and HHS staff may print Comm. 132 or Comm. 132(S) from the online manual. HHS staff may also print Comm. 132 or Comm.132(S) from WISE and the HHS SharePoint under Forms.
Distribution	<p>PJ staff may issue Comm. 132 at their discretion to PJ participants during the FIA process.</p> <p>HHS staff give Comm. 132 at the FIP application interview and at review.</p>

Comm. 137 or Comm. 137(S), 60-Month Limit on FIP

Purpose	Comm.137, 60-Month Limit on FIP , is designed to give answers to frequently asked questions about the 60-month limit on FIP benefits.
Source	PJ or HHS staff may print Comm. 137 from the online manual. HHS staff may also print Comm. 137 from WISE or the HHS SharePoint under Forms.
Distribution	PJ staff issue Comm. 137 at their discretion to PJ participants. HHS staff issue Comm. 137 at the FIP application interview and the annual review. HHS also includes Comm. 137 whenever issuing form 470-3851, Important Information About Your FIP .

Comm. 170 or Comm. 170(S), Understanding the Limited Benefit Plan

Purpose	Comm. 170 provides information about the FIP LBP.
Source	PJ and HHS staff may print Comm. 170 from the online manual. HHS staff may also print Comm. 170 from WISE or HHS SharePoint under Forms.
Distribution	PJ and HHS staff should issue Comm. 170 any time it's necessary to inform participants about the consequences of a LBP.
Data	The flyer tells how a LBP is chosen and the consequences and resolution conditions of a first and subsequent LBPs.

RC-0008, Overpayment Recovery Codes

Purpose RC-0008 explains the meaning of the codes used in WOPR.

Source This reference card may be printed from the online manual.

RC-0014, PROMISE JOBS Data Codes

Purpose	The RC-0014 chart lists the codes used in reporting information on individual client's PJ participation on the provider reporting systems. See the instructions for completion of specific forms for more details on the use of these codes.
Source	Print this reference card from the online manual.