Disability Access Point	District	Date
Notice of Decision: Disability Services (Non-Medicaid)	L	
		ACTION
		Approval Denial Change in Service Reduction Cancellation
Explanation of Action		
Effective:		
Explanation		
Manual or Rule References:		
Conference		
If you do not agree with the decision, you may discuss the decision and your situation with the agency staff, obtain an explanation of the action and present information to show that the action is incorrect. This conference does not in any way diminish your right to a hearing described on the back of this page. You may speak for yourself or be represented by legal counsel, a friend, or other person. If you have trouble understanding this notice, you may call lowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.		
Reapplication		
If your application has been denied or your assistance has been canceled, you have the right to reapply at any time.		
Worker's Signature	Telephone Num	ber
Office Address		

You Have the Right to Appeal

What is an appeal? An appeal is asking for a reconsideration because you do not like a decision that was made relating to an eligibility determination or denial of behavioral health or disability services. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 lowa Administrative Code Chapter 223 for Disability Services or Chapter 303 for Behavioral Health].

How do I appeal? You can appeal in writing. There are multiple ways to file an appeal. Choose the one that works for you:

- Email: appeals@hhs.iowa.gov
- FAX: (515) 564-4044
- Mail: Iowa Department of Health and Human Services, Appeals Bureau, 321 E 12th Street, Des Moines, Iowa 50319

We will let you know in writing that we received your appeal.

How long do I have to appeal? You have 120 calendar days to file an appeal from the date of the eligibility determination or denial of services.

How will I know if my appeal was accepted? If the appeal request is granted, you will be given a chance to submit a written statement and documentation to support your case. You will have 14 calendar days from the date of the acknowledgment letter to provide this information. Then, you should receive a written Proposed Decision from HHS within 30 calendar days that explains the decision and next steps that may be available to you. You will get a letter telling you if your appeal is denied.

Can I have someone else help me? You or someone else, such as a friend or relative, can tell why you disagree with the HHS's decision. You may also have a lawyer help you, but HHS will not pay for one. Your county HHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275.

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

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

If you feel HHS has discriminated against or harassed you, please send a letter detailing your complaint to: lowa HHS, Lucas Building, Bureau of Human Resources, 4th Floor, 321 East 12th Street, Des Moines, IA 50319 -0114 or via email HR@hhs.iowa.gov.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Additionally, program information may be made available in languages other than English.

This institution is an equal opportunity provider.