



## Notice of Action: Kinship Foster Care

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Date

☐ New Application

☐ Denial

☐ Update

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The Department has made the following decision regarding your application to be approved for Kinship Foster Care:

- ☐ An approval has been issued to you for the period of \_\_\_\_\_ to \_\_\_\_\_, allowing you to care for Names of Children. HHS requires that you notify HHS within seven working days of a move to a new home or any change in the number of persons living in the home or any circumstances that could negatively affect the health, safety or welfare of a child in the family's care.
- ☐ Your application has been denied for the following reasons:
- ☐ One or more adults living in your home did not clear the background checks
  - ☐ A kinship caregiver or adult household member's history of child abuse and neglect findings
  - ☐ Another kinship foster home has been selected
  - ☐ A condition or combination of conditions that cannot be improved and prevent the kinship caregiver from providing for the child in care's physical, emotional, medical, or educational needs.

Other applicable Iowa Administrative Code sections:

Iowa Code Sections:

See attached letter for details.

Your right to appeal this decision is explained on the back of this notice. If you have questions, contact your county HHS office.

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Division Administrator or designee

## **You Have the Right to Appeal**

**What is an appeal?** An appeal is asking for a hearing because you do not like a decision the Department of Health and Human Services (HHS) makes. 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 Iowa Administrative Code Chapter 7].

**How do I appeal?** You can appeal in person or in writing for. You must appeal in writing for all other programs by doing **one** of the following:

- A. Complete an appeal electronically at: <https://hhs.iowa.gov/programs/appeals> **or**
- B. Write a letter telling us why you think a decision is wrong, **or**
- C. Fill out an Appeal and Request for Hearing form. You can get this form at your county HHS office.

Send or take your appeal to the HHS, Appeals Bureau, 4th Floor, 321 E 12<sup>th</sup> Street, Des Moines, Iowa 50319. If you need help filing an appeal, ask your county HHS office.

**How long do I have to appeal?** You must file an appeal within 30 calendar days of the date of a decision or before the date a decision goes into effect.

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing. If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

**Can I continue to get benefits when my appeal is pending?** You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal within 10 calendar days of the date the notice is received. A notice is considered to be received 5 calendar days after the date on the notice. Any benefits you get while your appeal is being decided may have to be paid back if the HHS's action is correct.

**How will I know if I get a hearing?** You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

**Can I have someone else help me in the hearing?** 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. If you live in Polk County, call 243-1193.

## **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: Iowa HHS, Hoover Building, 5th Floor – Policy Bureau, 1305 E Walnut, Des Moines, IA 50319-0114 or via email [contactdhs@dhs.state.ia.us](mailto:contactdhs@dhs.state.ia.us).

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, 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.