IOWA | Health and Human Services

Date

Name
Address
City, State, ZIP

Dear Applicant's Full Name

Thank you for offering to provide a Kinship Foster Home.

After careful review and consideration, HHS is not approving your application for Kinship Foster Care Approval. We are not recommending approval because:

☐ One or more adults living in your home did not clear the background check. Concerns about criminal background records may be directed to Iowa HHS Record Checks Unit at 515-362-7420. Iowa HHS staff are not allowed to provide criminal records.

☐ Your home does not meet the child(ren)'s placement needs, for the following reasons:

We appreciate your willingness to provide a home for the child(ren) and all the efforts you've made in the application process. Although our agency is not recommending approval at this time, you may be able to play an active role in your family member's well-being through visitation, transportation, and other forms of support.

Your Rights and Next Steps

You have the right to appeal this decision. An appeal is a request to HHS to reconsider their decision. Keep in mind that HHS is responsible for making the final decision which may or may not be the outcome you want. To appeal the decision, follow the steps below.

If you do not understand this letter or would like to discuss this decision further, please contact me at the telephone number or email address below.

Sincerely,

Name	Job Title
Email Address	Phone

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://secureapp.dhs.state.ia.us/dhs_titan_public/appeals/appealrequest **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 12th 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. 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.

I am your HHS licensing and approval worker. I can be reached at email address or by calling Phone Number.

Please don't hesitate to me with any questions you may have.

Respectfully,

Licensing Worker Name, Title
Foster Care Licensing and Approval