

Promise *Jobs* PROVIDER MANUAL

APPENDIX



The Department of Human Services in Partnership with
the Departments of Economic Development, Education,
Human Rights, Management, and Workforce Development.

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Adjustment to Overpayment Balance, Form 470-0010

Purpose	<p>Form 470-0010 is used to record payments and adjustments to debtor accounts established on the Overpayment Recovery System.</p> <p>Note: The total amount of the claim is not adjusted with this form. Submit an updated <i>Overpayment Recovery Information Input</i> to adjust the total owed.</p>
Source	<p>Form 470-0010 may be completed on line using the template provided by DHS.</p>
Completion	<p>The PROMISE JOBS worker prepares two copies of this form when:</p> <ul style="list-style-type: none">◆ Payments (cash, returned warrants) are received in the PROMISE JOBS 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>
Distribution	<p>Send the original of this form with the receipt and the payment, if applicable, to the DHS Bureau of Purchasing, Payments and Receipts, Cashier’s Office, Room 14, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. 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">◆ <u>Date</u>: Enter the date the form is being submitted.◆ <u>Submitting Worker</u>: Enter your name.◆ <u>Agency/Office</u>: Enter “IWD.”◆ <u>Phone</u>: Enter your 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*, form 470-0464.
- ◆ **Identifying Number and Prefix:** Enter the prefix and the main identifier, as listed in fields 3 and 4, 5, or 6 of the *Overpayment Recovery Information Input*.
- ◆ **Program:** Enter the code listed in field 16 of the *Overpayment Recovery Information Input* 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 listed in field 17 of the *Overpayment Recovery Information Input* 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 by which the debtor's account balance should be reduced, if applicable.
- ◆ **Increase Balance:** Enter the amount by which the debtor's account balance should be increased, if applicable.
- ◆ **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.

Appeal and Request for Hearing, Form 470-0487

Purpose	<p>Form 470-0487 is used to initiate the appeal process and to supply information needed to proceed with an appeal.</p> <p>Note: A person may request appeal without completing this form. Any written appeal is valid.</p>
Source	<p>Form 470-0487 is printed in pads of 25 three-part carbonized sets. Order Supplies from Iowa Prison Industries at Anamosa. The form may also be completed on line using the template provided by DHS.</p> <p>Appellants may also complete this form electronically at www.dhs.state.ia.us/appeals.asp. The request will be submitted directly to the DHS Appeals Section to be processed.</p>
Completion	<p>The form is divided into two parts. Part I is completed by the person who wishes to appeal (the appellant) or someone acting for the appellant. Assist the appellant in completing this part of the form if the appellant wishes.</p> <p>The PROMISE JOBS worker completes Part II for the case as soon as the worker receives the appeal.</p> <p>If the appellant submits the form to request an appeal, complete Part II then. If the appellant does not use this form to request an appeal, attach the appeal request to the form and complete the identifying information in Part I.</p> <p>If you are using the template form, make three copies of the completed form.</p>
Distribution	<p>Distribute the form as follows:</p> <ul style="list-style-type: none">◆ Give one copy to the appellant.◆ Keep one copy in the case file.◆ Within 24 hours of receipt, send the original copy to: <p>DHS Appeals Section, 5th Fl 1305 E Walnut St Des Moines, Iowa 50319-0114</p>

Attach a copy of the *Notice of Decision* or other notice of an adverse action that is being appealed. If no copy of the notice is attached, note why. Attach the postmarked envelope if the appeal was mailed to you.

Within ten days of the receipt of the appeal, forward a summary of all actions taken. The summary is a review of the facts about the situation and should include:

- ◆ Information on the household composition.
- ◆ The issue being appealed.
- ◆ A detailed explanation of actions taken which led to the appeal.
- ◆ Copies of all supporting documents, including applications, notices, any other applicable forms, and narratives.
- ◆ Manual references on the actions taken.

Provide the appellant and appellant's representatives, if any, with copies of all materials submitted to the Appeals Section. Note on the materials sent to the Appeals Section that copies were sent and to whom.

Notify the Appeals Section if other agencies or staff are parties to the appeal.

Data	Part I	Complete all the information, including phone number, if applicable. Check the programs under appeal. The statement of complaint may be as specific as the appellant wishes to make it.
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Indicate if the appellant requests an interpreter for the appeal hearing.

Indicate whether the appellant wishes to have a pre-hearing conference to discuss the appeal. Explain the purpose of a pre-hearing conference. The form should be signed and dated, if possible.

List any other people whom the appellant wishes to have notified of the time and place of the hearing, with their addresses. This may include an attorney or representative.

	Part II	Complete the worker name, number, telephone number, county office and case number or state identification number.
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Refer to [Continuation of Benefits Pending an Appeal Decision](#) to determine whether the appellant's assistance or services are continuing or being reinstated pending the outcome of the appeal. If assistance is not being continued or reinstated, check no, and note the reason why it is not.

Check the box to indicate the PJ worker and enter your office location. If you have a special scheduling request (such as a compressed workweek), list it on the line indicated.

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

Purpose	Form 470-0502 is used to authorize an examiner to perform an examination for people who do not receive Medicaid. It also serves as a billing form for the examiner to present a claim to DHS for payment.
Source	Complete form 470-0502 on line using the template provided by DHS.
Completion	<p>The PROMISE JOBS worker initiates the form when it is necessary to determine the illness of a household member who is not a Medicaid recipient, because the participant claims to be needed in the home to care for this person.</p> <p>Complete and sign the top section of the form. The examiner completes the claim section. DHS staff complete the certification section.</p>
Distribution	<p>Send the form to the examiner, along with form 470-0447, <i>Report on Incapacity</i>. The examiner shall return form to the PROMISE JOBS office. Make a copy of the form to file in the case record.</p> <p>Write “PROMISE JOBS” across the top of the original and send it to DHS, Division of Medical Services 5th Fl, 1305 E Walnut, Des Moines, Iowa 50319-0114.</p>
Data	The top section of the form is self-explanatory. The PROMISE JOBS worker shall sign the line designated for county director. The examiner completes the middle section.

Child Care Assistance Provider Agreement, Form 470-3871

Purpose	The <i>Child Care Assistance Provider Agreement</i> sets the terms for payment of a child care provider by the Department of Human Services.
Source	Form 470-3871 is printed in pads of 50 two-part carbonized sets. Order supplies from Iowa Prison Industries at Anamosa.
Completion	<p>A provider selected by a Child Care Assistance client initially completes 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 both copies of the form to the local DHS or PROMISE JOBS office.</p> <p>The DHS Child Care Assistance worker in the local office:</p> <ul style="list-style-type: none">◆ Reviews the agreement.◆ Determines if the provider meets all of the requirements.◆ Completes the back page with:<ul style="list-style-type: none">• The provider's approved rates.• The effective date of the <i>Agreement</i>, based on the client's application date or the first date of child care service, whichever is later.• The termination date, which shall be no more than two years from the effective date. <p>The <i>Agreement</i> must be renewed at least every two years, or when the provider reports changes.</p>
Distribution	When the <i>Agreement</i> is approved and all signatures are secured, the DHS worker sends one copy of the <i>Agreement</i> back to the child care provider, keeps one copy in the local DHS office, and sends a photocopy to the PROMISE JOBS worker when a PROMISE JOBS client selects this provider.

Data

The first page of the form gathers provider information. The second through fourth pages set forth the terms and conditions to which both parties agree, as indicated by their signature on the last page.

On the first page, the provider:

- ◆ Enters the following data:
 - Provider name
 - Address
 - Phone number
 - Social security number or federal identification number
 - County where the child care provider resides
- ◆ Checks the applicable box to indicate the type of provider:
 - Licensed child care center
 - Nonregistered provider
 - Exempt facility
 - In-home provider
 - Child development home category A
 - Child development home category B
 - Child development home category C
- ◆ Enters all of the rates the provider charges for basic and special needs care for each age group. Providers may enter hourly, half-day, or daily rates. If the provider does not enter half-day rates, the Child Care Assistance worker must calculate the half-day rate.

Both the provider and Child Care Assistance worker should sign the agreement.

Also, on page four, the DHS Child Care Assistance worker:

- ◆ Fills out the table with the approved half-day rates for the provider.
- ◆ Enters the services codes for the rates approved. The first two digits of this code represent the provider type and the type of care (special needs, basic). The second two digits represent the age group of the child.

PROVIDER TYPE

14xx	Child development home category C (basic)
61xx	Child development home category C (special)
15xx	Child care center (basic)
62xx	Child care center (special)
16xx	Nonregistered family home (basic) Child development home category A or B (basic)
63xx	Nonregistered family home (special) Child development home category A or B (special)
17xx	In-home care (basic)
64xx	In-home care (special)

AGE GROUP

xx01	Infant and toddler
xx02	Infant and toddler (nonregistered)
xx16	Preschool
xx17	Preschool (nonregistered)
xx46	School age
xx47	School age nonregistered)

- ◆ Enters the effective date, which can be no sooner than the date of the client's application or first day of child care services, whichever is later.
- ◆ Enters the termination date, which can be no later than 24 months from the effective date.

Reserve this page for future use.

[Consent to Obtain and Release Information, Form 470-0429](#)

Purpose

The *Consent to Obtain and Release Information* is used to obtain permission from a participant to allow the PROMISE JOBS worker to contact a third-party source to obtain information about the participant or to release information about the participant.

The form can be used alone or in conjunction with the *Report on Incapacity* when medical information is needed. PROMISE JOBS may request medical verification to determine if:

- ◆ A medically related barrier to participation exists.
- ◆ Assignment to a specific component or activity is acceptable.
- ◆ A participant should be temporarily excused from participation due to a medically related problem with participation.

When asking for medically related information, the **only** use of this release for PROMISE JOBS is to determine the ability of the participant to engage in job search, full-time employment, and other PROMISE JOBS activities.

It is not necessary to receive a medical diagnosis of the participant's condition. Ask only whether the participant is able to meet PROMISE JOBS component requirements or can participate in a meaningful manner.

This form can also be used to request information about participation and progress in a treatment plan. However, the progress notes must involve only information concerning the ability of the participant to be involved in:

- ◆ The program outcome of full-time employment, or
- ◆ Specific components that will lead to full-time employment and self-sufficiency.

When participants claim to have medical problems that would exempt them from PROMISE JOBS entirely, refer them to the income maintenance worker. The IM worker is responsible for obtaining verification and determining whether the client should be exempt.

Source	<p>Form 470-0429 is printed in pads of 25 two-part carbonized sets. Order supplies from Iowa Prison Industries at Anamosa. You may also complete this form on line using the template provided by DHS.</p>
Completion	<p>The PROMISE JOBS worker completes the form when PROMISE JOBS needs to:</p> <ul style="list-style-type: none">◆ Obtain verification from a third-party source and the participant is unable to provide the information.◆ Provide information to a third-party source at the participant's request. <p>The participant signs the form. Discuss the authorization and the explanation paragraph regarding the use of the form and answer any questions raised. Ensure that the participant understands the right to withdraw authorization for one or more of the listed people or agencies.</p>
Distribution	<p>File the original in the case record and give a copy to the participant. You may need to send a photocopy of the form with your request for information.</p>
Data	<p>Complete:</p> <ul style="list-style-type: none">◆ Participant's name.◆ Participant's identification number (social security number).◆ Participant's address.◆ Participant's date of birth. <p>Complete the parent or guardian's name if the participant is a minor.</p> <p>Leave the FACS# field and the parent's address field blank. They do not apply to PROMISE JOBS.</p> <p>Cross out the words "DHS" and "County." Enter "PROMISE JOBS" in the blank.</p>

Enter the name of the person, the name of the agency, and the address of the agency to release the information or receive the information.

Above the worker box, cross out “DHS or County” and write in “PROMISE JOBS.” Enter the phone number, name, and address of the PROMISE JOBS office.

If the participant states that he or she is involved in a mental health or substance abuse treatment plan, circle “Agency participation, plans, and progress reporting” to describe the information shared. Cross out the other types of information listed. No other information in this area is necessary for PROMISE JOBS use.

For medical issues, complete the “Other” field with a statement asking for information to determine if the participant is able to seek, secure, and maintain full-time employment on a long term basis. This should include any limitations this participant has in relation to job search, full-time employment, or any other components of PROMISE JOBS.

For other sources of information, use a statement of the types of information you need to exchange.

Never complete the “Specific Authorization for Release” for PROMISE JOBS use.

Have the participant sign and date the form. If a parent signs the form for a minor, enter the parent’s relationship.

The “Expiration date” can be to the end of projected participation with PROMISE JOBS. If medical information is being requested, the expiration date cannot be more than a year from the date the document was signed by the participant.

The “record of Disclosures” section on the back of the form is not used for PROMISE JOBS. Document contacts with narrative notation when other documentation is not available.

Demand Letter for PROMISE JOBS Agency Error Overissuance, Form 470-3990

Purpose	Form 470-3990 informs the debtor on an agency error claim of the amount and reason for the overpayment and requests repayment.
Source	The Overpayment Recovery System, located in the DHS Division of Data Management, generates form 470-3990 on the last working day of the month.
Completion	<p>This form is first printed for an agency error claim on the last working day of the month when the claim was added to the Overpayment Recovery System. The form is sent to the debtor each month until:</p> <ul style="list-style-type: none">◆ The claim is suspended,◆ DIA receives an agreement to repay, or◆ Four forms have been sent. <p>One form must be sent before grant reduction can take place and before a match can be made for debt setoff (state tax refunds) or any other income offset (state warrant). The debtor is responsible for completing the agreement to repay.</p>
Distribution	<p>One copy is mailed to the debtor from Central Office with a return envelope enclosed.</p> <p>The debtor should return the completed bottom portion of the form to Iowa Department of Inspections and Appeals, Overpayment Recovery Unit, 3rd Floor, 321 E 12th Street, Des Moines, IA 50319-0083.</p>
Data	<p>The Overpayment Recovery system completes:</p> <ul style="list-style-type: none">◆ The reason for the overissuance.◆ The percentage of withholding.◆ The conditions for cash or monthly payments. <p>The debtor completes the choice of grant reduction or cash payment, and the conditions of cash payment (if applicable), and signs and dates the form. Agreement for grant reduction is not acceptable if the debtor is not an active FIP or RCA recipient.</p>

Demand Letter for PROMISE JOBS Client Error Overissuance, Form 470-3991

Purpose	Form 470-3991 informs the debtor on a client error claim of the amount and reason for the overpayment and requests repayment.
Source	The Overpayment Recovery System, located in the DHS Division of Data Management, generates form 470-3991 on the last working day of the month.
Completion	<p>This form is first printed for a client error claim on the last working day of the month when the claim was added to the Overpayment Recovery System. The form is sent to the debtor each month until:</p> <ul style="list-style-type: none"> ◆ The claim is suspended, ◆ DIA receives an agreement to repay, or ◆ Four forms have been sent. <p>One form must be sent before grant reduction can take place and before a match can be made for debt setoff (state tax refunds) or any other income offset (state warrant).</p>
Distribution	<p>One copy is mailed to the debtor from Central Office with a return envelope enclosed.</p> <p>The debtor should return the completed bottom portion of the form to Iowa Department of Inspections and Appeals, Overpayment Recovery Unit, 3rd Floor, 321 E 12th Street, Des Moines, IA 50319-0083.</p>
Data	<p>The system completes:</p> <ul style="list-style-type: none"> ◆ The reason for the overissuance. ◆ The percentage of withholding. ◆ The conditions for cash or monthly payments. <p>The debtor completes the choice of grant reduction or cash payment, and the conditions of cash payment (if applicable), and signs and dates the form. Agreement for grant reduction is not acceptable if the debtor is not an active FIP or RCA recipient.</p>

Demand Letter for PROMISE JOBS Provider Error Overissuance, Form 470-3992

Purpose	Form 470-3992 informs the debtor on a PROMISE JOBS provider error claim of the amount and reason for the overpayment and requests repayment.
Source	The Overpayment Recovery System, operated by the Division of Data Management, generates form 470-3992 on the last working day of the month.
Completion	<p>The Overpayment Recovery System first prints this form for a provider error claim on the last working day of the month when the month when the claim is entered on the System. The form is sent to the debtor each month until:</p> <ul style="list-style-type: none">◆ The claim is suspended,◆ DIA receives an agreement to repay, or◆ Four forms have been sent. <p>One form must be sent before a match can be made for debt setoff (state tax refunds) or any other income offset (state warrant). The debtor is responsible for completing the agreement to repay.</p>
Distribution	<p>One copy is mailed to the debtor from DHS central office with a return envelope enclosed.</p> <p>The debtor should return the completed bottom portion of the form to Iowa Department of Inspections and Appeals, Overpayment Recovery Unit, 3rd Floor, 321 E. 12th Street, Des Moines, IA 50319-0083.</p>
Data	<p>The system completes:</p> <ul style="list-style-type: none">◆ The reason for the overissuance.◆ The conditions for cash or monthly payments. <p>The debtor completes the choice of repayment and signs and dates the form.</p>

Estimate of Cost, Form 470-0510

Purpose	The <i>Estimate of Cost</i> is used to obtain an estimate of the amount of PROMISE JOBS expense allowances needed in order to allow the client to participate in a component. This information also is used to determine if the participant has an approvable classroom training plan.
Source	Print this form from the DHS web site or photocopy the sample. This form is also printed in pads of 25 sets. Order supplies from Iowa Prison Industries.
Completion	When documentation of financial need for goods or services is required, provide the participant with a supply of <i>Estimate of Cost</i> forms. The participant asks the provider who furnishes the service or goods to complete the form when: <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 PROMISE JOBS worker. File the completed form in the PROMISE JOBS participant file.
Data	Providers of goods such as books or supplies must list each item separately and enter the total charge for the goods. The “other” category (E) is used for services or goods not addressed in sections A through D.

FaDSS Monthly Report to PROMISE JOBS, Form FaDSS-00-02-M

Purpose	The purpose of the <i>FaDSS Monthly Report to PROMISE JOBS</i> is to give a monthly update to the PROMISE JOBS worker on the progress and activity of the FaDSS family.
Source	Form FaDSS-00-02-M originates from the FaDSS grantee. PROMISE JOBS does not initiate the form.
Completion	The local FaDSS worker assigned to the family prepares three copies of this report each month. This form is to be mailed to the local PROMISE JOBS office by the 10 th day of the month following the reporting month: i.e., July report should be mailed by August 10 th .
Distribution	The FaDSS worker sends the original to the PROMISE JOBS worker, places a copy in the FaDSS' file and sends a copy to the family.
Data	<p>The local FaDSS worker completes the form as follows:</p> <ul style="list-style-type: none">◆ <u>Report Month</u> Enters the month of the report. In most cases, this will be the previous month.◆ <u>PJ Worker</u> Enters the name of the PROMISE JOBS worker.◆ <u>FaDSS Worker</u> Enters the name of the person providing the FaDSS services.◆ <u>Phone #</u> Enters the phone number of the FaDSS worker that wrote the report.◆ <u>Participant</u> Enters the name of the head of the household. This name used should be the same name that PROMISE JOBS or DHS originally referred to the FaDSS program.◆ <u>SS#</u> Enters the social security number of the person that PROMISE JOBS or DHS referred.

- ◆ Date Enrolled Enters the date the family was assigned to FaDSS.
- ◆ In-Person Enters the number of times in the report month that the FaDSS worker met with the family. This could be in the home, office, or any other location where goal setting, assessment, or personal support was offered.
- ◆ Attempted Visits Enters the number of visits that the FaDSS worker had scheduled with the family and the family did not appear for the scheduled visit.
- ◆ Identified Strengths Lists the strengths of the family observed by the FaDSS worker or identified by the family. These strengths can change from month to month.
- ◆ Identified Barrier(s) Lists the barriers that the family has that are identified as prohibiting the family from gaining economic self-sufficiency. Lists additional barriers on the back of the form.
- ◆ Steps Taken Writes any steps the family has taken to overcome or to cope with the identified barrier(s) that are listed to the left of this section. For example, if the family has identified childcare to be a barrier, a step taken may be to have contacted daycare providers to see about openings and appropriateness.
- ◆ Employment (as reported by the FaDSS participant)

No Change: Marks this box if there have been no changes in the employment status of the participant.

Changed: Marks this box if there has been any change in the employment status of the participant and

- ◆ Fills in the “Reason.”
- ◆ Makes the change to the appropriate areas in the “New” information section if the change has something to do with a change of current employment.

- Reason: Writes the reason for the change.
- New: Marks this box if the participant started employment or has a different employer from the last reporting period.
- Where: Writes employer's name.
- Start Date: Enters the first day the participant started work with the above employer.
- Hours per Week: Enters the number of hours, on the average, that the participant will be scheduled to work per week.
- Hourly Wage: Enters the pay rate per hour the participant will receive. If not paid an hourly rate, calculates by dividing the number of hours per week/month that the person worked by the dollar amount they received.
- Job title: Writes in the job title or position of the participant.
- ◆ Significant Changes Writes in any changes that have occurred since the last reporting period. Notes any progress the family has made. Includes any changes that may effect a person's participation in PROMISE JOBS. I.e. if the family has secured reliable child care, they could be ready for Job Club.
 - ◆ Activities Participating In Writes any activity that the participant is participating in that will assist in gaining economic self-sufficiency or to family stability. This can be FaDSS-related, PROMISE JOBS-related, or other community activities.
 - ◆ Recommendations/Comment Writes in any other information that might be helpful to the PROMISE JOBS worker about the progress that the family is making. Notes if a family is ready to move on with another step of their FIA or if the FIA needs to be renegotiated.

FaDSS Universal Referral, Form FaDSS-00-01-R

Purpose	<p>The <i>FaDSS Universal Referral</i> is used to:</p> <ul style="list-style-type: none">◆ Make a referral to the FaDSS program.◆ Transfer a participant from one FaDSS grantee to another.◆ Inform PROMISE JOBS of the referral and the status of that referral.◆ Document the enrollment date if FaDSS services are accepted.
Source	<p>Usually form FaDSS-00-01-R originates from the FaDSS grantee. If PROMISE JOBS does initiate the form, print it from on-line manual or photocopy the sample.</p>
Completion	<p>Two copies of this form are completed when a referral to the FaDSS program is made.</p> <p>The PROMISE JOBS worker may either:</p> <ul style="list-style-type: none">◆ Complete Part A of the form and send it to the FaDSS grantee by regular mail, electronic mail, or fax.◆ Telephone the FaDSS grantee and relay the information over the phone, with the FaDSS worker completing the form. <p>Another option is for the FaDSS worker to complete the referral form by gathering the information from the list of eligible FaDSS participants provided by the DHS central office.</p>
Distribution	<p>The FaDSS grantee keeps the original and distributes a photocopy to the local PROMISE JOBS office each time a section is completed.</p>
Data	<p>Part A: Self-explanatory – completed upon referral.</p> <p>Part B: Completed by the FaDSS worker to notify PROMISE JOBS within 20 working days of the status of the referral.</p> <p>The referral is considered closed if the family declines services or FaDSS is unable to meet with the family. PROMISE JOBS or DHS would need to refer the family again if the family decides in the future that they would like to participate in the FaDSS program.</p>

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

Purpose	The <i>Family Investment Agreement</i> outlines the family or individual goal to achieve self-sufficiency.
Source	Complete the English and Spanish form on line using the templates provided by DHS.
Completion	<p>The PROMISE JOBS 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 a family investment agreement. All family members who are required to have a family investment agreement, involved PROMISE JOBS workers, and a PROMISE JOBS supervisor must sign and date the bottom of the form.</p>
Distribution	<p>File one copy in the client’s case file. Give one copy to the client. 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 a family investment agreement. Indicate the date completed.</p> <p>Either the PROMISE JOBS worker or a family member must enter the final 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 and the PROMISE JOBS worker must sign and date the bottom of the form. Electronic signatures are acceptable.</p>

[FIA Appointment, Form 470-3897](#)

Purpose	<p>Eligibility for FIP is determined through both financial and nonfinancial requirements. Form 470-3897 is used to schedule an appointment for a referred person to meet with PROMISE JOBS for the nonfinancial eligibility criterion of completing and signing a family investment agreement.</p> <p>Receipt of the form from IM notifies PROMISE JOBS of the scheduled appointment for the FIA-responsible adults to develop and sign a family investment agreement. For applicants, failure to complete and sign a family investment agreement results in denial of the family's FIP application.</p>
Source	Complete this form on line using the template provided by DHS.
Completion	<p>The <i>FIA Appointment</i> form is issued:</p> <ul style="list-style-type: none">◆ By the IM worker during the initial face-to-face interview with the applicant to determine a family's eligibility for FIP.◆ By PROMISE JOBS when rescheduling appointments initiated by IM.◆ By either IM or PROMISE JOBS when a client has requested reconsideration of a first LBP and can be scheduled before the effective date. <p>For applicants, the IM worker completes the form if the family appears to meet FIP eligibility criteria and includes members of the assistance unit who are mandatory referrals to PROMISE JOBS. (When it appears that the family does not meet FIP criteria, 470-3897 will not be completed, as no involvement from PROMISE JOBS is needed.)</p> <p>The IM worker schedules an appointment for applicants who appear eligible for FIP and who are mandatory referrals to the PROMISE JOBS program, to meet with PROMISE JOB to complete and sign a family investment agreement.</p>

The IM worker also uses the form to:

- ◆ Identify the FIA-responsible adults to PROMISE JOBS.
- ◆ Provide additional information to PROMISE JOBS using the “Comment” section, such as, but not limited to:
 - A referral is a non-English speaking applicant.
 - A referral to the FaDSS program is being made.
 - The InfoShare has not been viewed.
 - A scheduling conflict exists for families with multiple referred members.

Distribution

When the IM worker completes the form, the IM worker will:

- ◆ Hand-issue the form to the FIP applicant.
- ◆ Send an electronic copy to the appropriate PROMISE JOBS SDR mailbox within one working day of scheduling the appointment.
- ◆ File a copy in the FIP case record.

Each PROMISE JOBS SDR shall have designated staff disperse referrals within 24 hours of receipt. Upon the receipt of a referral PROMISE JOBS shall:

- ◆ Ensure that the PROMISE JOBS worker’s name appears in PJCase as responsible for this particular referred individual,
- ◆ Forward a copy of this form to FaDSS if the family is currently enrolled in the FaDSS program, and
- ◆ File a copy in the case file.

If PROMISE JOBS completes the form:

- ◆ Hand issue or send the form to the client,
- ◆ File a copy in the PROMISE JOBS case record, and
- ◆ Forward a copy to FaDSS if the family is currently enrolled in the FaDSS program.

Data

The form is self-explanatory. Complete all entries, ensuring that the appropriate PROMISE JOBS office is chosen from the list of PROMISE JOBS office addresses displayed as choices.

FIA Referral for Mandatory Participants, Forms 470-3105 (IWD) and 470-3106 (BRS)

Purpose	<p>Form 470-3105 (IWD) informs clients that they have been referred to the PROMISE JOBS as a mandatory participant and that they have 10 days to contact the PROMISE JOBS to schedule orientation and assessment.</p> <p>Form 470-3106 (BRS) informs refugee clients that they have been referred to the Bureau of Refugee Services as a mandatory participant and that they have 10 days to contact the Bureau of Refugee Services to schedule orientation and assessment.</p>
Source	<p>Form 470-3105 and 470-3106 are system-generated.</p>
Completion	<p>The DHS Automated Benefit Calculation (ABC) system issues these letters to clients when the IM worker changes the client's PROMISE JOBS referral status from exempt to mandatory on the system.</p> <p>Form 470-3105 (IWD) is sent when the IM worker changes a referral code for a non-refugee who is an active FIP participant from exempt to mandatory.</p> <p>Form 470-3106 (BRS) is sent when the IM worker changes a referral code for a refugee who is an active FIP participant from exempt to mandatory.</p>
Distribution	<p>DHS Central Office sends the original to the participant.</p>
Data	<p>The system completes the date and the names and addresses of the client and the worker.</p>

FIA Steps to Achieve Self-Sufficiency, Form 470-3096 and 470-3096(S)

Purpose	The <i>FIA Steps to Achieve Self-Sufficiency</i> 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 on line using the templates provided by DHS.
Completion	The PROMISE JOBS 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 a family investment agreement (FIA).
Distribution	File one copy in the client’s case file. Give one copy to the client.
Data	Enter the name and state identification number of each person required to have a family investment agreement. Indicate the date completed, the IM worker number, and county number. Either the PROMISE JOBS worker or a family member must enter the final 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 PROMISE JOBS will provide. The client and the PROMISE JOBS worker must sign and date the bottom of the form. Electronic signatures are acceptable.

Hardship Exemption Determination, Form 470-3876

Purpose

Families that have received FIP for 60 months may receive FIP beyond that limit only if they request and are determined eligible for a “hardship exemption.” Form 470-3876 is used to document approval or denial of a family’s request for a hardship exemption.

The hardship exemption eligibility determination is a two-step process. Failure to meet either step results in denial of the family’s request.

1. The IM worker determines whether the family has a hardship condition that affects its ability to be self-supporting.
2. If so, the family must develop and sign a six-month *Family Investment Agreement* that addresses the hardship condition.

The IM worker also uses the form to:

- ◆ Notify PROMISE JOBS of families that have met Step 1.
- ◆ Identify the FIA-responsible adults to PROMISE JOBS.
- ◆ Identify the family’s service worker if the family has an active service case.

Source

Form 470-3876 originates from Income Maintenance. PROMISE JOBS does not initiate the form.

Completion

Income Maintenance completes Part A to document the results of Step 1. If the family meets the requirements in Step 1, the form notifies you that you must now develop and sign a six-month FIA before the hardship exemption request can be granted.

Upon receipt of the documents from IM, you need to schedule an appointment for the FIA-responsible adults to develop and sign the six-month FIA. Complete Part B to document the results of Step 2 and return the form to IM.

Then the IM worker completes Part C to document the final determination.

Distribution

The IM worker will forward a copy of the form to the local PROMISE JOBS office within one working day of making the hardship determination. IM will also include:

- ◆ A copy of form 470-3826, *Request for FIP Beyond 60 Months*.
- ◆ A copy of form 470-3897, *FIA Appointment*.
- ◆ A copy of the family's supporting hardship evidence.
- ◆ A copy of form 470-3884, *Hardship Exemption: Service Information*, from the family's service worker (if available).

When you complete Part B, return the form to IM. File a copy in the case file.

IM forwards a copy of form 470-3876 that reflects the final hardship exemption determination to:

- ◆ PROMISE JOBS.
- ◆ The family's service worker identified on form 470-3884.
- ◆ DHS central office.

Maintain the final copy of form 470-3876 in the "Hardship Exemption" section of the PROMISE JOBS case record. If FaDSS is involved with the case, send a copy to the FaDSS worker along with copies of the completed FIA.

Upon receipt of a form showing that the request for a hardship exemption has been approved, forward a copy of the FIA to:

- ◆ The income maintenance worker.
- ◆ The family's service worker identified in Part B of form 470-3884.
- ◆ The FaDSS worker (when the family has an open FaDSS case).
- ◆ DHS central office.

Transmit the FIA to DHS central office by e-mail, fax, or mail.

E-mail address: Hardship@dhs.state.ia.us

Fax number: (515) 281-7791

Mail address: Division of Financial, Health and Work Supports
Hoover State Office Building – 5th Fl
1305 E Walnut St
Des Moines, IA 50319-0114

Data

IM completes Part A as follows:

- ◆ When the family does not meet hardship criteria, IM documents the specific denial reason in Section 2 of Part A and completes the remaining items in Part A except Section 1. No involvement from PROMISE JOBS is needed.
- ◆ When the family meets hardship criteria, IM documents the family's particular hardship conditions in Section 1 of Part A and complete the remaining items in Part A except Section 2.

PROMISE JOBS documents in Part B whether the family has met the FIA requirement. If FIP approval for a family reconsidering a limited benefit plan is contingent upon the completion of 20 hours of work or work activities, note this in Part B.

IM completes Part C as follows:

- ◆ If the family failed to attend the required interview or failed to sign the FIA, IM documents the final hardship denial.
- ◆ If the family attended the interview and signed the FIA but fails to meet some other FIP eligibility requirement, IM documents the final hardship denial.
- ◆ If the family attended the interview, signed the FIA, and is otherwise eligible for FIP, IM documents the final approval of the family's hardship exemption.

Hardship Exemption: Service Information, Form 470-3884

Purpose	Form 470-3884 is used to request and submit information from a family's service worker for use in the hardship exemption process when form 470-3826, <i>Request for FIP Beyond 60 Months</i> , is returned complete. This information assists PROMISE JOBS in developing a <i>Family Investment Agreement</i> with the family and provides an additional source to substantiate the family's hardship claim.
Source	Form 470-3884 originates with the IM worker. PROMISE JOBS does not initiate the form.
Completion	<p>If the family that submits a <i>Request for FIP Beyond 60 Months</i> has an active service case, the IM worker requests information about the family by sending the service worker a paper copy of form 470-3826 and an electronic copy of form 470-3884 with Section A completed.</p> <p>The DHS service worker completes Part B and returns the form to the IM worker identified in Part A within five working days.</p>
Distribution	<p>IM sends the partially completed form to the service worker, who returns the completed form to the IM worker.</p> <p>If the family meets the hardship requirements, the IM worker forwards the completed form 470-3884, along with other pertinent documents, to the local PROMISE JOBS office.</p> <p>Completed copies of form 470-3884 are maintained:</p> <ul style="list-style-type: none">◆ In the IM case file.◆ In the "Other Reports" section of the service case file.◆ In the "Hardship Exemption" section of the PROMISE JOBS case file.

Data

Completion of Part A is self-explanatory. Services completes Part B as follows:

- ◆ The purpose of question 1 is to assist PROMISE JOBS in developing a family investment agreement 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 PROMISE JOBS worker will want to take this into consideration when developing the FIA with the family.

- ◆ In question 2, requests a brief service assessment of the challenges the family has that should be addressed in the family investment agreement, including safety issues.
- ◆ The service worker's name goes in the first box.
- ◆ The second box identifies who filled out the form. (This may be someone other than the assigned worker.)
- ◆ Other boxes request the phone number, fax number, and e-mail address of the person filling out the form and the date the form was completed.

Job Search Record, Form 470-3099

Purpose	The <i>Job Search Record</i> is completed to document job search activities that the PROMISE JOBS worker cannot document in another manner. The form also gives authorization for the PROMISE JOBS worker to contact any of the employers listed to verify the contact.
Source	Form 470-3099 is printed in pads of 25 sheets. Order supplies from Iowa Prison Industries at Anamosa.
Completion	The PROMISE JOBS participant prepares one copy of this form and provides it to the PROMISE JOBS worker within five days after the last working day of any week during which the participant has chosen to make the employer contacts.
Distribution	The participant submits the original to the PROMISE JOBS worker.
Data	Participants shall: <ul style="list-style-type: none">◆ Enter their name, address, and social security number.◆ Complete the employer name and address, contact name, and telephone number, and the result of the job search for each contact made.◆ Sign and date the form.

Non-Law Enforcement Record Check Billing Form, Form 595-1494

Purpose	Form 595-1494 authorizes payment to the Division of Criminal Investigations (DCI) for performing criminal record checks for nonregistered child care providers. DCI will return record check requests to the sending agency and ask the agency to pay for the criminal check unless form 595-1494 is also submitted.
Source	Form 595-1494 is printed with 100 forms on a pad. Order supplies from Iowa Prison Industries at Anamosa.
Completion	<p>When the participant chooses a child care provider that is not licensed or registered, the PROMISE JOBS worker or designee completes one copy of this form and sends it to the local DHS CCA contact along with copies of the following forms:</p> <ul style="list-style-type: none"> ◆ 470-2890, <i>Payment Application for Nonregistered Providers</i> ◆ 470-0643, <i>Request for Child Abuse Information</i> ◆ 470-3871, <i>Child Care Assistance Provider Agreement</i> ◆ 595-1489 or 595-1489(S), <i>Non-Law Enforcement Record Check Request Form A</i> <p>DHS forwards forms 595-1494 and 595-1489 or 595-1489(S), to DCI to determine whether criminal records exist that make a nonregistered child care provider ineligible to receive PROMISE JOBS payment.</p> <p>Prepare only one <i>Billing Form</i> when sending or faxing more than one form 595-1489 or 595-1489(S) to DHS at the same time.</p>
Distribution	Send or fax one copy of form 595-1494 with one or more copies of form 595-1489 to your DHS contact for Child Care Assistance.
Data	<p>Enter the date and the DHS agency name, address, and phone number in the “From:” section.</p> <p>Enter the number of names to be checked for criminal records in the “Number of Requests:” section. This number is equal to the number of forms 595-1489 or 595-1489(S) to be sent with the <i>Billing Form</i>.</p> <p>Leave the “Amount Enclosed” field blank. Check “Pre-arranged billing” category in the “Method of Payment” section.</p>

Non-Law Enforcement Record Check Request Form A, Forms 595-1489 and 595-1489(S)

Purpose Forms 595-1489 and 595-1489(S) are used to find out whether a person has a criminal conviction. If a nonregistered child-care provider, a person living in the provider’s home, or a person with access to a child when a child is alone has a conviction, it could make the provider ineligible to receive state payment for child care.

Source The English version can be completed on line using the template provided by DHS. Both the English and Spanish versions of the form are printed in pads of 50 two-part carbonized sets. Supplies can be ordered from Iowa Prison Industries at Anamosa.

Completion Complete the form when a PROMISE JOBS participant wants a nonregistered provider to receive payment for providing child care.

The provider or the person to be checked, the PROMISE JOBS worker, and the Division of Criminal Investigation each complete a section of this form.

Complete a separate form for the provider and for each person aged 14 or older who is in the home or who has access to a child when the child is alone. Use the Spanish translation of the form when the person to be checked does not read English well enough to understand the form.

Enter the DHS return address in the “From” section. Complete the “Request” section and sign the form.

The provider or the person to be checked signs and dates the “waiver” section.

DCI completes the “results” section.

Distribution

Mail completed forms to the DHS along with copies of the:

- ◆ *Non-Law Enforcement Record Check Billing Form*, form 595-1494
- ◆ *Request for Child Abuse Information*, form 470-0643
- ◆ *Child Care Assistance Provider Agreement*, form 470-3871
- ◆ *Payment Application for Nonregistered Providers*, form 470-2890

DCI returns form 595-1489 or 595-1489(S) with the results of the record check by regular mail to the address shown in the upper right corner of the form in the “From:” section.

When form 595-1489 or 595-1489(S) shows there is a criminal record, The DHS Child Care Assistance worker will send the form to the DHS unit that does the evaluations for registered and licensed child care providers in your area.

The “evaluation” team will begin the evaluation process by sending form 470-2310, *Record Check Evaluation*, to the person with the criminal record, and will notify PROMISE JOBS of the evaluation decision.

Data

In the “request” section, enter the name, birth date, sex, and social security number of the person whose records are requested. The PROMISE JOBS worker signs as the requestor.

Complete a separate form for each last name which needs to be checked, such as maiden, alias, and previous married names. Enter the maiden, alias, or previous married name, rather than a current name in this section.

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

Purpose	The <i>Notice of Appointment or Participation</i> notifies clients of appointments with PROMISE JOBS staff and about assignments to specific PROMISE JOBS components.
Source	Complete form 470-0813 on line using the template provided by DHS.
Completion	PROMISE JOBS staff prepare two copies of this form when: <ul style="list-style-type: none">◆ A client has been selected to participate in PROMISE JOBS.◆ It is necessary to notify a client of assignment to a specific PROMISE JOBS component or of an appointment.
Distribution	Send one copy to the client at least five working days before the scheduled meeting or activity. Keep one copy in the client's file.
Data	The top part of this form is self-explanatory. Complete all entries, checking the applicable PROMISE JOBS component. Make certain the purpose of the notice is clear to the client.

Notice of Child Care Assistance Provider Sanction, Form 470-4053

Purpose	<p>The <i>Notice of Child Care Assistance Provider Sanction</i> is used to notify families that:</p> <ul style="list-style-type: none">◆ Their child care provider has been sanctioned by the Child Care Assistance (CCA) program; and◆ They may need to select another provider if they want CCA to continue paying for their child care services.
Source	Complete this form on line using the template provided by DHS.
Completion	The <i>Notice of Child Care Assistance Provider Sanction</i> is completed by the DHS child care worker or PROMISE JOBS worker and sent to every family using the sanctioned provider.
Distribution	One copy is mailed to the family using the sanctioned provider and a copy is kept in the family's DHS or PROMISE JOBS case file. Provide a copy of this letter to PROMISE JOBS if necessary.
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">◆ The family's name and mailing address.◆ The parent or guardian's first name.◆ The 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.

If the letter is going to a CCA family, enter:

- ◆ The child care worker's name.
- ◆ The county name.
- ◆ The worker's phone number.

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

- ◆ The county name.
- ◆ The DHS office phone number.

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

Notice of Decision: Child Care Assistance, Form 470-3915

Purpose	The <i>Notice of Decision: Child Care Assistance</i> , is used to notify clients and providers of agency actions that affect the client's eligibility or benefit level. Each client or provider has the right to be given information regarding eligibility and benefit determination.
Source	Complete form 470-3915 on line using the template provided by DHS. This form is not available in printed form. It must be accessed on line.
Completion	<p>The <i>Notice of Decision: Child Care Assistance</i> is used when:</p> <ul style="list-style-type: none">◆ An application is approved.◆ An application is denied.◆ A new or different provider is selected.◆ Benefits are changed as a result of a review or redetermination.◆ Benefits are canceled.◆ A provider is not eligible to provide child care.◆ There is a change in family circumstances that results in a fee change (job or income change, etc.) <p>Note: If the participant uses multiple providers, each provider must be issued a separate <i>Notice of Decision: Child Care Assistance</i> when benefits are approved, changed, or canceled.</p>
Distribution	Send one copy to the client and file a copy in the case record. If there is a guardian, conservator, protective payee, or representative, provide that person with a photocopy of the notice. If a child care provider is affected by the decision, also mail a copy of the notice to the provider. Provide a copy to the IM worker if necessary.
Data	The template automatically enters the notice date. Use the "tab" key to navigate between fields on the form. Enter dates as MM/DD/YY or month/DD/YY. The template will reformat the date automatically to the month/DD/YY format.

Page 1 Enter the following identifying information.

- ◆ Worker county name and number.
- ◆ Case #: Enter the ABC case number.
- ◆ Client name and current mailing address.
- ◆ The action taken (approval, denial, change, etc.).

Enter the explanation of the action being taken. This must include:

- ◆ What action you are taking (approval, denial, etc.).
- ◆ An explanation of the action.
- ◆ The effect of the action on the client's eligibility and benefits.
- ◆ The effective date of the action.
- ◆ The legal references supporting the action.

There are two "protected" fields within the "explanation of action" box. You will normally use only the first box. The second box is available if additional text is necessary to describe special situations or to provide information not present in the template language available.

The template provides "drop-down" boxes to fill in this section automatically. Tab to the first protected field in the "Explanation of Action" box to open the notice table box. Choose the applicable selection (approval, denial, cancellation, etc.).

Another drop-down box will open, allowing you to select the specific reason for the notice. The template will automatically enter the legal references for the selected notice reason.

If no reason fits the specific situation, choose the "other" category. This allows you to enter the appropriate language. **Note:** Make sure to complete the applicable legal reference, since the template will not fill in this section automatically when you choose "other."

You may change the information in a particular field at any time if you make an error. Double-click the button at the end of the form to remove the language in the "Explanation of Action" box.

Select “will not” from the drop-down box to indicate the family is not responsible to pay fees. Enter \$0 as the amount.

Complete page 1 by entering:

- ◆ Your name.
- ◆ Your office address. Choose “PROMISE JOBS” from the drop-down box and complete the mailing address for the office.
- ◆ Your phone number.
- ◆ The name of the child care provider.

Notice Language The notice language choices for each action are listed below:

Approval

- ◆ You have been approved for Child Care Assistance for _____ effective _____, through _____. The units you have been authorized to use are shown on page 3.
- ◆ You have been approved for Child Care Assistance for _____ effective _____, through _____. The units you have been authorized to use are shown on page 3.

You have also chosen a back-up provider who will provide child care services during the time that your regular provider is unable to provide care.

The back-up provider is eligible to bill only for the actual time that children are in their care while the parent is going to school, working or doing approved job search activities. The back-up provider is not eligible to bill for days of absence.

The back-up provider must complete and submit an attendance record and invoice for each month in which child care services are provided. The attendance record will be compared with that of the regular provider to verify eligibility for payment.

- ◆ You have been approved for Child Care Assistance for _____ effective _____, through _____. However, the provider you have chosen, _____, is not eligible to be paid with state funds. If you wish to receive Child Care Assistance, you must use a provider that is eligible for state payment. Contact your worker to choose another provider.
- ◆ You have been approved for Child Care Assistance for _____ effective _____, through _____. However, the provider you have chosen, _____, has not yet been approved to be paid by state funds.

If this provider is not approved, you will be responsible to pay for all child care bills from this provider. You may want to change to an approved provider. If you change your provider, you must notify your worker immediately so that the new provider can be approved for you.
- ◆ Other (**Note:** You must type in the notice language.)

Denial

- ◆ Your application for the Child Care Assistance program is denied because _____. (**Note:** You must type in the notice language.)

Change, Review, or Reduction:

- ◆ Effective _____, the number of units that you have been authorized to use for Child Care Assistance have been changed as shown on page 3.
- ◆ Effective _____, the number of units that you have been authorized to use for Child Care Assistance have been reduced as shown on page 3.
- ◆ You have requested a change in providers. Services provided by _____ for _____ are approved effective _____. Information about your fee is located below on this page. The units authorized for this provider are shown on page 3.
- ◆ You have requested a change in providers. Services provided by _____ for _____ are terminated effective _____, per your request.

- ◆ Your Child Care Assistance benefit is reinstated because you filed a timely appeal.
- ◆ Other (**Note:** You must type in the notice language.)

Cancellation:

- ◆ You have been canceled from the Child Care Assistance program effective _____, because your family does not meet the requirements of need for service from the program. In a household with two adults, both adults must meet the definition of need regarding hours of employment, hours of school or training, absence, or work search.
- ◆ You have been canceled from the Child Care Assistance program effective _____, because of your request.
- ◆ Your child _____, is canceled from the Child Care Assistance program effective _____, because _____. Your other child(ren), _____, remain eligible through _____. The units you have been authorized to use are shown on page 3.
- ◆ You have been canceled from the Child Care Assistance program effective _____, because your children do not meet age requirements.
- ◆ You have been canceled from the Child Care Assistance program effective _____, because you are eligible for another funding source.
- ◆ You have been canceled from the Child Care Assistance program effective _____, because you failed to provide requested information.
- ◆ You have been canceled from the Child Care Assistance program effective _____, because you are not enrolled in an approvable training program.
- ◆ You have been canceled from the Child Care Assistance program effective _____, because you have exhausted your 24-month funding limit for postsecondary education.
- ◆ You have been canceled from the Child Care Assistance program effective _____, because you are not participating in an approved PROMISE JOBS activity.

- ◆ You have been canceled from the Child Care Assistance program effective _____, because you are not seeking employment.
- ◆ You have been canceled from the Child Care Assistance program effective _____, because _____. (**Note:** You must type in the notice language.)

Provider Eligibility

- ◆ Your application to receive Child Care Assistance program payments is denied because you have fraudulently received Child Care Assistance payments.

You will remain sanctioned. You are no longer eligible to receive Child Care Assistance funding from the state of Iowa.

- ◆ Your application to receive Child Care Assistance program payments is denied because you have fraudulently received Child Care Assistance payments.

You will remain sanctioned. You will not be able to receive Child Care Assistance program funding until _____. Once your suspension expires, you may reapply to receive Child Care Assistance funding.

- ◆ Because you have fraudulently received Child Care Assistance program payments, you are subject to the following sanction:

Effective _____, the invoices you submit for Child Care Assistance payment for the next six months will be subject to a detailed review before payment will be issued.

- ◆ Your *Child Care Assistance Provider Agreement* is terminated effective _____. You will no longer be eligible to receive funding from the Child Care Assistance program because you do not meet the minimum health and safety requirements established by the Department.
- ◆ You are not eligible to provide child care or to receive public funds for providing child care as you did not return a completed *Record Check Evaluation* form to the Department of Human Services.
- ◆ You are not eligible to provide child care or to receive public funds for providing child care as a result of the Department of Human Services' evaluation of a child abuse or criminal record.

Page 3 Complete the “Hours of Eligibility” section as follows:

- ◆ Check the boxes indicating the reasons child care is being approved (e.g., work, training, job search, etc.).
- ◆ Complete a section for each child authorized for care, entering
 - The child’s name.
 - The parent’s ABC case number.
 - The provider’s name.
 - The number on the *Child Care Assistance Provider Agreement*.
 - The maximum units of child care authorized each day.
 - The total maximum units authorized each week for that child.

If more than six children in any family need child care, complete another *Notice of Decision* to show the hours of eligibility for the remaining children.

Note: The weekly maximum units do not always equal the sum of the daily maximum units. Daily units are based upon days a person may be eligible for child care. Weekly units are based upon average weekly hours of need.

Example: If a person works 8-hour shifts, 40 hours per week, but may be scheduled on any day Monday through Saturday, then each of those six days would show 2 units, but the weekly total would be only 10 units (since the person would work only 5 days in any given week).

Use the tab key to navigate to the “cc: Child Care Provider” box and the template will automatically duplicate the entry from page 1.

To print the form, double click on the box labeled “Double-Click to Print,” following page 3.

- ◆ For denials, cancellations, or other actions where the hours of eligibility page is not necessary, click on the choice “NOD and Right of Appeal.”
- ◆ For all approvals and other action where the hours of eligibility information is necessary, click on the choice “NOD, Right of Appeal and the Hours of Eligibility.”

Notice of Decision: Services, Form 470-0602

Purpose	<p>Workers use form 470-0602 to notify a participant or provider of all approvals or changes to services which effect the participant's case.</p> <p>Exception: <u>Do not</u> use this form for notices affecting the Child Care Assistance program. Instead, use form 470-3915.</p>
Source	<p>Form 470-0602 may be completed on line using the template provided by DHS.</p>
Completion	<p>The worker responsible for the case issues this notice when a service is approved, denied, withdrawn, or changed.</p>
Distribution	<p>Send one copy to the participant or the provider. Keep one copy in the participant's PROMISE JOBS case file.</p>
Data	<p>Complete the form as follows:</p> <ul style="list-style-type: none">◆ Enter the county in which the action is taken.◆ Enter the current date.◆ Enter the DHS case number.◆ Enter the 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.</p> <p>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 or provider's name, as appropriate, and mailing address.◆ Check the box that indicates the specific action being implemented by the notice.

- ◆ If notice is to a provider, enter “Regarding (client’s name)” 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 PROMISE JOBS.
- ◆ Sign at the bottom of the form. List your office address and phone number.

Notice of Employment, Form 470-0820

Purpose	The <i>Notice of Employment</i> is used to notify DHS IM staff when a participant has become employed. The form is also used as a source document for PROMISE JOBS statistical reporting.
Source	Complete form 470-0820 on line using the template provided by DHS.
Completion	PROMISE JOBS staff initiate this when a participant who has been referred to PROMISE JOBS becomes employed. PROMISE JOBS staff complete Part A of the form. IM staff complete Part B.
Distribution	The PROMISE JOBS worker sends the form to the IM worker, keeping a control copy. After completing Part B or attaching a completed <i>Employer's Statement of Earnings</i> , the IM worker makes a copy for the participant's FIP case file and returns the form to the local PROMISE JOBS agency. Destroy the control copy when the original is returned.
Data	Complete Part A to describe the participant's employment. Note: The "Hours Employed/Week" box requests the expected number of hours to be worked each week. Sign and date the form, and enter the office telephone number.

Notice of Waiting List Placement, Form 470-2925

Purpose	<p>The <i>Notice of Waiting List Placement</i> is used to inform a participant that the participant has been placed on a waiting list for the participant's selected training component.</p> <p>The notice informs the participant of the reason for the waiting list and informs the participant that the participant has the option of pursuing training independently, without PROMISE JOBS services, without affecting the participant's placement on the waiting list.</p> <p>In addition, the notice informs the participant to talk to the PROMISE JOBS worker about alternative sources of assistance that may be available if the participant chooses to pursue training while on the waiting list.</p>
Source	<p>Form 470-2925 is printed in pads of two-part carbonized sets. Order supplies from Iowa Prison Industries at Anamosa.</p>
Completion	<p>The PROMISE JOBS worker prepares two copies of this form when the PROMISE JOBS worker places a participant on the waiting list for work and training services.</p>
Distribution	<p>Issue the white copy to the participant. Keep the yellow copy in the PROMISE JOBS case file.</p>
Data	<p>The PROMISE JOBS worker completes the participant's name, address, and social security number, 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 Codes, Reference Card RC-0008

Purpose	Reference card RC-0008 lists the codes used in completing form 470-0464, <i>Overpayment Recovery Information Input</i> . Case status codes, program codes, cause codes, referral source codes, and appeal status and fraud status codes are also listed on the OVCD screens.
Source	Print copies of this chart from the DHS web site or photocopy the sample in the manual, as needed.

Overpayment Recovery Information Input, Form 470-0464

Purpose	Form 470-0464 is used to notify the Department of Inspections and Appeals that an overpayment exists in the PROMISE JOBS program.
Source	Complete form 470-0464 on line using the template provided by DHS. This form is also printed in pads of 25 sheets. Order supplies from Iowa Prison Industries at Anamosa.
Completion	<p>The PROMISE JOBS worker prepares two copies of the form when the worker determines that there has been an overpayment of an expense allowance.</p> <p>Prepare this form to establish a claim for a client or provider overpayment. Do not submit this form:</p> <ul style="list-style-type: none">◆ If the overpayment is for the current month's allowance only and the client returns the warrant.◆ When a client voluntarily returns assistance to which the client was otherwise entitled. <p>Also prepare the form to enter changes on a claim previously submitted, such as:</p> <ul style="list-style-type: none">◆ Reassigning the primary responsibility for the claim from one debtor to another.◆ Correcting the amount of the claim or any other information erroneously submitted.◆ Filing a resolution of an appeal.◆ Updating the address for a debtor who is not on allotment reduction. <p>If not using the template, complete the form in RED ink. Prepare the original and one photocopy. Submit updates on a new form or on a photocopy of the original form with changes made in red.</p> <p>Complete a separate claim information section for each claim. A "claim" is a consecutive period of overpayment in one program for one debtor. The form contains space for three claims.</p>

	<p>If you are referring more than three claims at once, use additional forms as necessary. If all are attached together for submission, complete only the page number (field 7), and the claim information on the additional forms.</p>
Distribution	<p>Send the original to the Department of Inspections and Appeals, Overpayment Recovery 3rd Fl, 321 E 12th St, Des Moines, IA 50319-0083.</p> <p>File the copy in the case record.</p> <p>When the form as submitted is incorrect or incomplete, DIA will return it to the originator to make needed corrections and resubmit to DIA.</p>
Data	<p>Debtor fields 1 through 9 enable a computer search to be done for any claims associated with that debtor. This portion must be completed each time this form is submitted for an initial claim.</p> <p>Never set up a claim with a child's name, state identification number, or social security number.</p> <p>When revising information, complete fields 3 through 9 and 16 through 20 to identify the debtor and claim records being revised. Then complete only information to be changed.</p> <ol style="list-style-type: none"> 1. Initial: Enter the current date when this is the first claim submitted for this debtor. View OPR claim screen OVCI to determine if the debtor has previous claims. 2. Update: Enter the current date when submitting an update of a previous referral or adding a new claim to an existing debtor file. 3. Prefix: Use the following codes to complete this item: <ul style="list-style-type: none"> I Use whenever the debtor's state identification number is available. (You must also complete both fields 4 and 5.)

S Use when the debtor does not have a state ID number and for providers with no provider number who are identified by social security number or federal ID number. You must also complete field 5.

Example: The caretaker is not on the case and has no state ID number, but the claim is the caretaker's responsibility.

P Use when a provider claim is being established and a provider number is available. You must complete field 6.

- 4. State ID #:** When "I" is the prefix, enter the debtor's state identification number.
- 5. Social Security #:** Enter the debtor's social security number or (for providers) federal tax identification number.
- 6. Provider #:** Enter the provider's identification number when the claim is for a provider overpayment.
- 7. Page of :** Complete with the page number of this page in sequence and the total number of pages of input data completed and submitted at one time. (One side of this form is the same as one page. Example: Submission of five claims for the same debtor requires entries on three pages.)
- 8. Old identifier:** If field 4, 5, or 6 needs to be changed from the previous entry, enter the correct entry to the appropriate item, and enter the previous identification number (with the identifier prefix in field 8 for tracking purposes).
- 9. Debtor name:** Enter the name of the person responsible for repayment. Enter the last name first, then leave two blank spaces and enter the first name. Example: GOODMAN PENELOPE.

If the debtor is a provider, such as a child care center, enter the full name listed with only one space between words. Example: TENDER YEARS CENTER.

If two people are responsible for the repayment, enter the name of the head of the household in field 9.

If the head of the household later leaves the home, enter the other debtor's name in field 9 on an update form (field 2). Write the first debtor's identification number in field 8, and the new debtor's identification in fields 2, 4, and 5.

If a court order divides the amount of the overpayment between two debtors and requires each one to make restitution, the overpayment recovery investigator will:

- ◆ Divide the claim between the debtors according to the order.
- ◆ Add the new debtor and that person's claim to the system.
- ◆ Reduce the original claim by the amount of the new claim.

Fields 10 through 15 report general information on a particular debtor.

- 10. Debtor address:** Enter the debtor's current mailing address in full.
- 11. Case # / SRS #:** For each client and provider overpayment, always enter the client's ABC case number.
- 12. Case Status:** Enter the status of the debtor's case, except for provider overpayments. Use the following codes:
 - A If any program on ABC is active
 - C If all programs on ABC are closed
 - P If application is pending for any ABC program and for provider overpayments
- 13. Case county:** Enter the two-digit number for the county in which the debtor's case is located. Example: 77 for Polk.
- 14. Case name:** Enter the ABC or SRS case name for the debtor who was overpaid. (For provider overpayments, enter the case name for the client for whom the provider was overpaid.) When possible, include the middle initial one space after the first name.

- 15. Case worker:** Enter the number of the Department worker assigned to the case.

The Overpayment Recovery System automatically updates addresses for active recipients with allotment reduction each time the ABC system records an address change. Report all other changes on an update form.

Fields 16 through 28 report information pertaining to one claim in one program for the debtor identified in fields 3 through 15.

- 16. Program:** Enter the program area in which the overpayment occurred. Use the following codes:

- 15 Child Care Assistance client overpayments (for overpayments that occurred after 4/30/01)
- 16 Child Care Assistance registered provider overpayments (for overpayments that occurred after 4/30/01)
- 17 Child Care Assistance nonregistered provider overpayments (for overpayments that occurred after 4/30/01)
- 18 Child Care Assistance licensed provider overpayments (for overpayments that occurred after 4/30/01)
- 19 Child Care Assistance exempt facility provider overpayments (for overpayments that occurred after 4/30/01)
- 65 PROMISE JOBS transportation
- 66 PROMISE JOBS child care (for child care overpayments that occurred before 7/1/99)
- 67 Other PROMISE JOBS expense allowances

- 17a. Date of Discovery:** Leave blank. For food stamps only.

- 17b. Date Completed:** For all claims, enter the date that:

- ◆ The overpayment was established, or
- ◆ A claim is completed for the overissuance.

This date identifies a particular claim in a program area. If two or more claims in any one program area are completed on the same day, enter a different "Date Completed" for each claim.

When submitting changes to an existing claim, always enter the original "date completed" for the claim.

18. From date: Enter the date of the first day of the overpayment on this claim.

19. To date: Enter the date of the last day of the overpayment on this claim. This is always the last day of the month.

There must be an overpayment in this program for each month of this period. If there is a month without an overpayment, enter two separate claims.

20. Total owed \$: Enter the total dollar amount of the overpayment on this claim. Do not deduct payments or offsets from this amount.

21. Cause: Enter the code for the reason for the overpayment. If more than one reason applies, choose the major reason. If the overpayment is caused by both client and agency error, enter the client error code and note the other cause code in the comment section. Use the following codes:

- 01 Unreported earned income
- 02 Unreported unearned income
- 05 Unreported child support
- 06 Absent parent in home
- 07 Assistance for child not in the home or not in school
- 08 Unreported resources
- 10 Unreported marriage
- 11 Receiving assistance in more than one county or state

- 12 Unable to locate client
- 14 Pending appeal
- 15 Agency error or administrative error
- 16 Failure to provide correct information
- 17 Failure to timely report changes
- 19 Duplicate warrants
- 21 Assistance received greater than amount on NOD
- 23 Loss of residence
- 24 Rate change
- 25 Failure to participate in program
- 26 Voluntary return of overpaid FIP, RCA, or PJ assistance
- 27 Other
- 28 Buy-in
- 29 Child care provider not registered or licensed
- 39 Client flood disaster error
- 40 Agency flood disaster error
- 63 Transfer of assets

22. Referral source: Enter the code for the source that originally brought a possible overpayment to the attention of the Department. Use the following codes:

- 01 IEVS match
- 02 Caseworker
- 03 Quality control
- 04 Front-end investigator
- 05 Child Support Recovery Unit
- 06 Anonymous tips
- 09 Federal audits
- 10 State audits
- 11 Other state agency
- 13 Division of Criminal Investigation
- 15 Reports by client
- 16 Law enforcement official
- 17 POS rate change
- 18 Other

23. Classification of debtor: Leave blank. Used by DIA for medical providers only.

24. Appeal status: Enter the code indicating whether the client has requested an appeal (not an administrative disqualification hearing) and the disposition of the appeal.

- 1 No appeal pending
- 2 Appeal pending
- 3 Appeal decided; overpayment exists
- 4 Appeal decided; no overpayment exists

When entering an update because the debtor files an appeal or a final decision is issued, complete fields 16 through 20 to identify the pertinent claim. (DIA uses this field to denote the status of claims that have been referred for further collection efforts. The appeal codes take precedence over those entered by DIA.)

25. Fraud status: Enter the code indicating whether the case has the potential of being referred for fraud or has already been determined to be fraud.

- 1 Stolen warrant.
- 2 Pending an appeal. Use with cause code 14 (pending appeal).
- 3 Fraud or intentional program violation. Use only after fraud has been determined by a court ruling or an administrative fraud hearing.
- 4 Not fraud, but question of fraud exists; or inadvertent household error.
- 5 No question of fraud (agency error). Use only with cause codes 15 and 40 (administrative or agency errors).

26. Reason(s): Leave blank. For food stamps only.

27. Send letters Yes/No: Indicate whether to send a demand letter for an FIP, RCA, Medicaid, State Supplementary Assistance, Child Care Assistance, or food stamp overpayment. If this item is left blank or a Y is entered, the computer automatically sends a demand letter.

Enter N when the claim is to be referred for a fraud investigation and for lost or stolen warrant claims.

28. Months of claim message: Leave blank. For food stamp claims only.

(Child Care Assistance demand letters automatically take the “months of claim” from the “From” and “To” dates.)

29. Household member not eligible for Medicaid: Leave blank.

30. Number of claims: Enter the number of claims being submitted for this debtor at this time.

31. County: Enter the county number of the worker completing the form.

32. Worker: Enter the worker number of the worker completing the form.

Legibly sign the form. Enter your work telephone number.

33. Leave blank. For food stamps only.

34. Comments: List all adult household members (other than the debtor identified in field 9) who are jointly and severally liable for the debt, along with a social security number and a state ID number for each person.

Overpayment Recovery Supplemental Information, Form 470-0465

Purpose	<p>Form 470-0465 informs the Department of Inspections and Appeals, Overpayment Recovery Unit, of additional information about an overpayment.</p> <p>DIA uses the information to determine which recovery action to pursue (voluntary repayment, investigation, civil prosecution, or criminal prosecution). If DIA refers the case for prosecution, the form is submitted to the county attorney to summarize the basis for the investigation.</p>
Source	<p>Form 470-0465 is printed in pads of 25 sheets. Order supplies from Iowa Prison Industries at Anamosa. You may also complete this form on line using the template provided by DHS.</p>
Completion	<p>PROMISE JOBS workers complete an original and one copy of the form when they determine that:</p> <ul style="list-style-type: none"> ◆ The overpayment in any one program area is over \$1,000; or ◆ The combined overpayment in all program areas exceeds \$1,000; or ◆ The DIA Division of Investigations requests the information to pursue recovery actions. DIA may request the form because they find that combined FIP, food stamps, Medicaid, and PROMISE JOBS overpayments total more than \$1,000. <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>For \$760 owed for child care and \$250 owed for transportation (total \$1,010), complete this form.</p> <p>For \$300 owed for child care, \$200 owed for transportation, and \$200 owed for tuition (total \$700), do not complete this form.</p> <p>For \$900 owed for child care, \$500 owed for transportation, and \$800 owed for tuition and books (total \$2,200), complete this form.</p> </div>
Distribution	<p>Submit the original along with the <i>Overpayment Recovery Information Input</i>, form 470-0464, to DIA Overpayment Recovery 3rd Fl, 321 E 12th St, Des Moines, IA 50319-0083 (or send by local mail). Keep a copy in the case record.</p>

Data

Make the following entries:

Identifier: Enter the prefix and debtor identifying number (field 3 and field 4, 5, or 6 from the *Overpayment Recovery Information Input*).

ABC Case No.: Enter the debtor's ABC case number (field 10 on the *Overpayment Recovery Information Input*).

Summary Regarding Overpayment: Give a brief statement regarding the condition that caused the overpayment. In a brief, concise summary, describe the reasons that support the conclusion that an overpayment has occurred. Include the dates and the amount of 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 telephone 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 or WIA agency, name the county or location where the person is employed. List the office telephone 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, Child Care 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	Form 470-2758 informs clients that they are no longer mandatory PROMISE JOBS participants.
Source	Form 470-2758 is system-generated.
Completion	The Automated Benefit Calculation (ABC) system issues this letter to when the IM worker changes the client's PROMISE JOBS referral status from a mandatory referral code to an exempt code on the ABC system.
Distribution	DHS Central Office sends the original to the participant.
Data	The system completed.

Payment Application for Nonregistered Providers, Form 470-2890

Purpose	Nonregistered providers apply for payment by completing form 470-2890. The applicant-provider shall certify compliance with the minimum requirements of the Department of Human Services.
Source	Form 470-2890 is printed with 25 three-part forms on a pad. Order supplies from Iowa Prison Industries at Anamosa.
Completion	<p>The applicant-provider completes the application:</p> <ul style="list-style-type: none">◆ When applying for payment for the first time,◆ When applying for a two-year renewal,◆ When there is a change of address, a change of name, or a change in household composition. <p>The applicant-provider shall complete the form after reading all the instructions and the minimum requirements in Comm. 95 or Comm. 95(S), “Minimum Health and Safety Requirements for Nonregistered Family Day Care Home Providers.”</p>
Distribution	The applicant-provider keeps the pink copy of the application and returns the original and one copy to the worker in the county office. The worker files the original and one copy 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 address.◆ Enter the birth date, social security number, telephone number with area code, and name of the county.◆ Add the name of other adults and children living in the home with birth dates and social security number, if available.◆ Read carefully the seven numbered statements.◆ Sign the application and date it where indicated.

PROMISE JOBS Child Care Attendance and Invoice, Form 470-3896

Purpose	The <i>PROMISE JOBS Child Care Attendance and Invoice</i> is used to document and verify the number of hours a child receives state approved child care services. This form also serves as a billing form between the child care provider and PROMISE JOBS for state payment of child care services.
Source	Complete this form on line using the template provided by DHS.
Completion	<p>The PROMISE JOBS worker initiates the form when Child Care Assistance is required for participation in any PROMISE JOBS component other than orientation or monitored employment and when payment is not available from any other source.</p> <p>Note: Income maintenance workers authorize Child Care Assistance for child care needed due to employment. Refer participants to their income maintenance worker for child care required during hours of employment.</p> <p>Ask the provider to prepare and submit the form:</p> <ul style="list-style-type: none">◆ After close of business on the last day of each month, or◆ When the participant’s participation in PROMISE JOBS components has terminated, ending the need for Child Care Assistance. <p>PROMISE JOBS staff complete the “Return form to” field.</p> <p>The provider and participant complete the rest of the form. Providers may attach a copy of their attendance record, instead of completing the information in the center section of the form, as long as the attachment contains all the requested information. Both the provider and the parent or responsible adult need to sign the form.</p>

	<p>When the completed form 470-3896 is returned, the PROMISE JOBS worker:</p> <ul style="list-style-type: none">◆ Compares the information completed on it to the <i>Notice of Decision: Child Care Assistance</i>, form 470-3915, checking the approved number of units and approved children.◆ Enters the approved total cost, and signs and dates the form. <p>Authorize payments monthly, directly to the child care provider. Do not issue payments to the participants.</p>
Distribution	<p>Return a copy to the provider. File one copy in the client's case record under EXPENSE ALLOWANCES AND OTHER AUTHORIZATIONS.</p> <p>Enter payment approval by accessing PJOB, "S" screen.</p>
Data	<p>The <i>Notice of Decision: Child Care Assistance</i>, form 470-3915, lists the children approved to receive child care services, the maximum number of units of service, and any applicable parent fee.</p> <p>The <i>PROMISE JOBS Child Care Attendance and Invoice</i>, form 470-3896, lists the children and the number of units of care billed. Signatures from the parent or responsible adult and the provider certify the number of hours of care provided for the children listed.</p>

PROMISE JOBS Data Codes, Reference Card RC-0014

Purpose The RC-0014 chart lists the codes used in reporting information on individual client's PROMISE JOBS 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 the chart from the DHS web site or photocopy the sample in the manual, as needed.

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

Purpose	The <i>Referral for Work Experience (WEP) Placement</i> is used to refer participants to WEP sponsors to interview for specific assignments. The form also notifies PROMISE JOBS 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 DHS.
Completion	PROMISE JOBS 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 PROMISE JOBS after completing the sponsor's section. Give copies to the participant and the sponsor.
Data	The PROMISE JOBS 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 <i>Referral to Community Agencies</i> is used to refer PROMISE JOBS clients to community agencies for services.
Source	Complete form 470-3102 on line using the template provided by DHS.
Completion	The PROMISE JOBS 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 PROMISE JOBS office. Send one copy to the client.
	Attach a completed, signed and dated <i>Consent to Obtain and Release Information</i> if asking for medical or mental 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

Purpose	The <i>Report on Incapacity</i> is used to obtain verification of medical reasons for temporarily waiving participation in PROMISE JOBS activities or for establishing that a client had good cause for not participating in PROMISE JOBS activities.
Source	Complete this form on line using the template provided by DHS.
Completion	<p>The PROMISE JOBS worker initiates this form when medical verification is needed to:</p> <ul style="list-style-type: none">◆ Determine to what extent a client should be temporarily waived from participation in PROMISE JOBS activities, or◆ Prove that good cause exists for not participating in PROMISE JOBS activities. <p>The PROMISE JOBS worker completes the form through the end of Section A. The physician completes section B.</p>
Distribution	<p>You can mail the form to the doctor, hospital, or other facility, or give it to the client to hand-deliver.</p> <p>When a completed report is returned, send a copy to the income maintenance worker and file a copy in the PROMISE JOBS client file.</p>
Data	<p>Enter the client’s case number, local office, name, birth date, and address. Have the client sign and date the “Release of Information” section. Make entries in Section A based on the information provided by the client.</p> <ul style="list-style-type: none">◆ Item 1. The participant’s usual employment.◆ Item 2. The last date the participant was employed.◆ Item 3. The participant’s version of disability or medical problem.◆ Item 4. Your observations about the participant’s attitude and limitations. <p>Sign and date the form. Enter the name of the doctor or facility from which the information is being requested on the top of page two.</p>

[Request for Child Abuse Information, Form 470-0643](#)

Purpose Use form 470-0643 to find out whether a nonregistered child-care provider, or a person who lives in the provider's home or has access to a child when the child is alone has a child abuse history.

Source Complete form 470-0643 on line using the template provided by DHS.

Completion The PROMISE JOBS worker completes the form when a PROMISE JOBS participant wants a nonregistered provider to provide child care and receive payment from PROMISE JOBS for providing the care.

Complete **Sections I and II** of the form. Section III is not used for PROMISE JOBS purposes.

Prepare form for the provider, for each person living in the provider's home, and for each person with access to a child when the child is alone.

The person authorized to access information on the Central Abuse Registry for the local area completes **Section IV** of the form and states whether the provider is eligible or not eligible to provide child care considering the result of the Registry check.

Distribution Forward form 470-0643 to your DHS contact along with copies of the forms:

- ◆ *Payment Application for Nonregistered Providers, 470-2890*
- ◆ *Child Care Assistance Provider Agreement, 470-3871*
- ◆ *Non-Law Enforcement Record Check Billing Form, 595-1494*
- ◆ *Non-Law Enforcement Record Check Request Form A, 595-1489 or 595-1489(S)*

DHS will return a copy of the form to you with the results of the registry check.

When the form shows there is a child abuse record, send the form to the DHS service unit that does the evaluations for registered and licensed child care providers in your area.

Data

Complete Section I as follows:

- ◆ Enter your **name, telephone number, and address**.
- ◆ Enter “**PROMISE JOBS worker**” as your relationship to the person listed in Section II.
- ◆ Sign and date as the requestor.

Complete Section II, using the information the provider reported on form 470-3496, *Nonregistered Child Care Provider Application*. Enter information regarding the person whose record is to be checked as follows:

- ◆ Name.
- ◆ County of residence.
- ◆ Birth date.
- ◆ Social Security number.
- ◆ Address.
- ◆ Any known maiden names, previous married names, or alias names.

Do not complete Section III.

Request for FIP Beyond 60 Months, Form 470-3826

Purpose	<p>Families may receive Family Investment Program (FIP) Assistance beyond 60 months only if they request and are determined eligible for a “hardship exemption.” Form 470-3826, <i>Request for FIP Beyond 60 Months</i>, is used to request this exemption.</p>
	<p>The form is also an authorization for release of information that allows IM, PROMISE JOBS, DHS service, and FaDSS staff to share information about the family that may be relevant to the hardship exemption determination with each other. This includes substance abuse, mental health, and AIDS/HIV-related information.</p>
Source	<p>Form 470-3826 originates with the IM worker. PROMISE JOBS does not initiate the form.</p>
Completion	<p>The IM worker issues form 470-3826 to applicant or participant families when:</p> <ul style="list-style-type: none">◆ The family has received FIP for 58, 59 or 60 months, or◆ The family requests it. <p>Families may submit the form to any DHS or PROMISE JOBS office. Receipt of the form in either office protects the date of the request. Upon receipt of the form, IM screens the family’s FIP case circumstances. IM will deny the request if:</p> <ul style="list-style-type: none">◆ It does not appear appropriate for the circumstances of the case, e.g., the family is in a six-month ineligibility period of a subsequent limited benefit plan, or◆ The family fails to provide supporting evidence of its hardship condition by the requested due date, or◆ The family does not meet the criteria for a hardship condition, or◆ A FIP application is required and the family fails to return it. <p>If the family has an active service case, IM asks the service worker to submit recommendations for steps to consider in the <i>Family Investment Agreement</i> on form 470-3884, <i>Hardship Exemption: Service Information</i>.</p>

	<p>IM will make appropriate referrals to PROMISE JOBS and schedule an appointment for the adults in the family to attend the required interview with PROMISE JOBS to develop and sign the six-month family investment agreement.</p>
Distribution	<p>If the family submits the form to a PROMISE JOBS office, forward it to the local DHS office within one working day. The form must be date-stamped.</p> <p>After IM has determined that the family has a hardship condition, IM forwards a copy of the family's hardship exemption request form to the local PROMISE JOBS office along with:</p> <ul style="list-style-type: none">◆ A copy of form 470-3876, <i>Hardship Exemption Determination</i>.◆ A copy of the supporting hardship evidence.◆ A copy of form 470-3897, <i>FIA Appointment</i>.◆ A copy of form 470-3884, <i>Hardship Exemption: Service Information</i>, received from the family's service worker.
Data	<p>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:</p> <ul style="list-style-type: none">◆ The parent in the home, even if the parent is or will be excluded from the FIP grant. When both parents of the FIP child are in the home, one parent's signature is sufficient to protect the request date. However, both parents' signatures are required before the hardship exemption can be approved.◆ 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. <p>When the adult is incompetent or incapacitated, someone acting responsibly on the adult's behalf may sign the form.</p>

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

Purpose	Form 470-0492 is used to withdraw an appellant's request for an appeal and a hearing.
Source	Form 470-0492 is printed in pads of 25 three-part carbonized sets. Order supplies from Iowa State Industries at Anamosa.
Completion	The worker, the Appeals Section, or the appellant may prepare the form whenever an appellant indicates a wish to withdraw. However, the appellant or the appellant's representative must sign it.
Distribution	The original goes to the Appeals Section. One copy is filed in the case record. One copy goes to the appellant.
Data	The form contains: <ul style="list-style-type: none">◆ The appellant's name and address.◆ The appeal number.◆ The program being appealed.◆ The date of the appeal.◆ The appellant's comments, if any.◆ The appellant's signature.◆ The date the form was signed.

[Self-Assessment, Form 470-0806](#)

Purpose	Use form 470-0806, <i>Self-Assessment</i> , in partnership with any other assessment device used in your service delivery region, to obtain information about the client. Use this information as part of the client assessment process and to identify potential barriers to participation in the PROMISE JOBS program or specific components.
Source	Print form 470-0806 from the PROMISE JOBS MS Library.
Completion	<p>The client completes the <i>Self-Assessment</i> during the initial PROMISE JOBS orientation and assessment session. Give the client the form at the start of assessment unless IM has already issued a copy to the client. Instruct the client to complete all entries on the form.</p> <p>Review the completed form. Obtain more complete information, if needed, during the individual meeting with the client.</p>
Distribution	The completed form becomes part of the client's PROMISE JOBS case file.
Data	<p>The form requests information about the client's:</p> <ul style="list-style-type: none">◆ Family composition.◆ Social and health history.◆ Educational background.◆ Employment history.◆ Individual goals.

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

Purpose	The <i>Sponsor's Request for Work Experience (WEP) Participant</i> 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	Form 470-0809 is printed in individual two-part carbonized sets. Order supplies from Iowa Prison Industries at Anamosa.
Completion	<p>The sponsor prepares an original and one copy of this form when the agency wishes to request a WEP participant for an available position.</p> <p>The PROMISE JOBS worker shall review the position being offered. If approved, the authorized PROMISE JOBS person shall sign and date the form.</p>
Distribution	<p>The sponsor returns both copies of the form to PROMISE JOBS when completed.</p> <p>PROMISE JOBS keeps the white copy and returns the yellow copy to the sponsor if the placement request is approved.</p>
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.

[Time and Attendance, Form 470-2617](#)

Purpose Form 470-2617 is used to verify and document a participant's hours of participation in PROMISE JOBS activities.

Source Complete form 470-2617 on line using the template provided by DHS.

Completion Use this form to verify hours of attendance or participation when a participant is involved in:

- ◆ Work and training services provided by training institutions, organizations, agencies, or people outside of the PROMISE JOBS program (unless you agree on some other method with the provider).

The participant may complete the form, but it should be signed and dated by the training provider training institution or work site. When a training provider refuses or fails to verify the hours of attendance, accept a signed and dated statement from the participant on this form instead.

- ◆ WEP. The work site shall report hours of participation on this form, unless other arrangements are made.
- ◆ An activity (such as job search) which is not directly monitored by the PROMISE JOBS worker or training provider. The participant shall complete and return this form.

The training provider or participant shall return the form within ten calendar days following the end of each month.

When the training provider fails or refuses to complete the form, allow the participant five working days after the request to provide the form, even if the fifth working day falls on or after the tenth calendar day following the end of the month.

Distribution	When the training provider, work site, or participant returns the form to the PROMISE JOBS worker, it is filed in the case record. The provider or participant may keep the control copy or it can be destroyed.
Data	When the training provider or work site chooses to complete the form or the participant is required to complete the form, review the form. If you accept the accuracy of the hours, also sign and date the form.

Transfer Between PROMISE JOBS Offices, Form 470-2604

Purpose	The <i>Transfer Between PROMISE JOBS Offices</i> is used to inform the PROMISE JOBS client and the new office when a case is transferred.
Source	Complete form 470-2604 on line using the template provided by DHS.
Completion	<p>The PROMISE JOBS worker completes three copies of this form when:</p> <ul style="list-style-type: none">◆ A client is being referred from one PROMISE JOBS office to another, or◆ A client has moved to a new county, or◆ A client is passed on to a different provider for additional program services (i. e., from IWD to BRS).
Distribution	<p>Send one copy to the client. Send one copy to the receiving office. Keep one copy in the case file.</p>
Data	<p>Complete all entries. Enter the client's social security number, phone number, and county at the top of the form. Be sure to enter the client's correct PROMISE JOBS 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>

Unpaid Community Service Monthly Report, Form 470-3097

Purpose	The <i>Unpaid Community Service Monthly Report</i> is used to provide both the participant and the PROMISE JOBS unit with a monthly evaluation of the client's unpaid community service performance.
Source	Form 470-3097 is printed in pads of 25 three-part carbonized sets. Order supplies from Iowa Prison Industries at Anamosa.
Completion	Provide three copies to the sponsor. Ask the sponsor to prepare the form after close of business on the last day of each month, or when the participant's unpaid community service participation in a specific placement is terminated.
Distribution	Ask the sponsor to: <ul style="list-style-type: none">◆ Return the white copy to PROMISE JOBS.◆ Give the pink copy to the participant or return it to PROMISE JOBS.◆ Keep the yellow copy.
Data	The sponsor reports whether the participant is carrying out the terms of the agreement, whether the participant's work performance is satisfactory, and when and how much the participant worked.

Work Experience Participant Evaluation, Form 470-0805

Purpose	The <i>Work Experience Participant Evaluation</i> is used to provide both the participant and the PROMISE JOBS unit with a monthly evaluation of the client's WEP performance.
Source	Complete form 470-0805 on line using the template provided by DHS.
Completion	Provide three copies to the sponsor. 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 PROMISE JOBS.◆ Keep one copy.◆ Give one copy to the participant or return it to PROMISE JOBS.
Data	The form asks the sponsor to rate the participant's overall performance and several particular work traits.

Worker's Guide to the Appeals Process, Reference Card RC-0038

Purpose	Reference card RC-0038 is a desk aid that flowcharts the appeals process and lists instruction on viewing the Appeals Inquiry screen. Field staff can use this reference guide to help them become familiar with the appeals process and to determine the status of a specific appeal.
Source	Print the desk aid from the DHS web site, or photocopy the sample, as needed.

Your Family Investment Agreement Reminder, Form 470-3300

Purpose	<i>Your Family Investment Agreement Reminder</i> informs FIP participants who have signed a family investment agreement and who have experienced a break in FIP assistance that they continue to be responsible for their family investment agreement.
Source	Print this form from the PROMISE JOBS MS Library.
Completion	PROMISE JOBS staff complete this form as soon as DHS refers a participant who has signed an FIA to PROMISE JOBS after a break in FIP assistance and you have determined that a valid family investment agreement already exists. Follow instructions found at FAMILY INVESTMENT AGREEMENT: FIA and a Break in Assistance .
Distribution	Send one copy to the participant, along with a copy of the family investment agreement. Keep a copy in the PROMISE JOBS case file.
Data	PROMISE JOBS should 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 be attending.◆ Required information that needs to be returned.

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

Purpose	Form 470-3104 is used to document that a FIP client who has been called up for participation in the PROMISE JOBS program has received a detailed explanation of the PROMISE JOBS program.
Source	Print this form from the PROMISE JOBS MS Library.
Completion	The client and the PROMISE JOBS worker review, sign, and date this form as part of the PROMISE JOBS orientation and assessment process.
Distribution	Once the form is signed and dated, give the client one copy and keep one copy in the client's file.
Data	The form describes: <ul style="list-style-type: none">◆ How PROMISE JOBS works.◆ Services that are available.◆ Potential consequences for failure to participate.◆ The rights and responsibilities that the client has as a participant in the PROMISE JOBS program.

Your PROMISE JOBS Reminder, Form 470-3103

Purpose	<p><i>Your PROMISE JOBS Reminder:</i></p> <ul style="list-style-type: none">◆ Informs FIP participants who are not following through with orientation activities of the consequences of their lack of action.◆ Explains the first and subsequent limited benefit plan.◆ Tells the participant to contact PROMISE JOBS if the participant has problems that make it difficult to work with PROMISE JOBS.◆ Explains that the PROMISE JOBS supervisor is available to discuss any problems or questions. <p>Failure to respond to this form within ten calendar days from the mailing date will prompt the issuance of a <i>Notice of Decision</i>, form 470-0486, establishing:</p> <ul style="list-style-type: none">◆ The beginning date of the limited benefit plan.◆ The beginning and ending dates of the six-month period of ineligibility of a subsequent limited benefit plan.
Source	Form 470-3103 may be completed on line using the template provided by DHS.
Completion	<p>DHS generates a list of participants who have been referred to PROMISE JOBS to start their family investment agreement process. The PROMISE JOBS worker prepares two copies of this form:</p> <ul style="list-style-type: none">◆ Ten days after DHS sent the original referral letter to the participant, if the participant has not established an orientation appointment.◆ When a participant fails to keep or reschedule an orientation appointment.
Distribution	<p>Send one copy to the participant. Keep one copy in the PROMISE JOBS case file.</p>
Data	<p>Complete all entries. Enter the mailing date and PROMISE JOBS worker's the 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 ten days from the mailing date. Check the box that describes the participant's situation.</p>