

**NOTICE OF INCOME (PAYROLL) OFFSET
FOR DEBTS OWED THE DEPARTMENT OF HUMAN SERVICES**

DATE ISSUED:

SS #:

ID #:

NAME
ADDRESS
CITY,STATE,ZIP

Dear _____ ;

The Department of Human Services' records indicate that you have an outstanding overpayment of financial benefits (Family Investment Program or Refugee Cash Assistance, Food Stamps, Medicaid or State Supplementary Assistance, PROMISE JOBS, or Child Care Assistance) with a total balance of \$ _____. This amount is owed to the Department because _____.

You have either not made a satisfactory agreement to repay or you have not kept current with an agreement to repay.

Your state wages will be offset \$ _____ against the outstanding balance. Of that amount, \$5.00 will be used to pay the processing fee. All remaining offset amounts will be applied to your overpayment balance.

Deduction from your paycheck will start the first day of the pay period after 15 days from the mailing of this notice, unless you are able to make other arrangements with the Department of Inspections and Appeals. **(See the back of this notice for further information about this action.)**

This action is taken under the authority granted in the Iowa Code sections 8A.504, 441 Iowa Administrative Code 11.4(1), 11.4(2) and 170.9(5), and 701 Iowa Administrative Code 150.4.

I certify that the above amount is due and payable to the State of Iowa for the reasons stated and that this notice is being mailed on this _____ day of _____.

By _____,
Authorization Agency Signature

If you have any questions, please contact:

**Overpayment Recovery Unit
Iowa Department of Inspections and Appeals
[for the Iowa Department of Human Services]
321 E 12th Street - Third Floor
Des Moines, Iowa 50319-0083
Phone: 1-800-572-3945 (toll free) or Local Call (515) 281-3872**

YOUR RIGHTS TO APPEAL THIS ACTION ARE EXPLAINED ON THE BACK OF THIS NOTICE.

If you need help with filing an appeal, you may contact **Iowa Legal Aid at 1-800-532-1275**, or if you live in Polk County call **243-1193**.

APPEAL RIGHTS

If you disagree that you have received an overpayment or with the method of collection about which this letter tells you, you have the right to appeal. Your appeal rights and procedures for a hearing are explained in the Iowa Administration Code, 441-Chapter 7.

How to Appeal. For food stamps you can appeal verbally or in writing. For all other programs you must appeal in writing. Send or take your appeal to the Department of Inspections and Appeals, Overpayment Recovery Unit, at the address shown on the front of this notice or to the Department of Human Services, Appeals Section 5th Fl, 1305 E Walnut St, Des Moines Iowa 50319-0114. You may also file an appeal electronically at www.dhs.state.ia.us/APPEALS.asp. There is no fee or charge for an appeal. Your county Department of Human Services office will help you file an appeal if you ask them.

Time Limits. You must file your appeal within 15 calendar days of the date of this notice to be assured of a hearing. When the appeal is filed late [that is, more than 15 calendar days, but less than 90 calendar days after the date of this notice], the Director of the Iowa Department of Human Services must approve, **based on a good cause for late filing**, whether a hearing shall be granted. No hearing shall be granted if the appeal is filed more than 90 calendar days from the date of this notice. NOTE: Any discussion between you and the Department does not extend these time periods nor does it in any way diminish your right to a hearing.

Granting a Hearing. The Department of Human Services will determine whether or not an appeal may be granted a hearing. If a hearing is granted, you will be notified of the procedure for the hearing. If a hearing is not granted, you will be notified in writing of the reason and the procedures for challenging that decision.

Presenting Your Case. If an appeal hearing is granted, you may explain your disagreement or have someone else like a relative or friend explain your disagreement for you. You may be represented by an attorney but DHS will not pay for the attorney. Your county DHS office has information about legal services available to you that are based on your ability to pay. You may also phone Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, phone 243-1193.

POLICY ON NONDISCRIMINATION

If you have reason to believe that you may have been discriminated against due to race, color, national origin, sex, age, religion, creed, political belief, or mental or physical disability, you may file a complaint with the Iowa Department of Human Services (DHS) by completing a Discrimination Complaint form. Any DHS office, institution, or the DHS Diversity Programs Unit can give you a form. You may also file a complaint with the Iowa Civil Rights Commission (if you feel you were treated differently **because of** your race, creed, color, national origin, sex, religion, or disability); the United States Department of Agriculture; or the United States Department of Health and Human Services, Office for Civil Rights.

IOWA DEPARTMENT OF HUMAN SERVICES

Diversity Programs Unit 1st Fl
1305 E Walnut St
Des Moines IA 50319-0114

IOWA CIVIL RIGHTS COMMISSION

211 E Maple St
Des Moines IA 50309-1858

US DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office for Civil Rights Region VII
Rm 248 Federal Bldg
601 E 12th St
Kansas City MO 64106-2808

(FIP, Medicaid, and other services only)

US DEPARTMENT OF AGRICULTURE

Director Office for Civil Rights
Rm 326-W Whitten Bldg
1400 Independence Avenue SW
Washington DC 20250-9410
Call (202) 720-5964 (Voice or TDD)
USDA is an equal opportunity provider and employer
(Food Stamps only)

ESTIMATED AMOUNT TO BE WITHHELD PER PAYCHECK WILL BE:

Gross bi-weekly wage less Federal Withholding Tax, State Withholding Tax, FICA, and Retirement equals Estimated Net Disposable Income. Of this Estimated Net Disposable Income, 25% will be deducted from your gross wages, along with any non-mandatory deductions.

If your gross pay is not sufficient to deduct non-mandatory items after allowance for this garnishment, you will find that not all of your non-mandatory deductions have been made.

THE MAXIMUM AMOUNT AN EMPLOYEE'S EARNINGS CAN BE GARNISHED DURING ANY ONE CALENDAR YEAR FOR EACH CREDITOR IS AS FOLLOWS:

IF ESTIMATED ANNUAL EARNINGS ARE:

Up to \$11,999.99
\$12,000.00 to \$15,999.99
\$16,000.00 to \$23,999.99
\$24,000.00 to \$34,999.99
\$35,000.00 to \$49,999.99
\$50,000.00 and above

THE DEDUCTION LIMIT IS:

\$ 250.00
\$ 400.00
\$ 800.00
\$1,500.00
\$2,000.00
10%

IF THE DEBT OWED IS TO THE DEPARTMENT OF ADMINISTRATIVE SERVICES FOR TAXES, THEN NONE OF THE ABOVE RESTRICTIONS APPLY. STATE TAXES ARE EXEMPT FROM GARNISHMENT LIMITS BY FEDERAL LAW AND THE DEPARTMENT OF ADMINISTRATIVE SERVICES MAY DEDUCT ALL OF YOUR DISPOSABLE INCOME WITH NO CALENDAR YEAR LIMITS.