Iowa Department of Human Services

For Response Only:
Filing Reference

CLARIFICATION REQUEST

Regarding:

- ☐ FIP
- ☐ Food Assistance
- ☐ Work Programs
- ☐ Medicaid
- ☐ Child Care Assistance
- ☐ State Supplementary Assistance
- ☐ HCBS Waivers
- ☐ Other (specify)

Complete Statement of Question

What manual references have you checked in relation to this question?

Signatures

Staff		Location	Date of Request
Immediate Supervisor	Date Reviewed	Service Area Manager or Designee	Date Reviewed

RESPONSE: ☐ Interpretation No. ☐ Clarification

Title:

Manual References:

Distribution:

☐ Service Area Managers	☐ Field Operations Support Unit	☐ DIA: Appeals
☐ Area IM Administrators	☐ FHWS	☐ DHS: Appeals
☐ Area Service Administrators	☐ CFS	☐ Policy Analysis
☐ Superintendents	☐ Quality Control	☐ Other:

Response

Signatures

Service Area Manager or Bureau Staff			Date Prepared
Bureau Chief	Date Reviewed	Division Administrator	Date Reviewed