

Interoffice Memorandum

To/Office:
Attention:
From: Ronda Johnson, DHS Liaison for Appeals
Subject: Appeal #
Case #

Instructions for Issuing a *Notice of Disqualification*

Attached is a *Notice of Disqualification* (470-0288). This must be sent after a Final Decision is issued on this appeal. Our records show this is the respondent's 1st violation. If you do not agree with the number of IPV violations, please call the Appeals Section at (515) 281-8774.

You must send this *Notice of Disqualification* to the respondent.

For respondents who currently get Food Assistance, you will need to impose the disqualification the first month that action can be taken by making entries into the IABC system. Then, mail the *Notice of Disqualification*.

For respondents who are not currently getting Food Assistance, send the notice within 10 days of the date on the Final Decision.

Here is how you fill out the *Notice of Disqualification*:

1. Click on "Tools", then choose the "Protect Document" option. Next, click on "Forms" and then click "OK". This will enable you to type in the needed information. Otherwise, you can just print it off and fill out the notice by hand.
2. Click on the gray boxes at the top of the letter and fill out the "Notice date," "County," "Worker name," "Worker number," and "Phone" fields.
3. Enter whether this is the respondent's 1st, 2nd, or 3rd violation by clicking on the dropdown box, and then clicking on the correct number.
4. Type in the beginning and ending date of the disqualified period, if applicable. For respondents not currently getting Food Assistance, the beginning date will be the month following the month the Final Decision is issued.
5. Click on the check box and complete the portion for the rest of the household's Food Assistance eligibility.
6. Type or sign your name at the end of the letter.
7. Make two copies. Send the original to the respondent, keep one copy in your case record and fax the other one to the Appeals Section at (515) 281-4597 for the appeal file.

Notice of Disqualification

Notice date:
County:
Worker number:
Worker name:
Phone:

Dear

You committed a 1st intentional program violation (IPV). Because of this, you will not get Food Assistance for the following amount of time:

- A period of 12 months beginning _____ and ending _____.
- You will not get Food Assistance again because you have a lifetime sanction.

The State or Federal governments may also take you to court or make you pay back the amount of Food Assistance your household got in error.

- The rest of your household can get Food Assistance beginning _____ and ending _____. The amount of Food Assistance your household can get may change based on other eligibility factors. If Food Assistance does change, the household will get a new Notice of Decision. Once the certification period is over, your household will have to fill out a new application at your local DHS office.
- The rest of your household may be able to get Food Assistance, but will have to fill out a new application at your local DHS office.
- The rest of your household can no longer get Food Assistance.

If you believe the decision about your household's Food Assistance is wrong, you may file an appeal. If you have questions, call me at the number listed above.

Thank you for your cooperation,

Income Maintenance Worker