

REQUEST FOR REPLACEMENT OF FOOD COUPONS

A. Verification of Issuance

Household Name		County Office	Case Number	
Address (mailed to)		City	State	Zip
Value of Food Stamps \$	Effective Month	Date Mailed	Certified Mail No.	

- Register (check) Monthly Daily
- Check if replacement of restored benefit. Check if requesting replacement of expired issuance.
- The household's food coupon allotment is not listed on the Central Issuance registers for the month and year of _____.

Date	Verified By	Title
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B. Household Certification and Request

If this form is not signed and received in the county office by _____ the food coupons will not be replaced.

I state that this food stamp household:

- Has not received the allotment of food coupons or any part of it.
- Received only part of their allotment. Amount received: \$_____.

I request that replacement of food coupons be issued to the household.

I also understand that the household will be placed on an alternate issuance system for six months unless the mail loss is recovered.

I state that if the missing food coupons are recovered by the household at a later date, all of those coupons will be returned immediately to this Department of Human Services Office. I also state that I am aware of the penalties for giving false information.

Date Loss Was Reported _____ Date Signed _____ Signature _____

C. County Office Decision

- Issuance of replacement food coupons is approved in the amount of \$_____.
- Note:** If your household is found to have received two mail loss replacements within the last six months, this request may be denied.
- Issuance of replacement restored benefit coupons is approved in the amount of \$_____.
- Has not received the allotment of food coupons or any part of it.

Check one:

- Allotment being replaced was mailed to the correct address. This replacement and your food coupon allotments for the next five months will be mailed to your county office. You will receive a notice advising you when the food coupons will be available for you to pick up.
- Allotment being replaced was mailed to the wrong address. This replacement and your food coupon allotments for the next five months will be mailed by certified mail.
- The shortage occurred in Central Office and the coupons will be mailed to you.
- Your request for replacement of food coupons is denied.

Reason _____

Signature _____ Date _____

COUNTY OFFICE USE ONLY

Date signed 470-0308 received in this office _____.

Remarks: _____

ATTACH A COPY OF PS-3811-A FOR ALL CERTIFIED ISSUANCES

APPEAL RIGHTS

If you are dissatisfied with any action or failure to act with regard to your request for replacement of food/food coupons, you have the right to appeal. Your appeal rights and procedures for hearings are explained in the Iowa Administrative Code, 441 Chapter 7.

When to Appeal: You have the right to appeal whenever there is any adverse action or failure to act with regard to your request for replacement of food/food coupons.

How to Appeal: For Food Stamps you may appeal verbally or in writing. Send or take your appeal to the Department of Human Services (DHS) office in your county or to the Department's Appeals Section, Hoover State Office Building, 1305 E Walnut St, Des Moines, Iowa 50319-0114. You may appeal in person or by phone, you may use the Department's appeal form, or you may simply send a letter asking to appeal. (Also see **Time Limits Below.**) There is no fee or charge for an appeal. Your county DHS office will help you in filing an appeal if you ask them.

Time Limits: You must file your appeal within 90 calendar days of the date the notification was sent or at any time during the current certification period to be assured of a hearing. No hearing shall be granted if the appeal is filed more than 90 calendar days after the notice date and the current certification period has expired.

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 time and place. However, a hearing need not be granted if it is not eligible to be heard. If no hearing is granted, you will be notified in writing of the reason and the procedures to challenge 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 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 Legal Services Corporation of Iowa at 1-800-532-1275. If you live in Polk County, phone 243-1193.

POLICY ON NONDISCRIMINATION

This action was taken without regard to race, color, creed, sex, age, physical or mental disability, religion, national origin, or political belief. If you have reason to believe that you have been discriminated against for any of the reasons stated above, 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 Diversity Program 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) and the United States Department of Agriculture.

IOWA DEPARTMENT OF HUMAN SERVICES
Diversity Program Unit 1st Fl
1305 E Walnut
Des Moines IA 50319-0114

IOWA CIVIL RIGHTS COMMISSION
211 E Maple St 2nd Fl
Des Moines IA 50309-1858

U.S. DEPARTMENT OF AGRICULTURE
Director Office of Civil Rights
Rm 326-W Whitten Bldg
1400 Independence Ave SW
Washington DC 20250-9410