

Iowa Department of Human Services
Public Assistance Eligibility Report

County Number

Worker Name

Case Number

Due Date

Why do I need to fill out this form?

It's time to review your case. Please fill out this form and send or bring it to the address above by the due date shown. This information will be used to decide if you will continue to get Family Investment Program (FIP) or Refugee Cash Assistance benefits (RCA). If you do not do this, we may stop your assistance.

What do I do with this form?

- You must:
- Fill out this form.
 - Send proof if the question has **Send proof** Examples of proof of the money you get can be check stubs, self-employment records or award letters.
 - Sign and date page 3.
 - Send or bring the form and your proof to us at the address above by
 - Use extra paper, if needed for your answers.

What if I have questions?

Call your worker at . We will accept collect calls.

Household Members

These people get benefits with you or are counted to figure your benefits.

Name	State ID	Birth Date	Name	State ID	Birth Date

Household Members (cont.)

1. Did someone move in or out? No Yes, list below
- Person's name _____
- Relationship _____
- Birth date _____
- Social Security Number _____
- Date moved in _____
- Date moved out _____
2. Did you move? No Yes, list below
- If you moved, fill in below:
- New address (street, apt, city, zip) _____
- Mailing address, if different from above _____
- Phone number _____
3. Did anyone in your household start paying court-ordered child support or did the amount of court-ordered support change? No Yes, list below **Send proof**
- Amount paid monthly _____

Money You Get

4. Did anyone have a job or self-employment in the last 30 days? No Yes, list below

**Send all pay stubs or proof of income for the last 30 days.
If income started in the last 30 days, send proof of the date of the first pay.
If income stopped in the last 30 days, send proof of the date of the last pay.**

- Name of person who worked _____
Name of employer _____
 - Name of person who worked _____
Name of employer _____
5. Did anyone have income like Social Security, SSI, child support, unemployment benefits, retirement, cash gifts, veterans benefits, or other income? No Yes, list below and **Send proof**
- Name of person _____
Type of income _____
 - Name of person _____
Type of income _____

Resources (Assets)

6. Did anyone get a car, truck, boat, camper, motorcycle or other licensed vehicle?

No Yes, list below

Make _____

Model _____

Year _____

7. Did anyone get a new bank account or did the amounts in accounts you already have go up?

No Yes, list below

Total amount in all bank accounts _____

Other changes to report?

8. For example, a change in school attendance of a child, a divorce, or marriage.

Will the changes I reported continue?

After answering this question, be sure to sign and date below.

9. Do you expect the changes you reported on this form to be the same next month?

Yes No, list the change that will not be the same _____

Your Signature and Understanding

I understand what can happen if I hide information or give wrong information.

I agree to give proof of any changes I report.

The Quality Control unit and other state officials may contact other people or organizations to get proof of my information.

I know what I report may cause my benefits to be reduced, increased or stopped.

I know I have to repay benefits I get incorrectly.

I certify, under penalty of perjury, that my answers are correct and complete to the best of my knowledge.

For FIP or RCA, if both parents/spouses are in the home, both must sign. If there is only one parent in the home, that person must sign below for this form to be valid.

Signature/Mark

Today's Date (Month, Day, Year)

Phone Number

Signature/Mark of Spouse or other parent in the home

Today's Date (Month, Day, Year)

Phone Number

Family Investment Program (FIP) or Refugee Cash Assistance

Penalty of the FIP Program

You will not get FIP for 10 years if you are found guilty of getting or trying to get FIP in more than one state at a time. This penalty happens if you give wrong information about where you live.

Things You Need to Know

Within 10 days of the date the change happens, you must tell the DHS county office about changes, such as:

- Income, when it starts or stops
- Resources, which includes getting an inheritance or a one-time payment of past due child support
- Change in living or mailing address
- Someone moving in or out of my home
- Receipt of a Social Security Number
- Change in school attendance of a child

When you are on FIP, you are registered with the PROMISE JOBS program. You agree that all members of your household who must cooperate with PROMISE JOBS will do so. Talk with your worker if you feel you have a reason not to cooperate.

If you choose not to take part in PROMISE JOBS, your FIP benefits will be limited.

While you get FIP, you give up your rights to child support. The State of Iowa will keep your child support to pay back the money you get from FIP.

You Have the Right to Appeal

You or the person helping you, may ask for an appeal hearing in writing if you do not agree with any action taken on your case. You may contact your county DHS office about legal services that are available based on your ability to pay. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

You Will Not Be Discriminated Against

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa Department of Human Services to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, you can send a letter of complaint to:

Iowa Department of Human Services, Administrator, Diversity Program Unit, 1305 E. Walnut, Des Moines IA 50319-0114; phone (800) 972-2017; fax (515) 281-4243.