



Iowa Department of Health and Human Services

Agreement to Pay a Debt

Name	Account Number
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What is a Debt?

A debt occurs when you get help from the Iowa Department of Health and Human Services (HHS) that you are not eligible for or you are ordered by a court or Intentional Program Violation hearing to pay money to HHS.

How Much Do I Owe?

The amount you owe is:

Time Period

Child Care Assistance (CCA)	\$	
Family Investment Program (FIP)	\$	
SNAP	\$	
SNAP Trafficking	\$	
Health Insurance Premium Payment (HIPP) Program	\$	
Healthy and Well Kids in Iowa (Hawki)	\$	
IHAWP	\$	
Medicaid	\$	
PROMISE JOBS	\$	
Refugee Cash Assistance (RCA)	\$	
Total Owed	\$	

How Do I Pay This Debt?

Step 1. Choose a Plan

You can choose one of the following payment plans. **Check the box below for the plan you choose and fill in the date and amount, if needed.**

- ☐ Plan 1: Pay the full amount you owe now.
I agree to repay the total amount I owe on or before _____ (Date).
- ☐ Plan 2: Make monthly payments.
I agree to make monthly cash payments beginning _____ (Date), in the
amount of \$_____ until the full amount is paid.
- ☐ Plan 3: Pay \$_____ now and pay the rest in monthly payments of \$_____ per month.
- ☐ Plan 4: Reduce the amount of assistance I am currently getting.
You can lower the amount of assistance you are getting if you have a debt for one of the programs listed. You must be currently getting help from this program.
- ☐ Family Investment Program (FIP)
- ☐ SNAP
- ☐ PROMISE JOBS (your FIP benefits can be used to pay back this type of debt)

If your assistance stops, you will need to contact the Iowa Department of Inspections, Appeals and Licensing (DIAL) to sign a new *Agreement to Pay a Debt*.

Your FIP or RCA monthly assistance is cut by 1% if the debt occurs only because of a Department error. Your FIP or RCA monthly assistance is cut by 10% if the debt occurred for any other reason, or because of a combination of reasons.

Your SNAP is cut by 10% or \$10, whichever is more, for errors made by you or your family. Your SNAP is cut by 20% or \$20, whichever is more, for Intentional Program Violations.

Step 2. Sign This Form and Send it Back

Fill out the Signature Section below and be sure to sign and date the form.

Send the completed form to:

Iowa Department of Inspections, Appeals and Licensing (DIAL)
Public Assistance Debt Recovery Unit
6200 Park Ave, Suite 100
Des Moines, IA 50321-1371

Step 3. Send Your Payment

If you choose Plan 1 or Plan 2, send a check or money order to Iowa Department of Health and Human Services. Please include your account number on your check or money order. **Do not send cash.** If you choose Plan 2, you must make a payment by the 25th of **each** month.

Send your payment of \$_____ to:

Iowa Department of Health and Human Services
Cashier's Office 1st Fl
1305 E Walnut St
Des Moines, IA 503191002

What if I Owe Money for More Than One Program?

If you owe money for more than one program, your payments will be divided. **We will apply some of your payment to each program.** This is based on the total amount you owe for all programs.

Agree to Repay

I, _____, agree that I got help from the Iowa Department of Health and Human Services that I was not eligible for because:

I voluntarily agree to this contract. I understand that I must pay back the assistance or services I got that I was not eligible for. If I sign this contract and do not follow its terms, it will break this contract and action may be taken against me. The next page explains the actions that may be taken. I understand the excess assistance, payment for services, or unrefunded support received by me is subject to recovery according to Iowa Code Sections 217.34, 234.13, 239B.14, 249.11, 249A.4, 249A.5, or 252B.5(4); Iowa Administrative Code 441 Chapters 11, 46, 170, 60, 75, 76, 86, 92, 93, and 170; Title IV-A of the Social Security Act; 45 CFR 233.20(a)(13); 45 CFR 400.49; 256.4(b) or 303.80; 7 CFR 273.18e; 42 CFR 433.36; and Public Laws 92-212 and 200-485, as well as civil and criminal law remedies.

Signature		Telephone Number	
Street	City	State	ZIP Code
DIAL Investigator's Signature	Telephone 1-800-572-3945 or (515) 725-5333	Date of Contract	

In the future, you may get a monthly statement that tells you what you owe.

Actions That May Be Taken on Debts

When you have a debt, your case is referred to the Iowa Department of Inspections, Appeals and Licensing (DIAL). This Department will:

1. Bill you for the debt.
2. If you are past due on your account or do not have an approved repayment agreement:
 - Take money that is owed to you by any state agency. For example, all or part of your state income tax refund, lottery winnings or state wages.
 - Take money that is owed to you by any federal agency. For example, all or part of your federal tax refund, Social Security benefits or part of your pay if you work for the federal government. This is for SNAP debts.
 - Lower your monthly FIP or SNAP.
3. Refer your case for prosecution (if we have reason to believe that you intentionally withheld or gave false information in order to get benefits you were not entitled to).
4. File a court action to collect the debt.

For Office Use Only:

Program Code	_____	Date Completed	_____
Program Code	_____	Date Completed	_____
Program Code	_____	Date Completed	_____
Program Code	_____	Date Completed	_____

You Have the Right to Appeal An appeal is a request for a hearing regarding a decision made by the Iowa Department of Health and Human Services (HHS). You have the right to file an appeal if you disagree with a decision. You don't have to pay to file an appeal. [44I Iowa Administrative Code Chapter 7].

You can appeal in person, by phone, or in writing for SNAP, Child Care Assistance (CCA), Family Investment Program (FIP) or Medicaid. To appeal in writing, you must do one of the following:

- Complete an appeal electronically at <https://hhs.iowa.gov/appeals>, or
- Write a letter telling us why you think a decision is wrong, or
- Fill out an Appeal and Request for Hearing form. You can get this form at your county HHS office.

Send or take your appeal to HHS, Appeals Section, 321 E. 12th St., Des Moines, IA 50319-1002. If you need help filing an appeal, ask your county HHS office. You or someone else, such as a friend or relative, can tell why you disagree with the HHS decision. You may also have a lawyer help you, but HHS will not pay for one. Your county HHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

How long do I have to appeal? For SNAP or Medicaid, you have 90 calendar days from the date of a decision to file an appeal. For all other programs, you must file an appeal within 30 calendar days of the date of a decision or before the date a decision goes into effect. If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing. If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending? You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal within 10 calendar days of the date the notice is received. A notice is considered to be received 5 calendar days after the date on the notice. For the FIP, CCA, and Medicaid, benefits can also continue if you file an appeal before the date a decision goes into effect. Any benefits you get while your appeal is being decided may have to be paid back if the HHS action is correct.

How will I know if I get a hearing? You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

You Will Not Be Discriminated Against It is the policy of the Iowa Department of Health and Human Services (HHS) to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, sexual orientation, religion, age, disability, political belief or veteran status. If you feel HHS has discriminated against or harassed you, please send a letter detailing your complaint to: Iowa Department of Health and Human Services, 321 E. 12th St., Des Moines, IA 50319 or via email FDHS@hhs.iowa.gov

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. mail:

Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

FNCSIVILRIGHTSCOMPLAINTS@usda.gov

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