

Iowa Department of Human Services

**NOTICE OF INTERVIEW**

July 10, 2003

Quality Control Reviewer

Tel:

Dear \_\_\_\_\_ :

The Iowa Department of Human Services, Office of Program Evaluation, is required by the federal government to randomly select a number of cases each month for a special eligibility review, called a quality control (QC) review. Each case is selected entirely at random and not because there is any special question about it. Your \_\_\_\_\_ case has been selected for a review of the benefits that you received in \_\_\_\_\_.

QC reviews are required even if the client is no longer receiving assistance. Failure to cooperate in the review process results in termination of current benefits and/or ineligibility to participate in future benefits. **If we are unable to complete the QC review the case will automatically be selected for federal review.**

An interview is required for the QC review. I will be at your home on \_\_\_\_\_ at approximately \_\_\_\_\_ to conduct the interview. The time of the appointment is approximate as travel and interview times are estimated. I will arrive as close to the scheduled time as possible. Due to the travel time and the number of persons who are scheduled for interview, please be available for this appointment.

Please contact my office by \_\_\_\_\_ to confirm your appointment and to provide directions to your home. After this date, I will be on the road and it will be difficult for you to contact my office to change the time of the interview appointment. You may call collect at \_\_\_\_\_ Office hours are \_\_\_\_\_ am - \_\_\_\_\_ pm, Monday through Friday. **Failure to contact me will not cancel this appointment.**

Please see the attached sheet listing the items that will be required to be available at the time of the interview. Please keep the appointment even if you cannot provide all the items indicated at the time of the interview. Any of the requested information that you are unable to obtain I will be glad to assist you in obtaining at the home visit.

Sincerely,

Quality Control Reviewer  
Iowa Department of Human Services

470-1627 (Rev. 11/98)

Please have the items marked (X) below ready for me to examine during my visit:

- Your birth certificate or proof of date and place of birth.
- Your child(ren)'s birth certificate(s).
- Birth certificate(s) for \_\_\_\_\_
- Divorce Decree(s) for marriage(s) with \_\_\_\_\_
- Decree(s) for establishing paternity for \_\_\_\_\_
- Social Security cards for you and your children.
- Names and addresses of \_\_\_\_\_ person(s) who are not related to anyone living in your home who can verify where and with whom you were living as of. \_\_\_\_\_
- Pre-school children should be present at home visit
- Rent receipt or mortgage payment billed for \_\_\_\_\_
- Property tax receipt and house insurance receipts for the past year.
- Utility bills including phone bill billed for \_\_\_\_\_
- Pay stubs or employer statement of gross wages per pay period received during \_\_\_\_\_ through \_\_\_\_\_
- Child care receipts or baby sitter statements for each month from \_\_\_\_\_ through \_\_\_\_\_
- Income tax (state and federal) return(s) filed in \_\_\_\_\_ for tax year \_\_\_\_\_
- Checking and/or savings account statement(s) from \_\_\_\_\_ to \_\_\_\_\_
- Stock certificates and /or savings bonds.                       Life insurance policies
- Names and addresses of child(ren)'s grandparents.
- Current addresses of: \_\_\_\_\_
- \_\_\_\_\_