



|                  |            |
|------------------|------------|
| Participant Name |            |
| State ID         |            |
| Date             |            |
| IM Worker No.    | County No. |

## FIA Steps to Achieve Self-Sufficiency

**Individual goal:**

| NEEDS TO BE RESOLVED TO<br>ACHIEVE SELF-SUFFICIENCY | INTERIM GOALS AND<br>ACTION STEPS | Time Frames   |     |             |     |
|---|-----------------------------------|---------------|-----|-------------|-----|
|   |                                   | Targeted Date |     | Actual Date |     |
|   |                                   | Start         | End | Start       | End |
|   |                                   |               |     |             |     |

**Family planning information and referral:**

☐ NO    ☐ YES, I want family planning counseling services.

Note: I understand that acceptance of family planning services is voluntary and I will not be in a Limited Benefit Plan if I change my mind.

**If your application for FIP is denied or when you go off FIP, you are not eligible for PROMISE JOBS services.**

**Assistance and support services** available as needed from PROMISE JOBS (not all services are available for each component):

- |  |   |
|--|---|
| <input type="checkbox"/> Transportation _____              | <input type="checkbox"/> Tuition, books, fees _____ |
| <input type="checkbox"/> Child care _____                  | <input type="checkbox"/> Tools, uniforms _____      |
| <input type="checkbox"/> Family development services _____ | <input type="checkbox"/> Other _____                |

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. By typing my name below, I am electronically signing my *FIA Steps to Achieve Self-Sufficiency*.

|                       |      |                     |      |
|-----------------------|------|---------------------|------|
| Participant Signature | Date | PROMISE JOBS Worker | Date |
|-----------------------|------|---------------------|------|

## **You Have the Right to Appeal**

### **What is an appeal?**

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

### **How do I appeal?**

Filing an appeal is easy. You must appeal in writing for all programs, except for Food Assistance. You can appeal in person, by telephone or in writing for Food Assistance. To appeal in writing, do **one** of the following:

- Complete an appeal electronically at <https://hhs.iowa.gov/programs/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 DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5<sup>th</sup> Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

### **How long do I have to appeal?**

For Food Assistance, you have 90 calendar days to file an appeal from the date of a decision. 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 of a decision or
- 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 Department's 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. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

### **Can I have someone else help me in the hearing?**

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS 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.

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

It is the policy of the Iowa Department of Human Services (DHS) 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 DHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa Department of Human Services, Office of Human Resources, Hoover Building – 1<sup>st</sup> Floor, 1305 E. Walnut, Des Moines IA 50319-0114; fax (515) 281-4243, or via e-mail [FDHS@hhs.iowa.gov](mailto:FDHS@hhs.iowa.gov)

(Food Assistance only) USDA – Director Office for Civil Rights, 1400 Independence Ave SW, Washington DC 20250-9410, or call 1-800-795-3272 voice or (202) 720-6382 (TTY)

Double Click to **SEND** Form