

Iowa Department of Human Services

ACKNOWLEDGMENT OF CLAIM CONCERNING SUPPORT PAYMENT

CSC Number: _____

This notice acknowledges your claim of entitlement to a support payment.

You contacted CSC on _____.

You stated that you are entitled to \$_____, but you received \$_____.

The following action has been taken concerning your case.

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Right of Appeal

If you do not agree with the decision the Department has reached about your claim of entitlement to a support payment, you have the right of appeal. If you wish to file an appeal, make your request in writing and either mail it to the Collection Services Center, PO Box 9125, Des Moines, IA 50306, or hand deliver it to 727 E 2nd St, Des Moines, IA 50309.

When you ask for a hearing within 30 days after the date of this notice, a hearing will be held. When you ask for a hearing more than 30 days but less than 90 days after the date of this notice, a hearing may be held, depending on the reason for the delay. In these instances, the Director of the Iowa Department of Human Services determines whether a hearing will be held. Any discussions between you and the Bureau of Collections or the Collections Services Center do not extend this time period.

Appeals are limited to claims for support payments received by the Iowa Department of Human Services during the nine month period before the month in which the appeal is initiated. The issue of appeal is limited to dispute of the date of collection of the support payment.

You may present your appeal at the hearing yourself or have someone else present it for you. If you wish, you may be represented at the hearing by an attorney. However, there are no provisions for the Department to pay the attorney fee. Contact your worker for information regarding legal services that may be available in your area.

**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, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complain to:

Iowa Department of Human Services, Hoover Building – 5th Floor, 1305 E. Walnut, Des Moines IA 50319-0114; or via e-mail contactdhs@dhs.state.ia.us.
U.S. Department of Health and Human Services
Office for Civil Rights Region VII
501 E 12th St Rm 248
Kansas City, MO 64106

.cc CSC CSRU