

Iowa Department of Human Services

Date:

County:

**NOTICE OF DECISION:  
CHILD CARE ASSISTANCE**

Case #:	<input type="text"/>	<input type="text"/>
Case #:	<input type="text"/>	<input type="text"/>
Case #:	<input type="text"/>	<input type="text"/>

**ACTION**

- Approval
- Review
- Cancellation
- Denial
- Change in Service
- Reduction in Service

**EXPLANATION OF ACTION**

Manual or Rule References:

- ◆ **Fees:** You **will** be responsible for paying for part of your child care services. Your fee will be  per **UNIT (1/2 day)** for child care services provided for the child who uses the most units each month. You should make arrangements to pay this directly to the provider of your child care service.
- ◆ **Changes:** You must notify DHS of any changes in work hours, class schedule, income, address, household composition, or a change in providers within 10 days of the change.

**CONFERENCE:**

If you do not agree with this decision, you may discuss the decision and your situation with the agency staff, obtain an explanation of the action and present information to show that the action is incorrect. This conference does not in any way diminish your right to a hearing described on the back of this page. You may speak for yourself or be represented by legal counsel, a friend, or other person. If you have trouble understanding this notice, you may phone **Iowa Legal Aid** at 1-800-532-1275. If you live in Polk County, phone 243-1193.

**REAPPLICATION:**

If your application has been denied or your assistance has been canceled, you have the right to reapply at any time.

Worker's Name:	Iowa Department of Human Services
Phone:	

cc: Child Care Provider

## 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 by doing **one** of the following:

- Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, **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?

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, 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.

**HOURS OF ELIGIBILITY:**

- ◆ You have been approved for child care assistance. You are only eligible during:
  - Work hours
  - Class hours (You are not eligible during semester breaks/vacations or study time.)
  - Hours of job search
  - Approved parental absence
  - PROMISE JOBS activities:
  
- ◆ The maximum number of units you are projected to use are listed below. This includes reasonable commuting time. Use of child care units for any purpose other than the purpose indicated above or in excess of the projected maximum units listed below is your responsibility to pay on your own. You must report changes in your work or school schedule and changes in providers within 10 days. On non-school days, school-aged children are approved for the hours that you are working or are in school.

Child's name	
Case #	
Provider #	
Provider's name	
Projected daily (Monday)	units
Projected daily (Tuesday)	units
Projected daily (Wednesday)	units
Projected daily (Thursday)	units
Projected daily (Friday)	units
Projected daily (Saturday)	units
Projected daily (Sunday)	units
Projected weekly	units

Child's name	
Case #	
Provider #	
Provider's name	
Projected daily (Monday)	units
Projected daily (Tuesday)	units
Projected daily (Wednesday)	units
Projected daily (Thursday)	units
Projected daily (Friday)	units
Projected daily (Saturday)	units
Projected daily (Sunday)	units
Projected weekly	units

Child's name	
Case #	
Provider #	
Provider's name	
Projected daily (Monday)	units
Projected daily (Tuesday)	units
Projected daily (Wednesday)	units
Projected daily (Thursday)	units
Projected daily (Friday)	units
Projected daily (Saturday)	units
Projected daily (Sunday)	units
Projected weekly	units

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Projected daily (Sunday)	units
Projected weekly	units

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Projected weekly	units

cc: Child Care Provider

