

IOWA DEPARTMENT OF HUMAN SERVICES  
DEMAND LETTER FOR PROMISE JOBS AGENCY ERROR OVERISSUANCE

Date:  
State ID

Mail to:  
Iowa Department of Inspections & Appeals  
Overpayment Recovery Unit, 3rd Floor  
321 E 12th Street  
Des Moines, IA 50319-0083

If you have any questions on how your overpayment was figured, contact your PROMISE JOBS Worker.

If you have questions about repayment, call 1-800-572-3945 (toll free) or, for calls from the Des Moines area, (515) 281-5714.

Your household got \$ \_\_\_\_\_ more in PROMISE JOBS benefits than you were eligible to get during the month(s) of \_\_\_\_\_

This overpayment was the result of an agency error because \_\_\_\_\_

If you agree with this overpayment, complete and sign the Repayment Agreement below for the overpaid PROMISE JOBS Allowance and return it to the Iowa Department of Inspections and Appeals within 20 days of the date of this letter.

If you disagree that you got an overpayment, or if you disagree with the amount, dates, or reason for the overpayment, you must appeal within 30 days of the date of the first demand letter you get about this overpayment. (See Appeal Rights on the back of this form.) Your worker will give you further information, including worksheets showing how we figured the overpayment, at your request.

**A. IF YOU DECIDE TO REPAY US BY FIP OR RCA GRANT REDUCTION**

We will keep 1% of the full amount of FIP or RCA benefits for your family size. The amount we keep each month may change without notice if your monthly FIP or RCA amount changes.

**B. IF YOU DECIDE TO REPAY US BY CASH PAYMENTS**

You may pay us in cash all at once, part now and the rest in monthly payments, or all in monthly payments of a satisfactory amount. **IF YOU CHOOSE MONTHLY PAYMENTS**, you must agree to pay us at least 1% of the full amount of FIP or RCA benefits for your family size.

If you do not make a satisfactory agreement, we may take action as described on the back of this form. If you make an agreement for a grant reduction and then your grant stops, you must make a new agreement. If you do not, we may take a future year's income tax refund, payments that the state owes you, or start other kinds of collection action. We take this action in accordance with 441 Iowa Administrative Code 46.24(239B) and 93.151(239B); 4-H, Payments and Adjustments; 4-J, PROMISE JOBS; and PROMISE JOBS Provider Manual.

Please sign and date the agreement. Detach it at the dotted line and return it in the enclosed envelope. Be sure to put a stamp on the envelope. If your household income changes, you may ask to change your repayment agreement.

PROMISE JOBS REPAYMENT AGREEMENT

Case Name: \_\_\_\_\_

Case No: \_\_\_\_\_  
State ID \_\_\_\_\_

**A. GRANT REDUCTION -- DO NOT CHECK THIS BOX IF YOU ARE NOT GETTING FIP OR RCA NOW.**

I agree to repay this overpayment by FIP or RCA grant reduction.  
We will keep 1% of the FIP or RCA benefit amount for your family size.

**B. CASH PAYMENT.**

In consideration of the Department not bringing a civil suit for the overpayment, I, \_\_\_\_\_ agree to pay by the following method checked below.

- Full Amount now. Date: \_\_\_\_\_
- Make monthly payments of \$ \_\_\_\_\_ Starting Date: \_\_\_\_\_
- Partial payment now of \$ \_\_\_\_\_ Balance in monthly payments of \$ \_\_\_\_\_ thereafter.

- I understand that the monthly payment or partial payment now plus the monthly payments may not be less than the total balance due divided by 60. Therefore, I must pay the balance due within a five-year period.
- I understand that I will be sent a bill showing the amount I agree to pay beginning the month after this agreement begins.
- I UNDERSTAND THAT IF I SIGN THIS CONTRACT BUT DO NOT FOLLOW ITS TERMS, IT WILL BE A BREACH OF THE CONTRACT. OTHER COLLECTION ACTION WILL THEN BE TAKEN. (See the back of this form for actions that DHS may take.)

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

For Office Use Only

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ TITLE \_\_\_\_\_

# FEDERAL RULES REQUIRE THAT THE IOWA DEPARTMENT OF HUMAN SERVICES COLLECT ALL OVERPAYMENTS

## ACTIONS THAT MAY BE TAKEN ON OVERPAYMENTS

When you receive an overpayment, your case is referred to the Department of Inspections and Appeals (DIA), Overpayment Recovery Unit, 3rd Fl, 321 E 12th St, Des Moines, Iowa 50319-0083. The DIA takes one or more of the following actions depending on the situation:

1. Withholds a percentage of your assistance grant (if your case is active), or
2. Bills you directly for the overpayment (if your case is closed), or
3. Takes any money owed to you by any state agency (for example, all or part of your income tax refund or state wages) if your payments are not current according to your signed contract, or if there is no repayment agreement, or
4. Files a civil suit to collect the overpayment.
5. Issues a Distress Warrant for collection of overpayment debts by garnishment of wages or other property you may have.
6. Refers your case to Centralized Collection Unit.

You must appeal within **30 days** (see Time Limits below) of the **first** demand letter sent to you about any individual claim or you may lose the right to a hearing on the overpayment. Your worker will supply you with information showing how the overpayment was figured, if you request it.

Although you must appeal the existence of this overpayment within 30 days of this notice, you will be able to appeal the method of collection when a notice is issued to begin recovery of this overpayment.

## APPEAL RIGHTS

**If you disagree that you have received an overpayment or disagree with the amount, dates or reason for the overpayment, you have the right to appeal.** Your appeal rights and procedures for hearing are explained in the Iowa Administrative Code, 441 - Chapter 7.

**How to Appeal.** You must appeal in writing to the Department of Human Services office in your county or to the Department of Human Services, Appeals Section, 5th Fl, 1305 E Walnut St, Des Moines, Iowa 50319-0114. You may use the Department of Human Service's appeal form, or you may simply send a letter asking to appeal. You may also file an appeal electronically at [www.dhs.state.ia.us/appeals.asp](http://www.dhs.state.ia.us/appeals.asp). There is no fee or charge for an appeal. (Also see Time Limits below.) Your county Department of Human Services office will assist you in filing an appeal if you ask them.

**Time Limits.** You must file your appeal for this claim within 30 calendar days of the date the **first** demand letter was sent to you to be assured of a hearing. When the appeal is filed late (that is more than 30 calendar days, but less than 90 calendar days after the date of the **first** demand letter for this claim), the Director of the Iowa Department of Human Services must approve, based on good cause for late filing, whether a hearing shall be granted. No hearing shall be granted if the appeal is filed more than 90 calendar days from the date of the **first** demand letter for this claim. Any discussion between you and the Department does not extend these time periods.

**Granting a Hearing.** The Department of Human Services will determine whether or not an appeal may be granted a hearing. If a hearing is granted, you will be notified of the procedure for the hearing. However, a hearing need not be granted if the appeal is not eligible to be heard. If no hearing is granted, you will be notified of the reason.

**Presenting Your Case.** If a hearing is granted to your appeal, you may explain your disagreement with the overpayment or have someone else, like a relative or friend, explain your disagreement for you. If you wish, you may be represented by an attorney, but the Department cannot pay for the attorney. Your county DHS office has information about legal services based on your ability to pay that may be available to you. **You may also phone Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, phone 243-1193.**

**NOTE:** If your family's income changes, you may ask to change your repayment agreement.

## POLICY ON NONDISCRIMINATION

This action was taken without regard to race, creed, color, sex, age, physical or mental disability, religion, national origin or political belief. If you have reason to believe that you have been discriminated against for any of the reasons stated above, you may file a complaint with the Iowa Department of Human Services (DHS) by completing a Discrimination Complaint form, which you can get from any DHS office, institution, or the DHS Diversity Programs Unit. You may also file a complaint with the Iowa Civil Rights Commission (if you feel you were treated differently because of your race, creed, color, national origin, sex, religion or disability) or the United States Department of Health and Human Services, Office for Civil Rights.

### IOWA DEPARTMENT OF HUMAN SERVICES

Diversity Programs Unit, 1st Fl  
1305 E Walnut St  
Des Moines IA 50319-0114

### IOWA CIVIL RIGHTS COMMISSION

211 E Maple St 2nd Fl  
Des Moines IA 50309-1858

### U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office for Civil Rights Region VII  
601 E 12th St Rm 248  
Kansas City MO 64106-2808  
(FIP, Medicaid and other services only)