

Iowa Department of Health and Human Services
Notice of Income (Payroll) Offset

Date

Name

Address

City, State, ZIP

Social Security Number:

ID Number:

Dear Name:

We have tried to collect money you owe the Iowa Department of Health and Human Services (HHS). Either you have not made a satisfactory agreement to repay, or you have not kept your agreement to pay the money you owe.

As of the date on this notice, you owe \$_____.

A portion of your state wages will be kept to pay all or part of the money you owe.

This will be deducted from your paycheck. A deduction will start no earlier than 15 days from the date on this notice. After the 15-day waiting period, the deduction will start on the first day of the next pay period. This will happen unless you make other arrangements with the Iowa Department of Inspections, Appeals and Licensing (DIAL).

If you have questions about this letter, please write to:

Iowa Department of Inspections, Appeals and Licensing
Investigations Division - PADRU
6200 Park Ave, Suite 100
Des Moines, IA 50321-1371

You may also call DIAL at 1-800-572-3945 (toll-free). If you live in the Des Moines area, call 515-725-5333.

This action is taken based on Iowa Code Sections 8A.504, 441 Iowa Administrative Code 11.4(1), 11.4(2) and 170.9(5), and 11 Iowa Administrative Code 40.

I certify that the above amount is owed to the State of Iowa for the reasons stated. This notice is being mailed on this _____ day of _____.

By _____
Authorized Agency Signature

You have the right to appeal this letter. Please see the back of this notice for more information. If you need help filing an appeal, you may call Iowa Legal Aid at 1-800-532-1275. If you live in the Des Moines area, call 243-1193.

You Have the Right to Appeal An appeal is a request for a hearing regarding a decision made by the Iowa Department of Health and Human Services (HHS). You have the right to file an appeal if you disagree with a decision. You don't have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7]. You can appeal in person, by phone, or in writing for SNAP, Child Care Assistance (CCA), Family Investment Program (FIP) or Medicaid. To appeal in writing, you must do one of the following:

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

Send or take your appeal to HHS, Appeals Section, 321 E. 12th St., Des Moines, IA 50319-1002. If you need help filing an appeal, ask your county HHS office. You or someone else, such as a friend or relative, can tell why you disagree with the HHS decision. You may also have a lawyer help you, but HHS will not pay for one. Your county HHS 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.

How long do I have to appeal? For SNAP or Medicaid, you have 90 calendar days from the date of a decision to file an appeal. 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 the notice is received. A notice is considered to be received 5 calendar days after the date on the notice. For the FIP, CCA, and Medicaid, benefits can also continue if you file an appeal 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 HHS 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. It will also explain what you can do if you disagree with the decision to not give you a hearing.

This institution is an equal opportunity provider.

Estimated amount to be withheld per paycheck will be:

Gross bi-weekly wage less federal withholding tax, state withholding tax, FICA, and retirement equals estimated net disposable income. Of this estimated net disposable income, 25% will be deducted from your gross wages, along with any non-mandatory deductions.

If your gross pay is not sufficient to deduct non-mandatory items after allowance for this garnishment, you will find that not all of your non-mandatory deductions have been made.

The maximum amount an employee's earnings can be garnished during any one calendar year for each creditor is as follows:

If estimated annual earnings are:	The deduction limit is:
Up to \$11,999.99	\$ 250.00
\$12,000.00 to \$15,999.99	\$ 400.00
\$16,000.00 to \$23,999.99	\$ 800.00
\$24,000.00 to \$34,999.99	\$1,500.00
\$35,000.00 to \$49,999.99	\$2,000.00
\$50,000.00 and above	10%

If the debt owed is to the Department of Administrative Services for taxes, then none of the above restrictions apply. State taxes are exempt from garnishment limits by federal law and the Department of Administrative Services may deduct all of your disposable income with no calendar year limits.