

Iowa Department of Human Services  
**Combined PAER/FAIR**  
Combined Public Assistance Eligibility  
Report/Food Assistance Interim Report

County Number

Worker Name

Case Number

Due Date

**Why do I need to fill out this form?**

It's time to review your case. Please fill out this form and send or bring it to the address above by the due date shown. This information will be used to decide if you will continue to get Family Investment Program (FIP) or Refugee Cash Assistance (RCA) benefits and Food Assistance benefits. If you do not do this, we may stop your assistance.

**What do I do with this form?**

- You must:
- Fill out this form.
  - Send proof if the question has **Send proof** Examples of proof of the money you get can be check stubs, self-employment records or award letters.
  - Sign and date page 4.
  - Send or bring the form and your proof to us at the address above by .
  - Use extra paper, if needed for your answers.

**What if I have questions?**

Call your worker at \_\_\_\_\_. We will accept collect calls.

**Household Members**

These people get benefits with you or are counted to figure your benefits.

Name	State ID	Birth Date	Name	State ID	Birth Date

## Household Members (cont.)

1. Did someone move in or out?  No  Yes, list below

Person's name \_\_\_\_\_

Relationship \_\_\_\_\_

Birth date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date moved in \_\_\_\_\_

Date moved out \_\_\_\_\_

## Expenses

2. If you moved, fill in below:

New address (street, apt, city, zip) \_\_\_\_\_

Mailing address, if different from above \_\_\_\_\_

Phone number \_\_\_\_\_

List your share of:

Rent \_\_\_\_\_

Lot rent \_\_\_\_\_

Mortgage \_\_\_\_\_

Property taxes \_\_\_\_\_

Homeowner's insurance \_\_\_\_\_

If you moved, check the boxes next to the utility payments you have:

Heat

Lights

Garbage and trash

Air conditioning

Gas

Extra charges from your landlord

Telephone

Water and sewage

Check this if the extra charges include heat or air conditioning

3. Did anyone in your household start paying court-ordered child support or did the amount of court-ordered support change?  No  Yes, list below

Amount paid monthly \_\_\_\_\_

**Send proof**

## Money You Get

4. Did anyone have a job or self-employment in the last 30 days?  No  Yes, list below

**Send all pay stubs or proof of income for the last 30 days.  
If income started in the last 30 days, send proof of the date of the first pay.  
If income stopped in the last 30 days, send proof of the date of the last pay.**

- Name of person who worked \_\_\_\_\_  
Name of employer \_\_\_\_\_
- Name of person who worked \_\_\_\_\_  
Name of employer \_\_\_\_\_

5. Did anyone have income like Social Security, SSI, child support, or unemployment benefits, retirement, cash gifts, veterans benefits, or other income?  No  Yes, list below and **Send proof**

- Name of person \_\_\_\_\_  
Type of income \_\_\_\_\_
- Name of person \_\_\_\_\_  
Type of income \_\_\_\_\_

## Resources (Assets)

6. Did anyone get a car, truck, boat, camper, motorcycle or other licensed vehicle?

No  Yes, list below

Make \_\_\_\_\_  
Model \_\_\_\_\_  
Year \_\_\_\_\_

7. Did anyone get a new bank account or did the amounts in accounts you already have go up?

No  Yes, list below

Total amount in all bank accounts \_\_\_\_\_

## What can I choose to report?

**You do not have to report the answers to the questions here.** You may get more benefits, if you do report these.

8. If you did not move, did your rent or mortgage go up?

List your share of rent or mortgage \_\_\_\_\_

9. Did you start paying child or dependent care or did the costs you pay increase? **Send proof**

Circle the reason for the care    Work    School    Other (Explain) \_\_\_\_\_

Amount of child or dependent care \_\_\_\_\_

**Other changes to report?**

10. For example, a change in school attendance of a child, a divorce, or marriage.

\_\_\_\_\_

**Will the changes I reported continue?**

**After answering this question, be sure to sign and date below.**

11. Do you expect the changes you reported on this form to be the same next month?

Yes

No, list the change that will not be the same \_\_\_\_\_

**Your Signature and Understanding**

I understand what can happen if I hide information or give wrong information.

I agree to give proof of any changes I report.

Federal officials, the Food Assistance office, the Quality Control Unit, and other state officials may contact other people or organizations to get proof of my information.

I understand my expenses may be used to figure out how much Food Assistance I get. I understand that I may have these expenses included in my Food Assistance benefit calculation by reporting and giving proof of the expenses. If I do not report or give proof of an expense, I have chosen not to claim the expense. I can report and give proof of the expense later, and the expense can be used for future months.

I know what I reported may cause my benefits to be reduced, increased or stopped.

I know I have to repay benefits I get incorrectly.

I certify, under penalty of perjury, that my answers are correct and complete to the best of my knowledge.

For Food Assistance only one person needs to sign below. For FIP or RCA, if both parents/spouses are in the home, both must sign below. If there is only one parent in the home, that person must sign below for this to be valid.

Signature/Mark

Today's Date (Month, Day, Year) Phone Number

Signature/Mark of Spouse or Other Parent in the Home

Today's Date (Month, Day, Year) Phone Number

## Family Investment Program (FIP) or Refugee Cash Assistance

### Penalty of the FIP Program

You will not get FIP for 10 years if you are found guilty of getting or trying to get FIP in more than one state at a time. This penalty happens if you give wrong information about where you live.

### Things You Need to Know

Within 10 days of the date the change happens, you must tell the DHS county office about changes, such as:

- Income, when it starts or stops
- Resources, which includes getting an inheritance or a one-time payment of past due child support
- Change in living or mailing address
- Someone moving in or out of my home
- Receipt of a Social Security Number
- Change in school attendance of a child

When you are on FIP, you are registered with the PROMISE JOBS program. You agree that all members of your household who must cooperate with PROMISE JOBS will do so. Talk with your worker if you feel you have a reason not to cooperate.

If you choose not to take part in PROMISE JOBS, your FIP benefits will be limited.

While you get FIP, you give up your rights to child support. The State of Iowa will keep your child support to pay back the money you get from FIP.

## Rules of the Food Assistance Program

Follow these rules:

- **Don't** hide or give wrong information on purpose to get Food Assistance benefits.
- **Don't** use Food Assistance benefits to try to buy non-food items like alcohol or tobacco.
- **Don't** trade or sell Food Assistance benefits.
- **Don't** use someone else's Food Assistance benefits for yourself.

## **Penalties of the Food Assistance Program**

Anyone who breaks the above rules:

- May not get Food Assistance benefits for **1 year for the first time, 2 years for the second time, and forever for the third time;**
- May be fined up to \$250,000 or jailed up to 20 years or both; and
- May be kept off Food Assistance for an additional 18 months, if court ordered.

If a court finds you guilty of buying, selling, or trading more than \$500 in Food Assistance benefits, you will lose benefits forever.

If a court finds you guilty of trading Food Assistance benefits for firearms, ammunition or explosives, you will lose benefits forever.

If a court finds you guilty of trading Food Assistance benefits for controlled substances, you will lose benefits for two years the first time and forever the second time.

You will not get Food Assistance for 10 years if you are found guilty of getting or trying to get Food Assistance in more than one household at a time. This penalty happens if you give wrong information about who you are or where you live.

***Giving wrong information on purpose may result in us taking legal action against you, either criminal or civil. It might also mean we reduce your benefits or take money back from you.***

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

You or the person helping you, may ask for an appeal hearing if you do not agree with any action taken on your case. For Food Assistance, you can appeal in writing or by telephone. For all other programs, you must appeal in writing. You may contact your county DHS office about legal services that are available based on your ability to pay. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

## **You Will Not Be Discriminated Against**

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

It is the policy of the Iowa Department of Human Services 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.

(Food Assistance only) USDA - Director Office for Civil Rights, Rm 326-W Whitten Bldg, 1400 Independence Ave SW, Washington DC 20250-9410, or call 1-800-795-3272 (Voice) or (202) 720-5964 (TDD).