

Notice of Decision: Child Care

Notice Date:
Case Number:
Worker Name:
Worker Phone Number:

Action Taken

Manual or Rule Reference:

Units Approved

Child:

Co-Pay Fee:

Effective:

Child and Provider		Approved Units of Child Care – Commuting time included						
		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Child A:	School							
Provider:								
Eligibility:	Non-School							

Child:

Co-Pay Fee:

Effective:

Child and Provider		Approved Units of Child Care – Commuting time included						
		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Child A:	School							
Provider:								
Eligibility:	Non-School							

Fees

Income

Monthly Family Income:

CCA Maximum (Basic):

CCA Maximum (Special Needs):

CCA Plus Maximum:

CCA Exit Maximum (Basic):

CCA Exit Maximum (Special Needs):

Income Breakdown:

Important Information

Reporting Changes:

You must notify the Department of Health and Human Services (HHS) of any changes in providers, work hours, class schedule, income, address or household composition 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 notice. 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 call 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.

You Have the Right to Appeal An appeal is a request for a hearing regarding a decision made by the Department. You can appeal in person, by telephone, or in writing for CCA. To appeal in writing, you must do **one** of the following:

- Complete an appeal electronically at <https://hhs.iowa.gov/programs/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 the Department of Health and Human Services, Appeals Section, 321 E. 12th St., Des Moines, IA 50319-1002. If you need help filing an appeal, ask your county HHS office. You can represent yourself. Or, you can have a friend, relative, lawyer, or someone else act on your behalf. You may contact your county HHS office about legal services. You may have to pay for these legal services. If you do, your payment will be based on your income. You may also call Iowa Legal Aid at (800) 532-1275. If you live in Polk County, call (515) 243-1193.

You Will Not Be Discriminated Against It is the policy of the Iowa Department of Health and Human Services (HHS) 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 HHS has discriminated against or harassed you, please send a letter detailing your complaint to: Iowa Department of Health and Human Services, Bureau of Human Resources, 321 E. 12th St., Des Moines, IA 50319-1002 or via email at inclusion@hhs.state.ia.us.