



### Notice of SNAP Overpayment

Date:

Account Number:

**Keep this part**

If you have questions about repayment, call **1-800-572-3945** (toll free). If you have questions about how your overpayment was figured, call your DHS worker at

Our records show that you owe money to the Department of Human Services (DHS). The reason is checked below. The amount you owe is \$ \_\_\_\_\_ for the months of: \_\_\_\_\_ to \_\_\_\_\_

- 1  An inadvertent mistake by you that gave you SNAP in error.
- 2  An Intentional Program Violation that gave you SNAP in error.
- 3  A mistake by DHS that gave you SNAP in error.

**You owe this money because of**

### What You Need to Do

#### Step 1: Decide

- If you **agree** that an overpayment has been made, see step 2 below.
- If you **do not agree** that you owe money or do not agree with the amount, you may appeal within 90 calendar days of the date on this notice. Your appeal rights are explained on the back of this notice.

#### Step 2: Choose a Payment Plan

- Plan 1:* Pay the full amount in one payment.
  - Plan 2:* Make monthly payments.\*
  - Plan 3:* Pay part of what you owe now and pay the rest in monthly payments.\*
  - Plan 4:* Have DHS take benefits from your EBT account now. (If this does not pay all of the claim, choose an additional plan to pay the rest.) Note: You may make monthly payments from your EBT account but additional information will be needed in writing. Call DIA for instructions on what information must be included in your request.
  - Plan 5:* Have DHS keep part of your monthly benefits if you get SNAP now.
- If you get SNAP benefits, your monthly payments must be more than \$ \_\_\_\_\_ or \_\_\_\_\_ % of your monthly SNAP benefit, whichever is higher.
  - If you do not get SNAP benefits, your monthly payments cannot be less than \$50 or the amount you owe divided by 36 months, whichever is more. Note: If you are not able to pay this amount each month, call DIA at 1-800-572-3945 to discuss other payment options.

**Note:** You have the right to ask DHS not to collect some or all of your overpayment. (See REQUEST TO REDUCE OR SETTLE A CLAIM on the back of this notice.)

#### Step 3: Fill Out and Mail the Enclosed Agreement to Pay - Remember to:

- Fill in all the blanks.
  - Choose a payment plan.
  - Sign and date the form.
  - Use the enclosed envelope and return the agreement within 20 days.
- Mail the form to:  
Iowa Department of Inspections and Appeals  
Public Assistance Debt Recovery Unit  
321 E 12th St, 3rd Floor  
Des Moines, Iowa 50319-0083

## Actions to Collect the Debt

FEDERAL RULES REQUIRE THAT DHS ESTABLISH ALL OVERPAYMENTS. Collection may be made from all adults who were members of your household at the time of the overpayment.

The debt has been referred to the Department of Inspections and Appeals (DIA) for collection. DIA will collect on this debt by doing one or more of the following:

- Keep part of your monthly benefit if you get SNAP, or
- Bill you for the debt.
- If you do not return an Agreement to pay or you are past due on your account:
  - Take money that is owed to you by any state agency. For example, all or part of your state income tax refund, lottery winnings or state wages, or
  - Take your federal tax refund, part of your Social Security benefit, or part of your pay if you work for the federal government\*, or
- File a civil suit to collect the overpayment, or
- Refer your case for prosecution (if we have reason to believe that you intentionally withheld or gave false information in order to get benefits you were not entitled to).

\* You can stop this action if you make an acceptable written agreement to repay your debt and you are not past due on your account before the debt is referred to the Department of Treasury. If you fail to make a written agreement and your claim is referred to the Department of Treasury, you must pay additional processing charges when the collection is made.

Your DHS worker will let you look at the case record and give you a copy of the overpayment calculation if you request it.

## 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 can appeal in person, by telephone or in writing for SNAP. To appeal in writing, do **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, 5th 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?** For SNAP, you have 90 calendar days to file an appeal from the date of a decision. 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.

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.

## Request to Reduce or Settle a Claim

You have the right to ask the Department of Human Services not to collect some or all of your overpayment. We may reduce any part or all of the claim if we believe you are not able to repay the claim.

If you want to ask us to lower part or all of your overpayment, write us a letter telling us:

- Your mailing address,
- A phone number where we can reach you or leave a message for you,
- Your social security number, and
- Why you cannot pay part or all of your overpayment.

Mail the letter to: Exceptions to Policy, DHS Appeals Section, 5th Fl, 1305 E Walnut, Des Moines, IA 50319-0114.

When you ask us to lower part or all of the amount you owe, we will look at things like:

- How much you owe,
- When (the date) the overpayment happened, and
- Things that make it hard for you to pay, like financial hardship or other unusual problems.

We may then agree to settle, adjust, compromise or deny part or all of the overpayment. In other words we may agree that you don't have to pay back any of the overpayment or that you only have to pay back part of it.

**NOTE:** If your family's income changes, you can ask to change your repayment agreement to lower the amount you pay.

## **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, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to: Iowa Department of Human Services, Hoover Building, 5th Floor – Policy Bureau, 1305 E Walnut, Des Moines, IA 50319-0114 or via email [contactdhs@dhs.state.ia.us](mailto:contactdhs@dhs.state.ia.us)

*(SNAP only)* In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

Fax: (202) 690-7442; or

Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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Iowa Department of Human Services  
**Notice of SNAP Overpayment**

**Calculation of Overpayment**



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