



Iowa Department of Human Services  
**Notice of PROMISE JOBS 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 this claim was determined, call your worker or local DHS office.

Our records show that you owe money to the Department of Human Services (DHS) for a PROMISE JOBS overpayment. The reason is checked below.

The amount that you owe is \$ \_\_\_\_\_ for the months of: \_\_\_\_\_

- |   |   |   |   |
|---|---|---|---|
| 1 <input type="checkbox"/> A mistake by you that gave you an incorrect PROMISE JOBS payment amount. | 2 <input type="checkbox"/> A mistake by DHS that gave you an incorrect PROMISE JOBS payment amount. | 3 <input type="checkbox"/> PROMISE JOBS service provider. A mistake by you that caused DHS to pay you an incorrect PROMISE JOBS payment amount. | 4 <input type="checkbox"/> PROMISE JOBS service provider. A mistake by DHS that caused DHS to pay you an incorrect PROMISE JOBS payment amount. |
|---|---|---|---|

**You owe this money because of** \_\_\_\_\_

**Step 1: Decide** \_\_\_\_\_ **What You Need to Do**

- If you **agree** that an overpayment has been made, see Step 2 below.
- If you **do not agree** that you owe DHS money or if you do not agree with the amount, you may appeal within **30 calendar days** of the date on this letter. Your appeal rights are explained on the back of this letter.

**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 the payments taken out of your FIP grant. We will keep 10% of your FIP benefit amount if the overpayment is because of your mistake or 1% if the overpayment is because of a DHS mistake. **Note:** This is for reasons #1 and #2 only. If you are a provider **or** if you are not getting FIP now, you will have to choose another plan.

**\* If you choose Plan 2 or 3:**

- For Reasons #1 and #2:
  - If you get FIP, your monthly payments must be more than \_\_\_\_\_ % of your monthly FIP benefit.
  - If you do not get FIP, your monthly payments cannot be less than \$50 or the amount you owe divided by 60 (one monthly payment for five years), whichever is more.
- For Reasons #3 and #4:
  - If you are a provider, you must agree to pay at least 10% of the full amount of the overpayment each month or \$50 a month, whichever is more.
- You can pay the entire balance at any time.

**Note:** If you are not able to pay this amount each month, call DIA at 1-800-572-3945 to discuss other payment options.

**Step 3: Fill Out and Mail the 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 DIA at:  
Iowa Department of Inspections and Appeals  
Public Assistance Debt Recovery Unit  
321 E 12<sup>th</sup> St, 3<sup>rd</sup> Floor  
Des Moines, Iowa 50319-0083

After we get your signed agreement, you will get a bill with instructions on how to make payments.

## Actions to Collect the Debt

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:

- Take part of your FIP grant each month if you agree, or
- Bill you for the debt, or
- If you are not making payments and 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.
- If you gave wrong information on purpose or kept information from DHS to get more benefits than you were eligible for, your case can be referred for a criminal investigation.
- File a court action to collect the debt.

## 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 the Family Investment Program and PROMISE JOBS actions. To appeal in writing, 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 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 the Family Investment Program and PROMISE JOBS actions, 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.

### 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.

## 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, 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 [FDHS@hhs.iowa.gov](mailto:FDHS@hhs.iowa.gov)

## Agreement to Pay

**Mail this part  
to DIA**

Case Name:

Account Number:

I, \_\_\_\_\_, agree to pay the Department of Human Services by:  
(First Name, Middle Initial, and Last Name)

- ☐ **Plan 1:** Paying the full amount in one payment.
- ☐ **Plan 2:** Making monthly payments of \$\_\_\_\_\_ per month.  
Starting (date) \_\_\_\_\_
- ☐ **Plan 3:** Paying \$\_\_\_\_\_ now and pay the rest in monthly payments of \$\_\_\_\_\_ per month.
- ☐ **Plan 4:** Having DHS keep \_\_\_\_\_ % of my monthly FIP benefits.

By signing this agreement, I understand that:

- If I choose Payment Plan 2 or 3,
  - If I get FIP, my monthly payments must be more than \_\_\_\_\_ % of my monthly FIP benefit.
  - If I do not get FIP, my monthly payments cannot be less than \$50 or the amount I owe divided by 60 (one monthly payment for five years), whichever is more.
  - If I am a provider, I must pay at least 10% of the full amount of the overpayment each month or \$50 a month, whichever is more.
- I can pay the balance off at any time.
- If I sign this agreement and do not follow the terms, it will break the contract and action may be taken against me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

For Office Use Only:

Signed:

Date:

Title:

