



# DENIAL OF REQUEST FOR MEDICAL SATISFACTION

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_

Child Support Recovery Unit

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_

Worker: \_\_\_\_\_

CSRU Phone: \_\_\_\_\_

Request Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

County: \_\_\_\_\_

Order Number: \_\_\_\_\_

Your request for a medical satisfaction has been denied because:

- You do not meet the conditions below in Iowa Code 252E.2A.
  - The parent is an inmate of a prison.
  - Due to the amount of the parent's net monthly income, a minimum order amount applies under the medical support table (see the child support guidelines).
  - The parent gets Family Investment Program (FIP) or Medicaid (Title 19) or programs like these in another state.
  - The parent lives with a child that he or she is legally responsible for and that child gets FIP, Title 19, or Healthy and Well Kids in Iowa (*hawk-i*) or programs like these in another state.
- This order does not require medical support.
- This order was issued by another state.
- The Child Support Recovery Unit is not providing services under Iowa Code Chapter 252B.
- Other (as stated below):

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

The Iowa Department of Human Services (DHS) policy on non-discrimination, harassment, affirmative action, and equal employment can be viewed on the DHS website at the bottom of the page at: [dhs.iowa.gov](http://dhs.iowa.gov).

Copy To:

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\_\_\_\_\_, \_\_\_\_\_