

Iowa Department of Human Services

Suspension of Overpayment Collection

Date:	Account Number:
Name Address City State Zip	
A timely appeal has been filed on your:	
(The line(s) appearing below should be dynamic, based on the program(s) being appealed)	
• \$I	FIP or RCA overpayment for period of
• \$I	Food Assistance overpayment for period of
• \$(Child Care Assistance overpayment for period of
• \$I	Medical Assistance overpayment for period of
• \$	hawk-i overpayment for period of

Collection on the above overpayments is suspended during the appeal process. While your appeal is pending, any payments received after the date on this letter will be returned to you. If the Department is affirmed in the appeal, collection will resume on the above overpayments.

\$_____ PROMISE JOBS overpayment for period of ______ \$____ State Supplementary Assistance for period of ______

If you have additional overpayments that are not listed on this form, you must continue to make payments on those overpayments.

Questions about this letter?

Call the Department of Inspections and Appeals at 1-800-572-3945.

Questions on your appeal or on how your debt was figured?

For most DHS Programs Call your DHS worker at

For the **HIPP** Program Call the HIPP Unit at **1-888-346-9562**

For the *hawk-i* Program Call *hawk-i* Customer Service at **1-800-257-8563**

For more information about DHS programs: www.dhs.iowa.gov/