



Health and  
Human Services

## Kinship Caregiver Payment Notice of Decision

Issue Date:	Effective Date:
Child Name:	Child DOB:
To: Address:	From: Address:

The Department has made the following decision:

- ☐ Kinship Caregiver Payment for the child named above has been approved in the amount of up to \$310 per month consistent with eligibility requirements in Iowa Administrative Code 441-156.7(1-2), as follows:

**156.7(1)** A kinship caregiver payment is a monthly payment to financially support the care of a child in a kinship caregiver's home. If approved by the department, kinship caregiver payment will be provided for a period of up to six months.

**156.7(2)** All of the following conditions apply:

- a. For each eligible child living in a kinship placement, the monthly payment for the child shall be up to \$310 (\$10 per day).
- b. The payment will begin after two consecutive months of the child's placement in the kinship caregiver's home. The two-month requirement is waived if the child enters the kinship caregiver's home immediately following a paid placement for at least 30 days.
- c. The payment will continue for up to six months.
- d. The kinship caregiver payment will be terminated if the child no longer resides in the home.
- e. Kinship caregivers who receive a foster care payment are not eligible to receive a kinship caregiver payment.

Payments are issued by calendar month in the month following any month the child was eligible for at least one day.

If you have any questions about this decision, wish a more detailed explanation of this decision, or wish to present additional information which you think will cause the decision to be changed, please contact the county office handling your application as soon as possible. (None of these requests will extend your time to appeal.) **Your rights to appeal this decision are explained on the back of this notice.**

Worker	Phone
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**You Have the Right to Appeal.** An appeal is a request for a hearing regarding a decision made by the Iowa Department of Health and Human Services (HHS). You have the right to file an appeal if you disagree with a decision. You don't have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7]. You can appeal in person, by phone, or in writing for SNAP. 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 HHS, Appeals Section, 321 E. 12<sup>th</sup> St., Des Moines, IA 50319-1002. If you need help filing an appeal, ask your county HHS office. You or someone else, such as a friend or relative, can tell why you disagree with the HHS decision. You may also have a lawyer help you, but HHS will not pay for one. Your county HHS 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.

**How long do I have to appeal?** For SNAP you have 90 calendar days from the date of a decision to file an appeal. 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.

**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 HHS 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. It will also explain what you can do if you disagree with the decision to not give you a hearing.

**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, sexual orientation, 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: HHS, Bureau of Human Resources, 321 E. 12<sup>th</sup> St., Des Moines, IA 50319-1002 or via email [FDHS@hhs.iowa.gov](mailto:FDHS@hhs.iowa.gov)

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), 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.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:** Food and Nutrition Service, USDA, 1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** [FNCSIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNCSIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.