



Iowa Department of Human Services  
**Agreement to Pay a Debt**

Name	Account Number
------	----------------

**What is a Debt?**

A debt occurs when you get help from the Department of Human Services (DHS) that you are not eligible for or you are ordered by a court or Intentional Program Violation hearing to pay money to DHS.

**How Much Do I Owe?**

The amount you owe is:		Time Period
Child Care Assistance	\$ _____	_____
Family Investment Program (FIP)	\$ _____	_____
SNAP	\$ _____	_____
SNAP Trafficking	\$ _____	_____
Health Insurance Premium Payment (HIPP) Program	\$ _____	_____
Healthy and Well Kids in Iowa ( <i>hawk-i</i> )	\$ _____	_____
IowaCare	\$ _____	_____
Medicaid	\$ _____	_____
PROMISE JOBS	\$ _____	_____
Refugee Cash Assistance (RCA)	\$ _____	_____
<b>Total Owed</b>	<b>\$ _____</b>	_____

**How Do I Pay This Debt?**

**Step 1. Choose a Plan**

You can choose one of the following payment plans. **Check the box below for the plan you choose and fill in the date and amount, if needed.**

- Plan 1: Pay the full amount you owe now.  
 I agree to repay the total amount I owe on or before \_\_\_\_\_.  
(Date)
  
- Plan 2: Make monthly payments.  
 I agree to make monthly cash payments beginning \_\_\_\_\_, in the  
(Date)  
 amount of \$ \_\_\_\_\_ until the full amount is paid.
  
- Plan 3: Pay \$ \_\_\_\_\_ now and pay the rest in monthly payments of \$ \_\_\_\_\_  
 per month.
  
- Plan 4: Reduce the amount of assistance I am currently getting.  
 You can lower the amount of assistance you are getting if you have a debt for one of the programs listed. You must be currently getting help from this program.
  - Family Investment Program (FIP)
  - SNAP
  - PROMISE JOBS (your FIP benefits can be used to pay back this type of debt)

**If your assistance stops, you will need to contact the Department of Inspections and Appeals to sign a new Agreement to Pay a Debt.**

Your FIP or RCA monthly assistance is cut by 1% if the debt occurs only because of a Department error. Your FIP or RCA monthly assistance is cut by 10% if the debt occurred for any other reason, or because of a combination of reasons.

Your SNAP is cut by 10% or \$10, whichever is more, for errors made by you or your family. Your SNAP is cut by 20% or \$20, whichever is more, for Intentional Program Violations.

**Step 2. Sign This Form and Send it Back**

Fill out the Signature Section below and be sure to sign and date the form.

Send the completed form to:

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, IA 50319-0083

**Step 3. Send Your Payment**

If you choose Plan 1 or Plan 2, send a check or money order to Iowa Department of Human Services. Please include your account number on your check or money order. **Do not send cash.** If you choose Plan 2, you must make a payment by the 25<sup>th</sup> of **each** month.

Send your payment of \$\_\_\_\_\_ to:

Iowa Department of Human Services  
Cashier's Office 1<sup>st</sup> Fl  
1305 E Walnut  
Des Moines, IA 50319-0114

**What if I Owe Money for More Than One Program?**

If you owe money for more than one program, your payments will be divided. **We will apply some of your payment to each program.** This is based on the total amount you owe for all programs.

**Agree to Repay**

I, \_\_\_\_\_, agree that I got help from the Department of Human Services that I was not eligible for because:

I voluntarily agree to this contract. I understand that I must pay back the assistance or services I got that I was not eligible for. If I sign this contract and do not follow its terms, it will break this contract and action may be taken against me. The next page explains the actions that may be taken. I understand the excess assistance, payment for services, or unrefunded support received by me is subject to recovery according to Iowa Code Sections 217.34, 234.13, 239B.14, 249.11, 249A.4, 249A.5, or 252B.5(4); Iowa Administrative Code 441 Chapters 11, 46, 170, 60, 75, 76, 86, 92, 93, and 170; Title IV-A of the Social Security Act; 45 CFR 233.20(a)(13); 45 CFR 400.49; 256.4(b) or 303.80; 7 CFR 273.18e; 42 CFR 433.36; and Public Laws 92-212 and 200-485, as well as civil and criminal law remedies.

Signature		Telephone Number	
Street	City	State	Zip Code
DIA Investigator's Signature	Telephone 1-800-572-3945 or (515) 281-5714	Date of Contract	

In the future, you may get a monthly statement that tells you what you owe.

## Actions That May Be Taken on Debts

When you have a debt, your case is referred to the Department of Inspections and Appeals (DIA). This Department will:

1. Bill you for the debt.
2. If you are past due on your account or do not have an approved repayment agreement:
  - 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.
  - Take money that is owed to you by any federal agency. For example, all or part of your federal tax refund, Social Security benefits or part of your pay if you work for the federal government. This is for SNAP debts.
  - Lower your monthly FIP or SNAP.
3. 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).
4. File a court action to collect the debt.

### For Office Use Only:

Program Code	_____	Date Completed	_____
Program Code	_____	Date Completed	_____
Program Code	_____	Date Completed	_____
Program Code	_____	Date Completed	_____

## 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, Child Care Assistance, Family Investment Program or Medicaid. You must appeal in writing for all other programs by doing **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, 5<sup>th</sup> Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask at your county DHS office.

### How long do I have to appeal?

For SNAP or Medicaid, you have 90 calendar days to file an appeal from the date of a decision. For all other programs, 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.

### 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. For the Family Investment Program, Child Care Assistance, and Medicaid, benefits can also continue if you file an appeal before the date a decision goes into effect. 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.

### 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 e-mail [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, audiotope, 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)

This institution is an equal opportunity provider.