



Participant Name	State ID

Date:

Family Investment Agreement

The purpose of this agreement is to outline the family plan to achieve self-sufficiency by identifying the resources and supportive services to be provided to the family and the activities to be completed by the family in order to reach the final goal.

Family goal:

This family plans to achieve self-sufficiency and leave the family investment program by . Self-sufficiency means that this family will no longer receive cash assistance through the family investment program.

Participant Agreement	PROMISE JOBS Agreement
<p>I acknowledge by my signature that I have reviewed, understand and received a copy of this Family Investment Agreement (FIA). I agree to fulfill the requirements as outlined in the Needs and Interim Goals and Action Steps section of the FIA. I agree that if I abandon this FIA, I will be placed on the Limited Benefit Plan. I understand that in certain situations, this agreement can be modified.</p> <p>If I disagree with my PROMISE JOBS worker about the contents of the Family Investment Agreement, I understand that I can ask to talk with a supervisor and ask for a decision from the supervisor in writing about our dispute. I further understand that, if this informal resolution process doesn't resolve my disagreement with the PROMISE JOBS worker, I have the right to appeal the content of the FIA. See back for appeal rights.</p>	<p>PROMISE JOBS will provide the support services and funding we agree are necessary to help you achieve self-sufficiency.</p> <p>Transportation funding is not available for paid employment.</p> <p>If your application for FIP is denied or when you go off FIP, you are not eligible for PROMISE JOBS services.</p>

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. By typing my name below, I am electronically signing my *Family Investment Agreement*.

Participant Signature	Date	PROMISE JOBS Worker Signature	Date
Participant Signature	Date	PROMISE JOBS Supervisor Signature	Date

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 must appeal in writing for all programs, except for Food Assistance. You can appeal in person, by telephone or in writing for Food Assistance. To appeal in writing, do **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, 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 Food Assistance, 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 of a decision or
- 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, Office of Human Resources, Hoover Building – 1st Floor, 1305 E. Walnut, Des Moines IA 50319-0114; fax (515) 281-4243, or via e-mail stopit@dhs.state.ia.us

(Food Assistance only) USDA – Director Office for Civil Rights, 1400 Independence Ave SW, Washington DC 20250-9410, or call 1-800-795-3272 voice or (202) 720-6382 (TTY)