

Iowa Department of Human Services
Payment Application for Nonregistered Providers

New Renewal PROMISE JOBS

Tell Us About You

Last Name	First Name	Middle Name	Birth Date
Maiden Name or Other Last Names			Social Security Number
Street Address			Telephone Number ()
City and State	Zip Code		County

Tell Us About The People Who Live With You

List the names of other adults and children who live with you. If you need more space, please use another piece of paper and attach it to this.

Last Name	First	Middle	Birth Date	Social Security Number

Your Signature

I certify that:

1. I have read Comm. 95, *Minimum Health and Safety Requirements for Nonregistered Child Care Home Providers*. I meet the provider, home safety, and number of children requirements.
2. The total number of children present at any one time will never exceed five. This includes my own children who are not in school yet. There shall never be more than four children under two years of age at any one time.
3. While I provide care, parents or caretakers will have access to their children, unless a court order will not allow it.
4. I know the Department may refuse to enter into or revoke an existing *Child Care Assistance Provider Agreement*, form 470-3871, when:
 - A hazard to the safety and well-being of a child exists and I cannot or refuse to fix the hazard, or
 - I have sent in claims for payment that I am not eligible for.
5. I know Iowa law requires that criminal record and child abuse checks be completed on all people who live in my home and are 14 years of age or older.
6. I know the following people may be unable to provide child care or to live in a child care home:
 - People who have been convicted of a crime against another person
 - People with a record of founded child abuse
7. I know that a person who has founded child abuse or has been convicted of a crime may not be able to get Child Care Assistance payments.

Signature of Applicant	Date
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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 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, 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?

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, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, you can send a letter of complaint to: Iowa Department of Human Services, Administrator, Diversity Program Unit, 1305 E. Walnut, Des Moines IA 50319-0114; phone (800) 972-2017; fax (515) 281-4243.