



Financial Support Application

What Kind of Help Would You Like?

Part A

The Department of Human Services (DHS) has many programs that may help you and your family. Please fill out this application so that we can help you find the programs that will meet your needs.

Look at the programs listed below. Choose the programs you want to apply for and fill out those sections of the application. Pages 1 and 2 are for you to keep for your records. **Everyone must fill out Part A (pink).**

Food Assistance

Part B

The Food Assistance Program, formerly known as Food Stamps, helps you buy food for good health. You may be able to get Food Assistance by the 7th day after applying. This is called Emergency Service. If you want to apply for Food Assistance, fill out **Part A (pink)** and **Part B (green)**.

Family Investment Program (FIP) or Refugee Cash Assistance

Part C

The Family Investment Program (FIP) is also known as Temporary Assistance for Needy Families (TANF). FIP provides temporary cash assistance to children and families. Refugees who do not get FIP may get Refugee Cash Assistance. If you want to apply for FIP or Refugee Cash Assistance, fill out **Part A (pink)** and **Part C (purple)**.

Child Care Assistance

Part D

Child Care Assistance helps pay for the care of your child while a parent or caretaker works or attends school. It might also be used to care for children while a parent or caretaker is looking for work or is unable to care for children because of medical reasons. If you want to apply for Child Care Assistance, fill out **Part A (pink)** and **Part D (blue)**.

How Do I Get Help?

You may apply for one or more programs listed on the previous page.

Step 1. Fill out an application.

Anyone may fill out an application. You may apply on a paper application or you can apply online at www.oasis.iowa.gov. If you decide to apply using this form, answer as many questions as you can. **If you can't fill out the whole application today, fill out with at least your name, address, and signature and turn in Page 1. But, then please fill out and turn in the rest of the application as soon as you can.** If you need help filling out an application, please ask for help at your local Department of Human Services (DHS) office.

Step 2. Return the application to us.

You can take, fax or mail your application to a local DHS office. **The date we get Page 1 with your name, address, and signature is your application date. This starts the time we have to work on your application. It is also the date your Food Assistance may start.**

Step 3. Give us proof and come to an interview if asked.

You **may** be asked to show us proof:

- Of who you are and who the people are for whom you apply. Examples are a driver's license, social security card, or alien documentation card.
- That you and the people for whom you apply are U.S. citizens or nationals.
- Of the money you have gotten in the last 30 days, such as check stubs, self-employment records, or award letters.
- Of things you have, such as bank accounts, trust accounts, stocks, or bonds.

You may need to show us other proof. If you are not able to show us proof right away, you will be given time to get the information. If you can't get proof, ask DHS to help you get the information.

An interview will be set up for you, if necessary. You should come to your interview even if you do not have all the proof we need. Interviews are not needed if you are applying only for Child Care Assistance.

Information About Immigration Status

You can apply for part of your household even if some members do not have lawful immigrant status. For example, parents who do not have lawful immigrant status may apply for their children who are U.S. citizens or qualified lawful immigrants. You need to give proof of immigration status or U.S. citizenship for each person in your household for whom you apply.

Your household's alien status may be checked with the Citizenship and Immigration Service. Any information we get from the Citizenship and Immigration Service may affect your household's benefits. We will not contact the Citizenship and Immigration Service about the people you don't apply for. However, we may use their income and assets to see if the rest of the household can get help.

Addendum to Application and Review Forms for Release of Information

OPTIONAL Release of Information

Help Us Help You!

You do not have to sign this, but it will help us get information we need to help you, without having to get your signature on specific requests.

You should know that:

- We may need more information to decide if you can get assistance.
- If more information is needed from you, you will get a letter telling you what we need and the date you must get it to us.
- You are responsible to get the information or to ask us for help to get it.
- If you do not give us the information or ask for help by the due date, your application may be denied or your assistance may stop.
- We may be able to use the release below to get the information we need. **But you still have to provide information we request or ask us for help.**
- We may attach a copy of this release to a form that asks other people or organizations (like your employer) for specific information needed about you or others in your household.

Print and sign your name below to give us permission to get needed information.

RELEASE OF INFORMATION

I hereby authorize any person or organization to give the Iowa Department of Human Services requested information about me or other members of my household.

A copy of this release is as valid as the original.

This release does not apply to protected health information.

This release is good for 12 months from the date signed.

Your Name (please print clearly)

Other Adult Name (please print clearly)

Signature or Mark

Signature or Mark

Date



Iowa Department of Human Services

Financial Support Application

What Kind of Help Would You Like?

Part A

Check the box next to the programs you want to apply for. You do not need to apply for programs you already get.

☐ **Food Assistance** ☐ **Family Investment Program** ☐ **Child Care Assistance**

Tell Us About You

Part A

Name	Telephone Number ()	Is morning or afternoon the best time to call you?	
Social Security Number	Birth Date		
Street Address	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code

Your Signature

Part A

I certify, under penalty of perjury, that:

- The answers I am about to give are correct and complete to the best of my knowledge.
- My answer about citizenship or alien status of each person applying for assistance is correct.

Keep the cover page and Part E.

Your Signature or Mark	Today's Date
Signature of Person, If Any, Who Helped Complete the Form	Today's Date
Print Name of Person Who Helped Complete Form	Phone Number
Mailing Address of Person Who Helped Complete Form	City State Zip Code

If you need help filling out this form, call your local DHS office.

Food Assistance in 7 days – Emergency Service

This is who can get Food Assistance in 7 days:

- Households with gross monthly income less than \$150 and with assets, such as cash or bank accounts, of \$100 or less; or
- Households with rent, mortgage, and utilities that are more than the household's gross monthly income and assets; or
- Households with a migrant or seasonal farm worker and with assets of \$100 or less whose income is stopping or starting.

Food Assistance in 30 days

If you don't get Emergency Service, you will get Food Assistance within 30 days if you are eligible, or a letter telling you why, if you are not eligible.

All Other Programs

We will send you a letter within 30 days of the date we get your application telling you if you will get help or not.

What Do Our Terms Mean?

Part A

We use these terms in the application. This is what they mean.

Alien	A person who is not a U.S. citizen.
EAC card	An electronic access card (Visa debit card) for getting your cash assistance.
EBT card	A plastic swipe card that you use at the grocery store to buy food.
Eligible	Meeting all of the program guidelines to get help from us.
Household	A group of people who live together.
PROMISE JOBS	A work and training program for the Family Investment Program (FIP).
Quality Control	A DHS unit that might review your case to see if you are getting the correct assistance. If your case is chosen, the Quality Control unit will contact you.
Refugee	A person who enters the U.S. with a refugee status.
Special needs for child care	A child with a condition diagnosed by a professional that limits major life activities.

Social Security Number Information**Part A**

We can give help only to people who give us their social security number (SSN) or proof of application from the Social Security office. **You don't have to give us the SSN for people in your household who you do not want help for, but you can choose to give us their SSN.** However, we will use any SSN given to us the same way we use the SSN of people getting assistance.

We will deny assistance to the people for whom you do not give us a SSN. There are some exceptions to this. Please ask your worker.

We will not give any SSN to the Citizenship and Immigration Service.

People in Your Home**Part A**

List all the people who live in your home and mark the box **yes** or **no** if you are applying for that person. If you choose no, you only need to list their name, relationship to you and their date of birth.

*Only required if applying for FIP.

We have to ask your ethnicity and race, but you don't have to answer. The reason for the information is to assure that program benefits are distributed without regard to race, color, or national origin. Your answer won't affect how much you get or how soon. If you choose to answer, use the following codes:

****Ethnicity**

H = Hispanic or Latino
N = Not Hispanic or Latino

*****Race (Choose all that apply)**

W = White
B = Black or African American
A = Asian

I = American Indian or Alaskan Native
N = Native Hawaiian or other Pacific Islander

Apply for? Yes/No	Name (First, MI, Last)	Relationship to You	Birth Date	Birth State*	Last Grade in School*	Social Security Number	Ethnicity **	Race ***	Citizen Yes/No	If Alien, Status
		Self								

Grandparents and others applying for children that are not your own:

If you are applying for FIP **only** for the children, answer the remaining questions only about the children. If you are applying for Food Assistance, Child Care Assistance, or want FIP for yourself, answer the questions about everyone in your home.

List anyone in your home who is disabled: _____

List anyone age 18 or over who is in college or trade school: _____

List anyone getting benefits from another state: _____

Which state? _____

List anyone who is a boarder or striker: _____

Tell Us About Criminal Actions and Disqualifications

Part A

Is anyone fleeing to avoid prosecution, custody, or jail for a felony crime? ☐ Yes ☐ No

Is anyone violating a condition of probation or parole? ☐ Yes ☐ No

Is anyone in or expecting to go to jail or prison? ☐ Yes ☐ No

Has anyone been disqualified from a food assistance program in any state for fraud or a program violation? ☐ Yes ☐ No

Expenses

Part A

To get the most help you can, tell us about your expenses.

List your share of any day care for a child or a disabled adult who lives with you:

Who gets care: _____ \$ _____ per month

If anyone currently pays child support, give the following information:

Who pays: _____ \$ _____ per month

Income

Part A

You must tell us about all money the people in your household get. If you leave a space blank, we will take that to mean there is no money of this kind. Please use an additional sheet of paper, if needed.

List all jobs the people in your household have.

Who Works?	Employer Name?	How Much is this Person Paid Per Hour?	How Many Hours Does this Person Expect to Work Each Week?	How Often is this Person Paid?	Does this Person Get Tips?
		\$ _____	Regular Hours: _____ Overtime Hours: _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain) _____	<input type="checkbox"/> Yes, Weekly Amount \$ _____ <input type="checkbox"/> No
		\$ _____	Regular Hours: _____ Overtime Hours: _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain) _____	<input type="checkbox"/> Yes, Weekly Amount \$ _____ <input type="checkbox"/> No

Will the amount of money reported above from jobs stay about the same? ☐ Yes ☐ No

If no, explain: _____

Has anyone been hired for a job but not received a paycheck yet? ☐ Yes ☐ No

If yes, who? _____ Employer Name? _____

Has anyone reduced their work hours or ended a job in the last 30 days? ☐ Yes ☐ No

If yes, who? _____ Employer Name? _____

What Other Money Do People in Your Household Get?	Who Gets the Money?	How Much Per Month?
Self-Employment or Odd Jobs		
Unemployment Benefits or Worker's Compensation		
Social Security or SSI		
Veterans Benefits, Pensions, or Retirement		
Child Support or Alimony		
Money from Friends or Relatives		
Other: (Including irregular or one time payments) Explain:		

Will the amount of other money people in your household get stay about the same? ☐ Yes ☐ No

If no, explain: _____

Resources (Assets)

Part A

Does anyone have a car, truck, boat, camper, motorcycle, or other vehicle? ☐ Yes ☐ No

If yes, list make, model, year below.

List the total money anyone has in:

Checking/savings or other bank/credit union accounts \$ _____ Who? _____

Cash \$ _____ Who? _____

Stocks, bonds, savings certificates, annuities, IRAs, Keogh, or other assets \$ _____ Who? _____

List anyone who:

Owns land, buildings or houses other than the house you live in: _____

Owns resources with someone who does not live in your household: _____

Has a conservatorship or trust: _____

Has sold, traded or given away any resources in the past three months: _____

Food Assistance**Part B**

If you do not get Food Assistance and want to apply, answer the questions in this section.

List the people in your household who are **not** applying for Food Assistance:

Tell us who does not eat with you: _____

List anyone who has an Iowa EBT card: _____

Is anyone a migrant or seasonal farm worker?

☐ Yes

☐ No

Have you or any member of your household been convicted, after September 22, 1996, of:

Buying or selling Food Assistance benefits over \$500?

☐ Yes

☐ No

Fraudulently receiving duplicate Food Assistance benefits in any state?

☐ Yes

☐ No

Trading Food Assistance benefits for drugs, guns, ammunition or explosives?

☐ Yes

☐ No

Help With Your Food Assistance**Part B**

You can have someone fill out your application, answer questions for you, give information at your interview, and buy food with an EBT card. If you choose to have someone help you, we will be able to share information with this person. You don't have to do this.

We will be able to share information with this person. Tell us about the person you want to help you.

Name	Address	Telephone Number

Food Assistance Expenses**Part B**

To get the most Food Assistance you can, please tell us about your bills.

Shelter and Utilities

How much is **your share** of the following expenses:

Rent: \$ _____ per month

Lot Rent: \$ _____ per month

Mortgage: \$ _____ per month

If you pay taxes or insurance separate from your mortgage, list amounts below:

Property Taxes: \$ _____ per _____

Homeowner's Insurance: \$ _____ per _____

Check the boxes next to the utility bills you have to pay:

☐ Lights/Electricity

☐ Water and Sewage

☐ Gas

☐ Garbage and Trash

☐ Telephone

☐ Extra charges from your landlord

☐ Other, explain _____

☐ Check here if any of the utility bills you have to pay are for heating or air conditioning.

☐ Check here if you got energy assistance in the past year at your current address.

☐ Check here if you are on low rent housing. If yes, what is your part of the rent? \$ _____

Medical Expenses

Tell us the medical costs that are not paid by insurance for everyone who is disabled or over age 59. These could be doctor and hospital bills, medicine, transportation, health insurance premiums, or other medical services.

Who pays: _____ Amount per month: \$ _____

Help Paying Expenses

If you get help with your expenses tell us:

Which Expense Was Paid	Who Paid	Amount Paid

Family Investment Program (FIP) or Refugee Cash Assistance

Part C

If you do not get FIP or Refugee Cash Assistance and want to apply, answer the questions in this section.

List the people in your home who are **not** applying for FIP:

List anyone who has an Iowa Electronic Access Card (EAC): _____

List anyone in your home who is pregnant: _____

List anyone who is in the military, a veteran, or a spouse of a veteran: _____

Does anyone expect to get a one-time payment such as an inheritance or insurance settlement or did anyone get one in the past 30 days? ☐ Yes ☐ No

Does anyone have life or death benefit insurance? ☐ Yes ☐ No

List anyone in your household who has received TANF or other cash assistance benefits outside of Iowa since January 1, 1997: _____

Where? _____

What months? _____

Child Support

Complete this section for each parent who does not live in the home with the children.

Name and Address of Parent Not Living in the Home	Date of Birth of This Parent	Social Security Number of This Parent	Name of This Parent's Children	County Where Court Order is Filed, if Any

Name and address of employer of parent not in the home: _____

If ever married to this parent, list the date and place of marriage: _____

If you do not get Child Care Assistance and want to apply, answer the questions in this section.

List the children in your home who need child care: _____

List any children who are identified as having special needs: _____

List the hours of work for the adults in your household.

Name of Person Working _____	Name of Person Working _____
Monday _____ to _____	Monday _____ to _____
Tuesday _____ to _____	Tuesday _____ to _____
Wednesday _____ to _____	Wednesday _____ to _____
Thursday _____ to _____	Thursday _____ to _____
Friday _____ to _____	Friday _____ to _____
Saturday _____ to _____	Saturday _____ to _____
Sunday _____ to _____	Sunday _____ to _____

Do you need child care while you attend school? ☐ Yes ☐ No

If yes, you will need to give us a copy of your class schedule.

Are you enrolled in graduate school? ☐ Yes ☐ No

Do you need child care for another reason, such as hospitalization or job search? ☐ Yes ☐ No

If yes, explain: _____

List the name of the person or agency that will be caring for your children:

Provider Name	Telephone Number	
Street Address		
City	State	Zip Code

Please answer the following questions about yourself and the other parent or caretaker if they are in the home.

Are you, or the other parent in the home, on active duty in the military? ☐ Yes ☐ No

In a national guard or reserve unit? ☐ Yes ☐ No

If yes, who? _____

Do any of the following living arrangements apply to your family?

Do you live in a: Motel, car or campsite? ☐ Yes ☐ No

Shelter or other temporary housing?

House or apartment, with friends or family members (shared housing)?

Assets are things like homes, cars, campers, stocks and bonds, or cash.

Do you have less than one million dollars in assets? ☐ Yes ☐ No

You Have the Right to Appeal

Part E

You can appeal in person, by telephone or in writing for Food Assistance, 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, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

You can represent yourself. Or, you can have a friend, relative, lawyer, or someone else act on your behalf.

You may contact your county DHS office about legal services. You may have to pay for these legal services. If you do, your payment will be based on your income. You may also call Iowa Legal Aid at (800) 532-1275. If you live in Polk County, call (515) 243-1193.

You Will Not Be Discriminated Against

Part E

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 email contactdhs@dhs.state.ia.us

Food Assistance

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex, and in some cases, religion or political beliefs.

The U.S. Department of Agriculture (USDA) also prohibits discrimination 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, audiotape, 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: http://www.ascr.usda.gov/complaint_filing_cust.html, 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, DC 20250-9410; or

Fax: (202) 690-7442; or

Email: program.intake@usda.gov

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) (Food Assistance in Iowa) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish, or call the State Information/Hotline Numbers found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, SW, Washington, DC 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

All Programs

Part E

We Check What You Tell Us

The information you give us may be checked by federal, state, and local officials to make sure it is true. Things we might check are any listed person's: social security number, job and pay, bank account amount, alien status, and amounts received from other sources like Social Security or unemployment. If any information you give us is not correct, we may deny your application.

We may check records from other states to see if any person in your household can get benefits in Iowa. This may be because a person was disqualified from a program in another state.

We check and use computer systems like the state Income and Eligibility Verification System. If something you told us is different from what the computer system tells us, we will check to find out what is correct. We might check your information by contacting your employer, your bank, or other people. To do this kind of checking with your employer, bank, or other people, we will ask you first. Such information may affect your household's eligibility and level of benefits.

Things You Need to Know

DHS may give your answers to law enforcement officials to catch persons fleeing to avoid the law.

The Quality Control unit or Investigations unit may review your case. They may contact other people or organizations to get proof of your information. By signing this application, you give permission to release confidential information to the Quality Control unit or Investigations unit. You must cooperate with them to keep your benefits.

You will have to pay back any benefits you got or that was paid to a third party on your behalf for which you were not eligible.

Section 1128B of the Social Security Act provides federal penalties for fraudulent acts and false reporting in connection with these programs.

Anyone who gets, tries to get, or helps any other person get assistance to which they are not entitled, is guilty of violating the laws of the state of Iowa. This includes, but is not limited to, Iowa Code Chapters 239B, 243, 249, and 249A.

Your expenses may be used to figure the amount of assistance you get. You may have expenses included in your benefit calculation by reporting and giving proof of your expenses. If you do not report or give proof of your expenses, you choose not to claim the expense. You can report and give proof later, and the expense can be used for future months.

Comm. 233 will be given to you at your interview. It will tell you about any additional rights and responsibilities not covered with this application.

Food Assistance

Part E

Rules of the Food Assistance Program

Follow these rules:

- **Don't** hide or give wrong information on purpose to get Food Assistance benefits.
- **Don't** use Food Assistance benefits to buy non-food items like alcohol or tobacco.
- **Don't** trade, sell, or give away Food Assistance benefits.
- **Don't** use someone else's Food Assistance benefits for yourself.
- **Don't** purchase a product with Food Assistance benefits, with a returnable container that has a return deposit, with the intent of getting cash back when the empty container is returned to the store.
- **Don't** buy food on credit and attempt to pay for it with Food Assistance.
- **Don't** buy a product with Food Assistance benefits so you can get cash or something other than eligible food by reselling that product.
- **Don't** fail to report if your household goes over its income limit.

If you get Food Assistance, your worker will tell you what your household's income limit is. If your household's income goes over your limit in any month you must tell us by the 10th day of the next month. If you don't tell us on time, you might have to pay back the benefits.

Penalties of the Food Assistance Program

Anyone who breaks the above rules:

- **May not get Food Assistance benefits for 1 year for the first time, 2 years for the second time, and forever for the third time;**
- **May be fined up to \$250,000 or jailed up to 20 years or both; and**
- **May be kept off Food Assistance for an additional 18 months, if court ordered.**

If a court finds you guilty of buying, selling, or trading more than \$500 in Food Assistance benefits, you will lose benefits forever.

If a court finds you guilty of trading Food Assistance benefits for firearms, ammunition, or explosives, you will lose benefits forever.

If a court finds you guilty of trading Food Assistance benefits for controlled substances, you will lose benefits for two years the first time and forever the second time.

You will not get Food Assistance for 10 years if you are found guilty of getting or trying to get Food Assistance in more than one household at a time. This penalty happens if you give wrong information about who you are or where you live.

Giving wrong information on purpose may result in us taking legal action against you, either criminal or civil. It might also mean we reduce your benefits or take money back from you.

Things You Need to Know

Households eligible for Food Assistance may get a notice that they are eligible for the “Promoting Awareness of the Benefits of a Healthy Marriage” program and a pamphlet listing those benefits. By giving this information, DHS can use different rules that may help you get Food Assistance.

If you have a Food Assistance overpayment, DHS will give your answers to federal and state agencies as well as private claims collection agencies, to collect the overpayment.

The Food Assistance office may contact other people or organizations to get proof of your information.

By having signed this application, you agree that all members of your household will register for work and follow all of the work and training rules.

The application filing date is different if your household is in an institution and applying for Food Assistance and Supplemental Security Income at the same time. In this case, the filing date is the date of release from the institution.

You may not be denied Food Assistance benefits just because you were denied benefits from other programs. Food Assistance applications will not be delayed due to requirements of other programs you may apply for.

The collection of information on the application, including the social security number of each household member, is authorized under the Food and Nutrition Act of 2008 (formerly the Food Stamp Act of 1977), as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the Food Assistance program. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

Family Investment Program (FIP) or Refugee Cash Assistance

Part E

Things You Need to Know

Within 10 days of the date the change happens, you must tell DHS about changes, such as:

- Income, when it starts or stops, including getting an inheritance or a one-time payment of past due child support
- Resources or assets
- Someone moving in or out of your home
- Mailing or living address
- Receipt of a SSN
- Change of school attendance of a child

If your application for FIP or Refugee Cash Assistance is approved, your Food Assistance may go down or stop.

If you are approved for FIP, you will be registered with the PROMISE JOBS program. You agree that all members of your household who must cooperate with PROMISE JOBS will do so. Talk with your worker if you feel you have a reason not to cooperate.

If you choose not to take part in PROMISE JOBS, your FIP benefits will be limited.

While you get FIP, you give up your rights to child support for the months you are on FIP. The state of Iowa will keep your child support to pay back the money you get from FIP.

Using Your FIP/RCA Electronic Access Card (EAC) or Your Debit Card to Access FIP/RCA Funds from Your Personal Bank Account

You cannot access your cash benefits with your EAC or personal debit card at a:

- Liquor store or any place that mainly sells liquor,
- Casino or other gambling or gaming establishment, or
- Business which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state (such as a strip club).

This includes these types of businesses located in Iowa, on tribal land, or in any other state.

If DHS determines that you have accessed your cash benefits with your EAC or personal debit card at one of the above places you:

- Will have committed fraud,
- Have to repay the amount of cash accessed at the location, as well as any access fees, and
- Your family will not get cash benefits for three months with the first misuse and six months for each additional misuse.

By having signed this application, you agree that no member of your household will use the EAC or your personal debit card to access FIP/RCA funds at prohibited locations.

Penalty for Getting FIP in More Than One State

You will not get FIP for 10 years if you are found guilty of getting or trying to get FIP in more than one state at a time. This penalty happens if you give wrong information about where you live.

Child Care Assistance (CCA)

Part E

Things You Need to Know

Within 10 days of the date the change happens, you must tell DHS about changes, such as:

- Income, including a change in your hourly rate and when income starts or stops
- Work hours
- Mailing or living address
- Class schedule
- Someone moving in or out of the house
- Change in child care provider