

**Right to appeal:** You may request an appeal if you do not agree with this decision. You must appeal in writing by one of the following ways:

- Write a letter telling us why you think a decision is wrong, or
- Fill out the form below.

Send the form to:

Central Iowa Community Services  
1201 14<sup>th</sup> Avenue  
Eldora, Iowa 50627

If you need help filing an appeal, ask your service coordinator, IHH worker or case manager to assist.

**How long do I have to appeal?** You must file an appeal within 10 working days after you received the Notice of Decision.

**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. Any benefits you get while your appeal is being decided may have to be paid back if Central Iowa Community Services action is correct.

**When will the reconsideration occur?** You will be contacted within 5 working days to discuss the reconsideration and then will be notified of the decision within 5 days after that.

**What if I do not agree with the decision of the reconsideration?** We will ask you to contact our office in writing stating that you do not agree with the decision of the reconsideration. Central Iowa Community Services will file an appeal on your behalf to an Administrative Law Judge.

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled.

**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 Central Iowa Community Services Decision. You may also have a lawyer help you, but CICS will not pay for one. You may also call Iowa Legal Aid at 1-800-532-1275. <http://www.iowalegalaid.org/>

Further information on the hearing process through an Administrative Law Judge <https://dia.iowa.gov/>

### APPEAL FORM

I am requesting an appeal. I do not agree with the decision because:

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Signature : \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_