



# Community, Family & Youth Services

## Family Enrichment Center

Polk County River Place  
2309 Euclid Avenue  
Des Moines, IA 50310  
PH: 515-286-3406  
FAX: 515-286-2055

### Appeal Process

If you are denied services by the Polk County Family Enrichment Center you have 10 days from the date of your denial to appeal the decision.

Appeals of a decision of a department employee to deny the person’s application for services shall be mailed or delivered to the Director of Community, Family & Youth Services. The director’s written decision regarding the appeal shall be mailed to the appellant within 5 working days from the receipt of the appeal by the director. The director’s decision should inform the appellant of the right to appeal the decision. The appeal of the director’s decision shall be made to the County Service Appeal Board. The Service Appeal Board’s decision is final unless appealed to the district court. The appellant shall be informed of the method by which an appeal may be taken and that they may represent themselves or may be represented by another person or by an attorney.

Any written appeal or communication to the director by or on behalf of an appellant requesting appeal of the director’s determination shall be taken by the director and put immediately upon the Service Appeal Board agenda for the next regularly scheduled board meeting.

An appeal of the director’s decision must be made to the director within ten (10) days of the director’s determination. The notice or communication must provide applicant’s current address and telephone number and state the reasons for the appeal. The applicant shall be informed immediately by telephone and by ordinary mail of the date and time of hearing before the board. The appellant and their attorney, upon written authorization, shall be granted access by the director to their assistance case file if a request is made.

### Appeal Hearing

The Service Appeal Board shall hear appellant’s appeal at the time scheduled in the agenda unless continuance is requested by the applicant. The Service Appeal Board may elect to have an Administrative Law Judge convene the Appeal Hearing. The appellant shall be permitted to present whatever evidence they desire in support of the appeal including testifying, having other witnesses, if present. The board may question the appellant, and the director or their designated representative shall present the board with the reasons for the determination.

\_\_\_\_\_  
Family Signature Date

\_\_\_\_\_  
Specialist Signature Date

\_\_\_\_\_  
Family Signature Date



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### Notice of Appeal

Today's Date: \_\_\_\_\_

You have ten (10) days to appeal your decision. This form must be received by the Family Enrichment Center Program Administrator at Polk County River Place, 2309 Euclid Avenue, Des Moines, IA 50310 on or before: \_\_\_\_\_.

***I hereby appeal the decision made regarding my application for \_\_\_\_\_ and request a review of my case.***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Description and Date of Polk County Family Enrichment Center's Decision: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason you believe the decision was in error (use back if needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Office Use Only

Client's Name: \_\_\_\_\_ Date Received: \_\_\_\_\_

FDS: \_\_\_\_\_ Initials: \_\_\_\_\_