Instructions for:

Department of Human Services and the Social Security Administration Information Exchange

Interim Assistance Reimbursement (IAR) Information and Family Independence Program Information should be request as indicated below:

Fax requests that contain an IAR code to:

Irma Carrillo
Michigan Department of Human Services
Recoupment Unit
Division of Revenue and Federal Reporting
Fax number: (517) 335-6147
Phone number: (517) 373-2032

Fax request that do NOT have an IAR code to the Local DHS office where the client lives.
A complete list can be found at www.Michigan.gov/dhs

During the retroactive Supplemental Security Income (SSI) period a recipient may have received a combination of programs. The type of assistance received determines the process used for the Interim Assistance Reimbursement (IAR) calculation and whether the Department of Human Services (DHS), the Social Security Administration (SSA) or a combination of both, completes the calculation.

The Type of assistance will be the same for each full calendar month, however each month a client could have a different type of assistance.

Directions for Completing the Information Exchange Report

Title of Box	Instructions
Client Name	List the name of the individual as it appears on the DHS case.
Case ID Number	The DHS identification number for the individual.
SSN	Social Security Number for the individual.
Case Number	The DHS case number associated with the cash case for the individual.

Effective date of the individuals' removal from the FIP case or the SSI income effective date on the SDA case. This will be the earliest date DHS can effect the individuals DHS cash case with the information SSA has shared.

Column A	Month and Year. Write in the year the information is being requested for. Use a new form for each calendar year of the request, for example: 2008 should have one form, 2009 should have another form. Include one form for each year of the IAR SSI period of which information is being requested. This column also contains total boxes, which can accommodate totals from three additional years. Enter totals from all additional years on the top page. Column G is the only column where totals are needed.
Column B	TOA – Type of Assistance. The TOA's include: 1. None – The individual did not receive case benefits from the DHS for the month indicated. 2. State Disability Assistance (SDA) – This is a state funded program administered by the DHS. Calculations for this program are completed by DHS. 3. State funded Family Independence Program (SFIP) – This is a state funded program administered by the DHS. Calculations for this program are completed by DHS. 4. Federal Funded Family Independence Program (FFIP) – This is a federally funded program administered by the DHS. Calculations for this program are completed by SSA. DHS will provide assistance information.
Column C	FIP or SDA with SSI recipient. Grant amount the individual has received for the month and year identified.
Column D	DHS identifier for the correct grant chart.
Column E	FIP or SDA without SSI recipient. Grant amount the individual would have received if active SSI for that month and year.
Column F	State funds due DHS. This is the amount of the IAR.