

## Appendix B – State Apportionment Notice Form (balance due paid by SSA)

Date

Address

Dear Mr./Ms.

The Maine Department of Human Services has received notice from the Social Security Administration that you have been determined eligible for Supplemental Security Income (SSI).

The Interim Assistance Agreement, which you signed, allows the Department of Human Services to receive repayment for General Assistance you received during the time period covering your retroactive award.

The notice of award from the Social Security Administration states the amount of your award is \$\_\_\_\_\_ and the time period covers \_\_\_\_\_ through \_\_\_\_\_. We have contacted the appropriate municipality and have determined that \$\_\_\_\_\_ has been paid through General Assistance on your behalf during that time period. After the appropriate calculations were made, the Social Security Administration was informed that the amount of \$\_\_\_\_\_ should be returned to the Department for reimbursement.

The remaining balance due you, if any will be issued directly by SSA. It may be issued to you, or your payee, in installments.

**ANY BALANCE YOU RECEIVE MAY BE USED AS AVAILABLE INCOME IF YOU SHOULD REAPPLY FOR GENERAL ASSISTANCE WITHIN THE NEXT TWELVE (12) MONTHS. IT IS VERY IMPORTANT THAT YOU KEEP RECEIPTS TO SHOW HOW THIS MONEY WAS SPENT.**

If you disagree with this decision, you may request a fair hearing within 30 days of receiving this decision. You must request the appeal in writing to the Department of Human Services, bureau of family independence, 11 State house Station, Augusta, Maine 04333. You may also be eligible for free legal assistance through the Pine Tree Legal Assistance office near you.

Sincerely yours,

Program Manager  
General Assistance Program