

**RHODE ISLAND DEPARTMENT
OF HUMAN SERVICES**



AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE

Name _____ Social Security Number _____

Address _____
City/Town / Zip Code _____

The term State means the Rhode Island Department of Human Services.

What am I authorizing the State to do by signing this authorization?

If I am found eligible to receive Supplemental Security Income (SSI) benefits, I understand that I am authorizing the Commissioner of the Social Security Administration (SSA) to send to the State:

- My first retroactive payment of SSI benefits, or
- An amount equal to the amount of reimbursable public assistance the State gave to me, if law restricts the manner in which my SSI money can be released to me.

How will the State be paid for the reimbursable public assistance it gave to me?

If I am found eligible to receive SSI money, SSA will send my first retroactive SSI payment to the State or an amount equal to the amount of reimbursable public assistance the State gave to me when law restricts the manner in which my SSI money can be released to me. The State may:

- Deduct from my first retroactive SSI payment the sum of all State public assistance benefits made to, or on behalf of, me by the State in situations when law does not restrict the manner in which my SSI money can be released to me, or
- Have SSA send an amount equal to the amount of reimbursable public assistance the State gave to me when law restricts the manner in which my SSI money can be released to me,

for months beginning with:

- The first month for which I am eligible to receive an SSI payment and ending with, and including:
- The month my SSI payment begins, or
- The following month if the State cannot promptly stop making its last public assistance payment to me.

The State cannot be reimbursed for assistance it gave to me if that assistance was financed wholly or partly from Federal dollars.

If I am found eligible for SSI benefits, and SSA sends the first SSI retroactive payment to me, when it should have been sent to the state, what action do I need to take?

If this happens, I agree to endorse my first SSI retroactive check to the State of Rhode Island. The State will deduct the amount it could have collected if it had received the retroactive payment directly from SSA.

I understand that the State can demand that I pay to it the amount that it would have deducted if SSI had sent this first retroactive payment to the State. If I do not pay this amount, the State can seek to collect this amount from me through a court action or other legal remedy. The Commissioner of the Social Security administration is not a party to, or responsible for, participating in the State's recovery efforts under these circumstances.

Does this authorization serve as a protective filing for SSI benefits?

Yes, if I checked the Initial Payment Block, signing this form serves as a signed statement of my intention to claim SSI benefits if I have not filed an SSI application as of the date this authorization is received by the State. My eligibility for SSI benefits may begin as early as the date I sign this form if I file an application at a Social Security office for SSI benefits within 60 days after that date. This form also serves as a notice from SSA that I have sixty days from the date the State receives this form to file for SSI benefits. However, if I do not file an application for SSI benefits at a Social Security office within 60 days after that date, then I understand that I cancel my intention to claim SSI benefits and this authorization no longer protects my filing date for SSI.

How long is this authorization binding on the state and me?

This authorization is binding on the State and me for one calendar year beginning with the date the State received it. If the State does not notify SSA within thirty (30) calendar days of the date that I signed this authorization, the authorization is not binding on the State or me. Also, this form must be signed and dated by both a State representative and me to be a valid agreement that authorizes the State to receive interim assistance reimbursement from my SSI payments. However, if I have already applied for SSI before the State received this authorization, or I apply for SSI within one calendar year of the date described above, or I file a timely request for an administrative or judicial review within the time permitted under SSA's regulations, this authorization will remain in effect, even if beyond the one calendar year period, until such time as:

- SSA makes the initial SSI payment on my initial claim; or
- SSA makes a final determination on my claim; or
- The State and I both agree to terminate this authorization.

What rights and appeals are available to me under this authorization?

The State is required to:

1. Pay to me any balance due from the retroactive SSI payment within 10 working days of the receipt of my SSI payment.
2. Give me written notice explaining:
 - How much SSA repaid the State for interim assistance it gave to me;
 - The balance, if any, due me unless the Social Security Act requires SSA to pay me such balance. [In such an event, SSA will notify me of the manner in which the balance will be paid to me.]; and
 - That I will have an opportunity for a hearing with the State if I disagree with it's actions regarding repayment of interim assistance or any action it took regarding this authorization.

Signature of Recipient **Date** _____

Signature of State Representative **Date** _____ **GR Code** _____