

# SUPPLEMENTAL SECURITY INCOME NOTICE OF INTERIM ASSISTANCE REIMBURSEMENT

## PART I: STATE AGENCY IDENTIFYING INFORMATION

TO: *(Name and address of State Agency)*

Date:

GR CODE:

## PART II: CLAIMANT INFORMATION

NAME AND ADDRESS: <i>(Includes Representative Payee's Name and Address if applicable)</i>	CLAIM  SOCIAL SECURITY NUMBER	
DATE OF SSI ELIGIBILITY	AMOUNT OF SSI RETROACTIVE PAYMENT	AMOUNT AND MONTH OF RECURRING SSI PAYMENT

## PART III: PAYMENT SUMMARY

## PART IV: STATE'S ACCOUNTABILITY REPORT

*(See Reverse Before Completing)*

	AMOUNT	DATE RECEIVED	DATE SENT
1. Amount of reimbursement check the State received from SSA			
2. Amount of interim assistance paid to the individual			
3. Amount of the reimbursement check retained by the State			
4. Amount of the reimbursement check forwarded to the individual			
5. Amount of reimbursement check returned to SSA			
DATE NOTICE RECEIVED	FIRST MONTH FOR WHICH STATE PAID IA THIS PERIOD	NOTE: Total of items 3, 4, and 5 should equal the amount shown in item 1.	

I certify that the above is a true statement of receipts and disbursements under our agreement with the Commissioner of Social Security for the purpose of furnishing interim assistance to individual as established by P.L. 93-368, as amended.

SIGNATURE	TITLE AND AGENCY	DATE
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## **ACTION REQUIRED BY THE STATE**

Complete the State's Accountability Report using the information in the "PAYMENT SUMMARY" and return to the Social Security Administration within 30 days of receipt of the Interim Assistance Reimbursement check.

## **THINGS TO REMEMBER WHEN DETERMINING YOUR AMOUNT OF REIMBURSEMENT**

- Federally Reimbursable Interim Assistance (IA) is assistance from State or local funds to an individual for meeting basic needs during the period beginning with the first month for which such individual received an SSI dollar amount payment; **or**, beginning with the first day for which the individual's benefits were suspended or terminated, if the individual was subsequently found to have been eligible for such payments, and paid an SSI dollar amount ending with (and including) the month payment is made.
- You may recoup the assistance you paid for any month in a period as defined above for which both SSI an IA payments were made. You may not recoup for any months prior to the month in which you began paying IA in this period. If a month is not listed in the "Payment Summary" you cannot recoup the assistance you paid for that month. However, if you have prepared and cannot stop delivery of the last assistance payment that you made to an individual when you receive that individual's SSI payment from SSA, you may recoup that assistance payment even though it is not listed in the "Payment Summary."
- In cases where SSI payments were prorated, you must prorate the amount you recover for that month. You may only recoup the prorated amount of the full IA payable for that month. A month's payment was prorated if the day is other than the first of the month.
- Assistance payments financed in whole or part from Federal funds (e.g., TANF) do not come within the meaning of interim assistance.
- Excess IAR payments are to be made to the individual within 10 working days of receipt of the reimbursement check.

## Privacy Act Statement

### Collection and Use of Personal Information

Section 1631(g) of the Social Security Act, as amended, authorizes us to collect this information. The information you provide will be used to determine the amount of interim assistance to reimburse the state.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent an accurate and timely decision on the amount of reimbursement.

We rarely use the information you supply for any purpose other than for determining reimbursements. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, state or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*