

**INSTRUCTIONS
FOR
FORM SSA-9741-F3, QUARTERLY STATISTICAL REPORT ON RECIPIENTS AND PAYMENTS
UNDER STATE ADMINISTERED STATE ASSISTANCE PROGRAMS
FOR AGED, BLIND AND DISABLED
(INDIVIDUALS AND COUPLES) RECIPIENTS**

PRIVACY ACT NOTICE

This report is strictly voluntary. It is beneficial, however, to State governments in the determination of feasible program changes as well as in the development of legislative proposals and budget estimates. For those States electing to report via computer tapes, the individual case data are protected and held confidential in accordance with the Privacy Act of 1974, Public law 93-579.

Purpose: This report is designed to provide the Social Security Administration with a means of maintaining trend data on income maintenance programs for the aged, blind and disabled and a method of obtaining data to measure the impact of the total SSI program nationally and State by State.

Content: Form SSA-9741-F3 provides the following summary information on State administered assistance programs for the aged, blind and disabled: (1) number of recipients and (2) amount of payments. A breakdown of State assistance payments data is requested for persons receiving (1) State assistance payments only and (2) State assistance payments and Federal SSI payments.

Requirement: Report Form SSA-9741-F3 is requested quarterly of all State agencies having State administered assistance programs for the aged, blind and disabled. The report covers 3 months and is due not later than the 15th of the month following the third month of the quarter.

Submittal Procedure: One copy of each report should be transmitted to:

Social Security Administration
Office of Policy
Office of Research Evaluation & Statistics (ORES)
4-C-15 Operations Building
Baltimore, Maryland 21235

SPECIFIC INSTRUCTIONS

Recipients Receiving State Assistance Payments and Amount of Payments

For this report, State supplemental payments are assistance payments that are based on need and made by the State or one of its political subdivisions: (1) to an aged, blind or disabled individual or couple receiving Federal SSI payments, (2) to an aged, blind or disabled individual or couple who would be eligible for such payments except for income and resources, and (3) to such individuals and couples who would have been eligible for assistance under the State programs of Aid to the Blind or Aid to the Permanently and Total Disabled but because of Federal definitions of blindness and/or disability are not eligible for a Federal SSI payment.

Horizontal columns:

Total:

Number—(column 1)—Enter the total number of recipients who receive State assistance payments during the report month. This number should be the sum of columns 3 and 5.

Amount—(column 2)—Enter the total amount of State and/or local subdivision payments to recipients who receive State assistance payments during the report month. This amount should be the sum of columns 4 and 7.

State Assistance Only:

Number—(column 3)—Enter the total number of recipients who receive a State assistance payment only during the report month.

Amount—(column 4)—Enter the total amount of State or local subdivision payments to recipients who received a State assistance payment only during the report month.

State Assistance and Federal SSI Payment:

Number—(column 5)—Enter the total number of recipients who received a State assistance payment in addition to a Federal SSI payment. A listing of the recipients who received a Federal SSI payment will be provided to the State via the State Data Exchange System.

Combined Amount—(column 6)—Enter the total amount of payments to recipients who received a State assistance payment in addition to a Federal SSI payment. This amount should be the sum of column 7 (State Payments) and column 8 (Federal Payments).

State Payments—(column 7)—Enter the total State payment amounts to recipients who also received a Federal SSI payment.

Federal Payments—(column 8)—Enter the total Federal SSI payment amounts to recipients who also received State assistance payments. The amount of the Federal SSI payment made to each recipient will be provided to the State via the State Data Exchange System.

Vertical Stub:

Section A. Recipients—Total—This section is concerned with the three broad categories of recipients receiving State assistance payments during the month. Enter total number of recipients and amount of payments (sum of items 1, 2, and 3). Also provide totals for each category of recipients:

1. Aged—includes all eligible recipients who are 65 years old or over.
2. Blind—includes all recipients who are:
 - a. Eligible because they meet the State's definition of blindness or
 - b. Receiving assistance under the Federal SSI program because of blindness
3. Disabled—includes all recipients who are:
 - a. Eligible because they meet the State's definition of disability or
 - b. Receiving assistance under the Federal SSI program because of disability.

~~**PAPERWORK REDUCTION ACT:** This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 60 minutes to read the instructions, gather the necessary facts, and answer the questions.~~

*See attached
revised PER*

QUARTERLY STATISTICAL REPORT ON RECIPIENTS AND PAYMENTS UNDER STATE ADMINISTERED ASSISTANCE PROGRAMS FOR AGED, BLIND, AND DISABLED (INDIVIDUALS AND COUPLES) RECIPIENTS

QUARTER AND YEAR

ITEM	RECIPIENTS RECEIVING STATE ASSISTANCE PAYMENTS AND AMOUNT OF PAYMENTS							
	TOTAL		STATE ASSISTANCE ONLY		STATE ASSISTANCE AND FEDERAL SSI PAYMENTS			
	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	TOTAL	STATE PAYMENTS	FEDERAL PAYMENTS
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
FIRST MONTH OF QUARTER								
A. Recipients - Total								
1. Aged								
2. Blind								
3. Disabled								
SECOND MONTH OF QUARTER								
A. Recipients - Total								
1. Aged								
2. Blind								
3. Disabled								
THIRD MONTH OF QUARTER								
A. Recipients - Total								
1. Aged								
2. Blind								
3. Disabled								
STATE	SIGNATURE OF PERSON REPORTING					TITLE OF PERSON REPORTING		