Social Security Administration
Supplemental Security Income
Notice of Interim Assistance Reimbursement

Date:

Claim Number:

GR CODE:

Action Required By The State

Complete the State's Account of Reimbursement Claimed section by using the information in the "Retroactive Amount Due Summary." Return all but this page within 10 working days to:

IAR-PAYMENT PENDING CASE
Social Security Administration

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 and 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 "Retroactive Amount Due 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 this notice from SSA, you may recoup that assistance payment even though it is not listed in the "Retroactive Amount Due 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 amount is 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.

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.

Additional information regarding this form, routine uses of information, and our programs and systems, is available on-line at www.ssa.gov or at your local Social Security office.

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.***

IAR PAYMENT PENDING CASE
STATE DUE PAYMENT******PRIORITY HANDLING
COMPLETE & RETURN WITHIN 10 WORKING DAYS:

*************************CLAIMANT INFORMATION************************

Initial Claim _____ Posteligibility Claim _____ Other _____

Recipient's Name _____ SSN _____

Representative Payee's Name (If applicable) _____

Date of SSI Eligibility: _____

Amount of SSI Retroactive Benefits Due: _____

Amount and Month of Recurring SSI Payment: _____

TO: (Social Security Administration Address)

************STATE'S ACCOUNT OF REIMBURSEMENT CLAIMED************

Date Returned To SSA	Welfare Telephone #	GR Code	
1. Amount of interim assistance paid to the individual			AMOUNT
2. Amount of reimbursement claimed by the State			AMOUNT
3. First month for which State paid IA during the interim period			MONTH/YEAR

I certify that the above is an accurate statement of the amount of assistance paid and the amount of reimbursement claimed in accordance with our agreement negotiated pursuant to P.L. 93-368, as amended.

Signature _____ Title and Agency _____ Date _____

* *

To Be Completed by SSA:

SSA Telephone Number _____

Amount of reimbursement check released to the State _____

Date _____ By _____

Form **SSA-L8125-F6** (4-2009) EF (5-2009)

*****************RETROACTIVE AMOUNT DUE SUMMARY*****************

Recipient's Name _____ Recipient's SSN _____

FROM	THROUGH	AMOUNT EACH MONTH

Form **SSA-L8125-F6** (4-2009) EF (5-2009)

*****************RETROACTIVE AMOUNT DUE SUMMARY*****************

Recipient's Name _____   Recipient's SSN _____

FROM	THROUGH	AMOUNT EACH MONTH

Form **SSA-L8125-F6** (4-2009) EF (5-2009)

*****************RETROACTIVE AMOUNT DUE SUMMARY*****************

Recipient's Name _____   Recipient's SSN _____

FROM	THROUGH	AMOUNT EACH MONTH