

Social Security Administration  
**Supplemental Security Income**  
Notice of Interim Assistance Reimbursement

Form Approved  
OMB No. 0960-0546

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

**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
- 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**

~~Title 16 Section 1631(g) of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to determine the amount of interim assistance necessary 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:~~

See revised  
Privacy Act  
Statement and  
PRA

- ~~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. A complete list of routine uses for this information is available in our System of Records Notice entitled, Supplemental Security Income Record and Special Veterans Benefits, 60-0103. This notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at <http://www.socialsecurity.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 (OMB) control number. The OMB control number for this collection is 0960-0546. We estimate that it will take between 30 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore,**~~

**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 \_\_\_\_\_



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

Recipient's Name \_\_\_\_\_ Recipient's SSN \_\_\_\_\_

<b>FROM</b>	<b>THROUGH</b>	<b>AMOUNT EACH MONTH</b>

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

Recipient's Name \_\_\_\_\_ Recipient's SSN \_\_\_\_\_

FROM	THROUGH	AMOUNT EACH MONTH

***SSA will insert the following revised Privacy Act Statement into the form at its next scheduled reprinting:***

**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. We will use the information you provide to determine the amount of interim assistance to reimburse the State or local Interim Assistance Reimbursement agency.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent an accurate and timely decision on the amount of reimbursement.

We rarely use the information you supply us for any purpose other than for reimbursement determinations. However, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice 60-0103, entitled, Supplemental Security Income Record and Special Veterans Benefits. Additional information about this and other system of records notices and our programs is available online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

***SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:***

**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 (OMB) control number. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***