

**Authorization for Reimbursement of Interim Assistance  
from Initial Retroactive SSI Payment**

**Applicant's Printed Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**EIS Case Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Residence Address (if different):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**The term State means the Alaska Department of Health, Division of Public Assistance.**

**What actions am I authorizing when I sign this form?**

If I am found eligible to receive Supplemental Security Income (SSI) benefits, I understand I am authorizing the Commissioner of the Social Security Administration (SSA) to reimburse the state for some or all of the money paid to me by the state while I waited for my SSI claim to be approved. If I become eligible, SSA will pay the state from the retroactive SSI benefits due me. The reimbursement covers the time from the first month I am eligible to receive SSI benefits through the first month my monthly SSI benefit begins.

**What kind of state payment qualifies for reimbursement by SSA?**

SSA can reimburse the state for a payment that is paid only from state or local funds. Federal funds cannot be reimbursed.

**How does SSA determine how much of my SSI money to pay the state?**

SSA looks at the amount of Interim Assistance paid to you by the state, and the amount of your retroactive SSI money available to pay the state. The amount reimbursed to the state will begin the month you first received Interim Assistance (IA) and SSI for the same month. SSA will not pay the state more money than you have for the SSI retroactive period.

**How long is this agreement effective for the state and me?**

This agreement is effective for you and the State for twelve (12) months. The period begins the date SSA receives the authorization form from the state and ends 12 months later. This agreement must be signed and dated by both you and a State representative to be a valid agreement. SSA will keep this agreement on file for 12 months.

If I file an SSI application or have already filed an SSI application, this agreement is effective until:

- I get my first SSI payment; or
- I don't file a timely request for review and the maximum period permitted to request administrative or judicial review expires; or
- The State and I agree to terminate the authorization.

**This agreement is not binding on the State or me if the State does not receive the form and send it to SSA within 30 calendar days of the date I sign this form.**

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

Yes, if I have not already filed an SSI application, I intend to file an application for SSI. This form is notice from SSA that I have 60 days to file an SSI application in order to protect my filing date. If my application is approved, my SSI benefits may be effective the date I sign this form. If I do not file an application for SSI benefits within 60 days, I cancel my intention to claim SSI benefits and this authorization no longer protects my filing date for SSI.

**I have the right to a Fair Hearing if I disagree with any action taken by the State regarding this authorization and refund.**

|                                |                        |
|--------------------------------|------------------------|
| YOUR SIGNATURE                 | DATE                   |
| STATE REPRESENTATIVE SIGNATURE | DATE RECEIVED BY STATE |

Distribution: Original to SSA District Office; Copy to Applicant; Copy to DPA Case file

# **INTERIM ASSISTANCE REIMBURSEMENT AUTHORIZATION**

**YOU MUST SIGN THE ATTACHED INTERIM ASSISTANCE REIMBURSEMENT AUTHORIZATION FORM TO RECEIVE INTERIM ASSISTANCE BENEFITS.**

**Interim Assistance (IA) provides a monthly cash grant to certain Adult Public Assistance (APA) applicants who are waiting for a decision on their Supplemental Security Income (SSI) application. We need the SSI decision before we can make a decision on your APA application. Interim Assistance will end if:**

- Your application for SSI is approved.**
- You get an adverse SSI decision and do not appeal that decision,**
- You withdraw or abandon your appeal of the SSI decision, or**
- You receive a notice of dismissal or an adverse decision from the Social Security Appeals Council.**

**Signing this form allows the Social Security Office to reimburse the state some or all of the money the Division of Public Assistance gives you. We will use this money to repay IA benefits you receive while waiting for a decision on your SSI application.**

**IF YOU WISH TO RECEIVE INTERIM ASSISTANCE,  
PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM.**