

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

APPLICANT'S PRINTED NAME	SOCIAL SECURITY NUMBER	EIS CASE NUMBER
MAILING ADDRESS	RESIDENCE ADDRESS (IF DIFFERENT)	
CITY AND STATE	ZIP CODE	TELEPHONE

The term State means the Alaska Department of Health and Social Services, Division of Public Assistance.

What am I authorizing the Social Security Administration to do by signing this agreement?

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:

- Send my first retroactive payment of SSI benefits to the State; or
- If federal law restricts the way my SSI money is released to me, send only the amount equal to the reimbursable public assistance I received from the State.

How will the State be paid for reimbursable public assistance it gave me?

The State will deduct the amount of Interim Assistance I received from the State from my first retroactive SSI payment. The amount deducted will be for the period that begins with the first month I am found eligible for an SSI payment and ends with the month my SSI payments begin. If the State cannot stop my Interim Assistance payment the month my SSI payments begin, the period ends the next month. If federal law restricts the way my SSI money is released to me, SSA will send the State only the amount I received from the State.

What happens if the State gets too much money?

The State will send any money that is not used to repay Interim Assistance to me with a letter telling me how much money the State deducted within 10 working days after the State receives the payment from SSA.

What do I do if SSA sends the first payment to me?

I will endorse the check "payable to the State of Alaska" and send it to:

Division of Public Assistance
Benefits Issuance and Recovery
PO Box 110640
Juneau, AK 99811

How long is this agreement effective?

This agreement is binding on the State and me for one calendar year from the date the State receives it. This agreement must be signed and dated by both a State representative and me to be a valid agreement. SSA will keep this agreement on file for one year.

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 notify SSA that I have signed the agreement 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 a SSI application, I intend to file an application for SSI. This form is notice from SSA that I have 60 days to file a 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

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.

Signing this form allows the Social Security Office to send your first SSI check to the Division of Public Assistance. We will use this money to repay IA benefits you receive while waiting for a decision on your SSI application. We will pay you any money we do not use to repay IA benefits.

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