

*For Township to Fill Out*

REIMBURSEMENT  
AUTHORIZATION

Township	County
Washington Township	Grant
Township's Mailing Address	
1310 N Horton St. Marion, IN 46952	
Client's Name	Date of SSI Application
Client's Phone #	Township Caseworker

**AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE**

Name:  Social Security Number:

Address:

City/Town/Zip Code

*Print or Type*

*The term "state" means the State of Indiana Family and Social Services Administration.*

**How can the state use this form when blocks for initial claims and posteligibility cases are part of the form?**

The state can use this form for one case situation at a time, either an initial claim or a posteligibility case. If both blocks are checked the form is not valid. You and the state must sign and date a new form with only one block checked.

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

SSA can reimburse a state for a payment that is paid only from state or local funds. The state cannot be reimbursed for payments made wholly or partially from Federal Funds.

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

SSA decides the amount of payment based on two considerations. First, SSA looks at the amount of money claimed by the state, and second, SSA looks at the amount of your retroactive SSI money available to pay the state. SSA can reimburse the state for a payment made in a month only when you receive a state payment and an SSI payment for the same month. SSA will not pay the state more money than you have for the SSI retroactive period.

**What actions am I authorizing when I sign this authorization and I check the "Initial Claim Only" block?**



**Initial Claim Only**

You are authorizing the Commissioner of the Social Security Administration (SSA) to reimburse the state for some or all of the money the state gives you. This money helps you while SSA decides if you are eligible to receive SSI benefits. If you become eligible, SSA pays the State from the retroactive SSI benefits due to you. The reimbursement covers the time from the first month you are eligible to receive SSI benefits through the first month your monthly SSI benefit begins.

If the state cannot stop the last payment made to you, SSA can reimburse the state for this additional payment amount.

**How long is this authorization effective for the state and me if I checked the "Initial Claims Only" block?**

This authorization is in effect for you and the state for twelve (12) months. The 12 months begin with the date SSA receives the authorization from the state and end 12 months later. You and a state representative must sign and date the authorization for the authorization to be valid.

SSA must receive the form within 30 calendar days of the date you signed the authorization. If the form is late, SSA will not accept the form as a valid authorization. SSA will not pay any of your retroactive SSI benefits to the state. SSA will send you any SSI money that may be due you, based on SSA's regular payment rules.

**Can the authorization stay effective longer than the 12-month period? Can the authorization end before or after the 12-month period ends?**

The authorization can stay effective longer than the 12-month period, if you

- apply for SSI benefits before the state has the authorization form, or
- apply within the 12-month period the authorization is effective, or
- file a valid appeal of SSA's determination on your initial claim.

The period of the authorization can end before the 12-month period ends, or end after the 12-month period ends when any of these actions take place:

- SSA makes the first SSI Payment on your initial claim; or
- SSA makes a final determination on your claim; or
- the state and you agree to terminate this authorization.

The authorization period will end with the day of the month any of these actions take place.

**Can SSA use this authorization form to protect my filing date for SSI benefits?**

SSA can use this form to protect your filing date if you checked the "Initial Claims Only" block. When you sign this form, you are saying that you have the intention of filing for SSI benefits if you have not already applied for benefits.

You have sixty (60) days from the date the state receives this form to file for SSI benefits. Your eligibility to receive SSI benefits can be as early as the date you sign this authorization if you file within 60-day time period. If you file for SSI benefits after the 60-day time period, this form will not protect your filing date. Your filing date will be later than the date you sign this form.

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**What actions am I authorizing when I sign this authorization and I check the "Posteligibility Case Only" block?**

- ☐ **Posteligibility Case Only**  
You are authorizing the Commissioner of the Social Security Administration (SSA) to reimburse the state for some or all of the money the state gives you. This money helps you while SSA decides if your SSI benefits can be reinstated after being terminated or suspended. If your SSI benefits resume, SSA pays the state from the retroactive SSI benefits due you. The reimbursement covers the time from the day of the month the reinstatement is effective through the first month your monthly SSI benefit resumes.

If the state cannot stop the last payment made to you, SSA can reimburse the state for this additional payment amount.

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**Can the authorization stay effective longer than the 12-month period? Can the authorization end before or after the 12-month period ends?**

The authorization can stay effective longer than the 12-month period, if you file a valid appeal. You must file your appeal within the time frame SSA requires.

**What rights and appeals are available to me under this authorization.**

The State is required to:

1. Give me written notice explaining:
  - \* How much SSA repaid the State for interim assistance it gave to me;
  - \* That I will have an opportunity for a hearing with the State if I disagree with its actions regarding repayment of interim assistance or any action it took regarding this authorization.

\_\_\_\_\_  
Date

Signature of Recipient

\_\_\_\_\_  
Date GR Code 15480

Signature of State or Township Representative

Copies to: Client SSA Field Office ITA State Office Original: Township Client File

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