

**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 _____

[illegible]