

**AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE  
INITIAL CLAIMS**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Client - Street/City/Town/Zip Code

\_\_\_\_\_  
**Municipality providing Interim Assistance**

**The term state means the New Hampshire Department of Health and Human Services.**

The term municipality means "town, city, school district or village district." NH RSA 33 33:1

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

You are authorizing the Commissioner of the Social Security Administration (SSA) to reimburse the state and/or the municipality for some or all of the money the state and/or municipality 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 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 municipality cannot stop the last payment made to you, SSA can reimburse the state for this additional payment amount.

**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/or municipality, and second, SSA looks at the amount of your retroactive SSI money available to pay the state and/or municipality. SSA can reimburse the state for a payment made in a month only when you receive a municipal or 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.

**How long is this authorization effective for the state and/or municipality and me?**

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

Exceptions apply to this rule. The municipality must send SSA and the State the authorization within a certain time frame. **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 municipality and/or 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. 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 the 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.

**How do I appeal a state’s decision if I do not agree with the decision?**

You can disagree with a decision the state made during the reimbursement process. You will receive a state notice telling you how to appeal the decision. You cannot appeal to SSA if you disagree with any state decision.

Within 10 working days after the state receives the reimbursement money from SSA, the state must send you a notice. The notice will tell you three things: (1) the amount of the payments the municipality made to you, (2) that SSA will send you a letter explaining how SSA will pay the remaining SSI money (if any) due you and (3) your right to a hearing with the state, including how to request the hearing.

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature of Individual Receiving Interim Assistance**

\_\_\_\_\_ **Date** \_\_\_\_\_ **GR Code** **30060**  
**Signature of Municipality Representative**

**Distribution:**

Revised 7-12-2016

Original to Local SSA Office within **30 calendar days** of the date the client signs the form.

Copy to Municipality file.

Copy to Applicant.

Copy to Local DHHS District Office.

Copy to DHHS HHS-OII Compliance, 129 Pleasant Street, 3<sup>rd</sup> FL, Concord NH 03301