



**THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
ECONOMIC SECURITY ADMINISTRATION
Authorization for Reimbursement of Interim Assistance
Initial Claim or Posteligibility Case**

DHS ONLY
Date Received: _____
SSR Name: _____

The District of Columbia (District) Interim Disability Assistance Program (IDA) provides temporary financial assistance to adults with disabilities who have applied for and are awaiting approval to receive Supplemental Security Income (SSI). Completion of this form authorizes the District to be reimbursed for IDA benefits you received while awaiting SSI approval. You must complete this form to be approved for IDA.

For the purpose of this Authorization Form: The term "DISTRICT" means the Government of the District of Columbia, Department of Human Services, Economic Security Administration.

The term "SSI benefits" means "Supplemental Security Income" payments under title XVI of the Social Security Act and any federally administered State supplementary payments under section 1616 of the Social Security Act.

Recipient ID Number _____	Case Number _____	Category _____
Social Security Number _____	Service Center _____	Federal Code 09000
Applicant's Name _____		
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>
Address _____		
City Washington, DC	Zip Code _____	Telephone _____
Date Form Received _____		

INITIAL CLAIMS ONLY

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

You are authorizing the Commissioner of the Social Security Administration (SSA) to reimburse the District for some or all of the money the District gives you while SSA decides if you are eligible to receive SSI benefits. If you become eligible, SSA pays the District 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 District cannot stop the last payment made to you, SSA can reimburse the District for this additional payment amount.

POSTELIGIBILITY CASE ONLY

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

You are authorizing the Commissioner of the Social Security Administration (SSA) to reimburse the District for some or all of the money the District gives you while SSA decides if your SSI benefits can be reinstated after being terminated or suspended. If your SSI benefits resume, SSA pays the District 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 District cannot stop the last payment made to you, SSA can reimburse the District for this additional payment amount.

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

The District can only 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 and is not a binding agreement. You and the District must sign and date a new form with only one block checked.

What kind of District payment qualifies for reimbursement by SSA?

SSA can reimburse the District for a payment that is paid only from District or local funds. The District 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 District?

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



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

Yes, this form protects 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 District 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 an application for SSI 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 long is this authorization effective?

Whether you checked the "Initial Claims Only" or the "Posteligibility Case Only" block, the rules are the same. This authorization is in effect for you and the District for twelve (12) months. The 12 months begin with the date the District notifies SSA through an electronic system that the District has received the authorization and ends 12 months later. You and a District representative must sign and date the authorization for the authorization to be valid. Exceptions apply to this rule.

The District must send SSA the authorization within a certain time frame. For a state using an electronic system, SSA must receive the authorization information within 30 calendar days of the District matching your SSI record with your District record. If the information is late, SSA will not accept the information sent by the District. SSA will not pay any of your retroactive SSI benefits to the District. SSA will send you a notice informing you of 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?

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

- apply for SSI benefits before the District has the authorization form, or
- apply for SSI within the 12-month period the authorization is effective, or
- file a valid appeal of SSA's determination on your initial claim or a post eligibility case after a period of suspension or termination (You must file your appeal within the time frame SSA requires).

Can the authorization end before or after the 12-month period ends?

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 the first SSI payment on your posteligibility case after a period of suspension or termination; or
- SSA makes a final determination on your claim and no timely request for review is filed; or
- SSA makes a final determination on your appeal; or
- the District and you agree to terminate this authorization.

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

What rights and appeals are available to me under this authorization?

The District is required to:

1. Pay to me any balance due from the retroactive SSI payment within 10 working days of the receipt of my SSI payment.
2. Give me written notice explaining:
 - a. How much SSA repaid the District for interim assistance it gave to me;
 - b. The balance, if any, due me unless the Social Security Act requires SSA to pay me such balance. (In such an event, SSA will notify me of the manner in which the balance will be paid to me.); and
 - c. That I will have an opportunity for a hearing with the District if I disagree with its actions regarding repayment of interim assistance or any action it took regarding this authorization.

Signature Of Individual Receiving Interim Assistance	Date
Signature Of District Representative	Date