

MARYLAND DEPARTMENT OF HUMAN RESOURCES

AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE INITIAL PAYMENT OR POSTELIGIBILITY PAYMENT

The term "STATE" means the Maryland Department of Human Resources, through either (1) one of its local Departments of Social Services or (2) the Montgomery County Department of Health and Human Services.

INITIAL PAYMENT ONLY

What am I authorizing the State to do by signing this authorization if I checked the block called Initial Payment Only?

If I am found eligible to receive Supplemental Security Income (SSI) benefits, I understand that I am authorizing the Commissioner of the Social Security Administration (SSA) to send to the State:

- My first retroactive payment of SSI benefits, or
- An amount equal to the amount of reimbursable public assistance the State gave to me, if law restricts the manner in which my SSI money can be released to me.

How will the State be paid for the reimbursable public assistance it gave to me if I checked the block called Initial Payment Only?

If I am found eligible to receive SSI money, SSA will send my first retroactive SSI payment to the State or an amount equal to the amount of reimbursable public assistance the State gave to me when law restricts the manner in which my SSI money can be released to me. The State may:

- Deduct from my first retroactive SSI payment the sum of all State public assistance benefits made to, or on behalf of, me by the State in situations when law does not restrict the manner in which my SSI money can be released to me, or
- Have SSA to send it an amount equal to the amount of reimbursable public assistance the State gave to me when law restricts the manner in which my SSI money can be released to me, for months beginning with:
 - The first month for which I am eligible to receive an SSI payment and ending with, and including:
 - The month my SSI payment begins, or
 - The following month if the State cannot promptly stop making its last public assistance payment to me.

How long is this authorization binding on the State and me if I checked the Initial Payment Block?

If I checked the Initial Payment Block, this authorization is binding on the State and me for one calendar year beginning with the date the State received it. If the State does not notify SSA within thirty (30) calendar days of the date that I signed this authorization, the authorization is not binding on the State or me. Also, this form must be signed and dated by both a State representative and me to be a valid agreement that authorizes the State to receive interim assistance reimbursement from my SSI payments. However, if I have already applied for SSI before the State received this authorization, or I apply for SSI within one calendar year of the date described above, or I file a timely request for an administrative or judicial review within the time permitted under SSA's regulations, this authorization will remain in effect, even if beyond the one calendar year period, until such time as:

- SSA makes the initial SSI payment on my initial claim; or
- SSA makes a final determination on my claim; or
- The State and I both agree to terminate this authorization.

INITIAL POSTELIGIBILITY PAYMENT ONLY

What am I authorizing the State to do by signing this authorization if I checked the block called Initial Posteligibility Payment Only?

If I am found eligible to receive SSI benefits, I understand that I am authorizing the Commissioner of SSA to send to the State:

- My first retroactive posteligibility payment of Supplemental Security Income (SSI) benefits, or
- An amount equal to the amount of reimbursable public assistance the State gave to me when law restricts the manner in which my SSI money can be released to me.

How will the State be paid for the reimbursable public assistance it gave to me if I checked the block called Initial Posteligibility Payment Only?

If I am found eligible to receive SSI money, SSA will send my first retroactive posteligibility SSI payment to the State or an amount equal to the amount of reimbursable public assistance the State gave to me when law restricts the manner in which my SSI money can be released to me. The State may:

- Deduct from my first retroactive posteligibility SSI payment the sum of all State public assistance benefits made to, or on behalf of, me by the State in situations when law does not restrict the manner in which my SSI money can be released to me, or
- Have SSA send it an amount equal to the amount of reimbursable public assistance the State gave to me when law restricts the manner in which my SSI money can be released to me, for months beginning with:
 - The day of the month I became eligible to receive an SSI payment following a period of suspension or termination, and ending with and including:
 - The month my SSI payments resume, or
 - The following month if the State cannot promptly stop making its last public assistance payment to me.

How long is this authorization binding on the State and me if I checked the Initial Posteligibility Payment Block?

If I checked the Initial Posteligibility Payment Block, this authorization is binding on me and the State for one calendar year beginning with the date the State received it. If the State does not notify SSA within thirty (30) calendar days of the date that I signed this authorization, the authorization is not binding on the State or me. Also, this form must be signed and dated by both a State representative and me to be a valid Agreement that authorizes the State to receive interim assistance reimbursement from my SSI payments. However, if I file a timely request for an administrative or judicial review within the time permitted under SSA's regulations, this authorization will remain in effect, even if beyond the one calendar year period, until such time as:

- SSA makes the initial SSI posteligibility payment following a suspension or termination of my SSI benefits; or
- SSA makes a final determination on my appeal; or
- The State and I both agree to terminate this authorization.

Can the State use this authorization for an Initial Payment of SSI benefits AND an Initial Posteligibility Payment of SSI benefits?

No. I am authorizing the State to use this form for **only one payment** event. If both payment blocks are checked, this form is not binding on the State or me. If both blocks are checked, the State and I must sign a new form with only one of the payment blocks checked.

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

Yes, if I checked the Initial Payment Block, signing this form serves as a signed statement of my intention to claim SSI benefits if I have not filed an SSI application as of the date this authorization is received by the State. My eligibility for SSI benefits may begin as early as the date I sign this form if I file an application at a social security office for SSI benefits within 60 days after that date. This form also serves as a notice from SSA that I have sixty days from the date the State receives this form to file for SSI benefits. However, if I do not file an application for SSI benefits at a Social Security Office within 60 days after that date, then I understand that I cancel my intention to claim SSI benefits and this authorization no longer protects my filing date for SSI.

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

The State 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:
 - How much SSA repaid the State for interim assistance it gave to me;
 - 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

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.

The State cannot be reimbursed for assistance it gave to me if that assistance was financed wholly or partly from Federal dollars.

- HARFORD - ABERDEEN** DEPARTMENT OF SOCIAL SERVICES, OR
- MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES**

- INITIAL PAYMENT ONLY** **INITIAL POSTELIGIBILITY PAYMENT ONLY**

Customer ID Number	<u>987654321</u>	AU Number	<u>323323323</u>	Category	<u>TEMHA</u>	Social Security Number	<u>000-00-0002</u>
District/Territory	<u>121</u>	Federal Code	<u>BLANK</u>	County DSS Federal Code	<u>BLANK</u>		
Applicant's Name	<u>HOPEFUL</u>	<u>MARY</u>	<u>JANE</u>				
	(Last)	(First)	(Middle)				
Address	<u>1234 ANYWHERE ROAD</u>						
City or Town	<u>RIVERTOWN</u>	Zip Code	<u>00000</u>	Telephone	<u>410-000-4321</u>		

-RECIPIENT SIGNATURE - _____ **Date** 4/2/02
Signature of Recipient

- REPRESENTATIVE SIGNATURE - 410-999-9999 **Date** 4/2/02 **GR Code** BLANK
Signature of State Representative **Telephone Number**

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