

**AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE**

**INITIAL PAYMENT**

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

Address \_\_\_\_\_  
City/Town/Zip Code \_\_\_\_\_

The term County means the [Name of County Agency].

**What am I authorizing the County to do by signing this authorization?**

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 County:

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

**How will the County be paid for the reimbursable public assistance it gave to me?**

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

- Deduct from my first retroactive SSI payment the sum of all County public assistance benefits made to, or on behalf of, me by the County 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 County 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 the month my SSI payment begins, or
- The following month if the County cannot promptly stop making its last public assistance payment to me.

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

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

Yes, 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

