



AGREEMENT NO.

Iowa Department of Human Services

Interim Assistance Reimbursement Agreement

The following parties enter into this Agreement for the purpose of assuring the availability of assistance to meet basic needs of applicants for Benefits under the Supplemental Security Income program for the aged, blind and disabled (SSI) pending determinations of eligibility by the Social Security Administration (SSA):

State Agency ("Department")	County Entity (under jurisdiction of County Board of Supervisors or the Commission of Veterans Affairs) ("County Agency")
Iowa Department of Human Services 1305 E. Walnut, 5 th Floor Des Moines, IA 50319	
Department IAR Coordinator	County Agency Authorized Representative
Avis Tripilas Tel: (515) 336-5943 atripil@dhs.state.ia.us	

This Agreement consists of the above information and the Interim Assistance Reimbursement General Terms attached hereto as Attachment A. In consideration of the mutual covenants in this Agreement and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into this Agreement and have caused their duly authorized representatives to execute this Agreement.

County Agency,	Department,
Signature of Authorized Representative:	Signature of Authorized Representative:
Printed Name:	Printed Name:
Title:	Title:
Date:	Date:

Attachment A: Interim Assistance Reimbursement General Terms

1. *Duration of Agreement.* This Agreement is effective on the date last signed on the first page of the Agreement and shall remain effective until terminated by either party pursuant to the Termination provision set forth below.
2. *Definitions.* For purposes of this Agreement, the following italicized terms have the following meanings:
 - 2.1. *Act* – means the Social Security Act.
 - 2.2. *Authorization* – means the form approved by the Department and SSA in which the applicant authorizes SSA to withhold SSI payments due the applicant, and pay to a County Agency from the payment withheld an amount sufficient to reimburse the County Agency for Interim Assistance furnished to or on behalf of the applicant. To be valid, any Authorization must be on the appropriate Department form as set forth in Section 3 below.
 - 2.3. *Benefits* – means SSI benefits and any federally administered State Supplementary Assistance benefits that are determined by the Social Security Administration to be due the individual at the time the SSI payment is made.
 - 2.4. *Commissioner* – means the Commissioner of SSA or his/her delegate.
 - 2.5. *County Agency* – means a county or county subdivision under the jurisdiction of the county board of supervisors, including a county commission of veteran affairs, that furnished relief in the form of cash or vendor payments to or in behalf of needy individuals in accordance with established standards under the provisions of Iowa Code chapter 35B or 252.
 - 2.6. *Interim Assistance* – means assistance in the form of cash or vendor payments for meeting basic needs furnished by the county agency during the interim period. “Basic needs” includes food, clothing, shelter, medical care and services not covered by Medicaid, and other essentials of daily living. It does not include the county payment of social services costs associated with services during the interim period or medical care or services covered by Medicaid. In addition, federally-funded assistance provided to individuals shall not constitute Interim Assistance for which reimbursement may be sought from SSA pursuant to this Agreement.
 - 2.7. *Interim Assistance Reimbursement (IAR)* – means the initial or initial posteligibility Benefits which are forwarded to the County Agency when the applicant has given written Authorization. No reimbursement shall be made to the County Agency for any person determined to be ineligible for SSI or federally administered State Supplementary Assistance.
 - 2.8. *Interim Period* – means the period (1) beginning with the month following the month in which the individual filed an application for Benefits, for which he/she was found eligible to receive SSI Benefits, and ending with (and including) the month the individual’s Benefits began, and (2) beginning with the day the person’s Benefits were reinstated after a period of suspension or termination, and ending with (and including) the month the individual’s SSI Benefits were resumed. The interim period does not include any periods during which the individual is underpaid by the Social Security Administration due to that agency’s failure to make a timely modification of the individual’s SSI benefit or for any other reason.

- 2.9. *Initial Payment* – means the amount of benefits determined by the Commissioner to be payable to an eligible individual (including any retroactive amounts) at the time the individual is first determined to be eligible under Title XVI of the Act. It does not include any emergency advance payments, any presumptive disability or blindness payments, or any immediate payments authorized under Section 1631 of the Act.
- 2.10. *Initial Posteligibility Payment* – means the amount of benefits determined by the Commissioner to be payable to an eligible individual (including any retroactive amounts) at the time the individual is first determined eligible under Title XVI of the Act following a period of suspension or termination. This term does not include any emergency advance payments, any presumptive disability or blindness payments, or any immediate payments authorized under Section 1631 of the Act.
- 2.11. *Protective Filing* – means the written statement by an individual indicating intent to claim SSI Benefits received at an SSA office or another federal or state office designated by the SSA to receive applications on behalf of the SSA. For purposes of this Agreement, the term Protective Filing is limited to the written Authorization defined above.
- 2.12. *SSI Program* – means the federal assistance program under Title XVI of the Social Security Act.

3. *Scope of Service.*

3.1. *Responsibilities of the County Agency.* The County Agency shall:

3.1.1. Obtain an Authorization when any person who has received or will receive Interim Assistance from the County Agency using Form 470-1950, *Authorization for Reimbursement of Interim Assistance*. The Authorization shall have original signatures by the person and the certified county agency staff. The County Agency shall furnish the original of each such Authorization to the SSA office, and retain a copy of the Authorization in accordance with this Agreement.

- (a) *For Initial SSI Claims:* The period covered by the Authorization shall be twelve (12) months if the individual does not apply for SSI within the (12) twelve month Authorization period.
 - (1) The Authorization period begins with the date SSA receives the signed Authorization or the date the County Agency notifies SSA by an automated system that it has received a signed Authorization and ends twelve (12) months later.
 - (2) If the applicant does not apply for SSI within the Authorization period and continues to have the intent to apply or applies after the Authorization period expires, the County Agency must obtain a new Authorization form from the applicant for the new time period to receive Interim Assistance Reimbursement.
 - (3) If the applicant applies for SSI before the expiration of the Authorization period or has already applied for SSI before the period of life of the Authorization begins, the period for the life of the Authorization shall be extended beyond the twelve (12) month period, until such time as:
 - SSA makes the first payment of SSI Benefits on the individual's claim.
 - SSA makes a final determination on the claim and no timely request for review is filed.

- The County Agency and the individual agree to terminate the Authorization. If any event listed above occurs before the expiration of the twelve (12) month Authorization period, the Authorization shall cease to be in force as of the date of the occurrence of such an event.
- (4) The Authorization form must be received by SSA within thirty (30) calendar days of the date the individual signed the Authorization. If the correct Authorization form is not received within the specified time limit, the Authorization is not binding on the applicant.
 - (5) The Authorization form protects the individual's SSI filing date. If the applicant does not apply for SSI within sixty (60) days after the date the Authorization is received by the County Agency, the Authorization no longer protects the filing date for SSI.

(b) *For Initial Posteligibility Cases:* The period covered by the Authorization shall be 12 months.

- (1) The 12-month period begins with the date SSA receives the signed Authorization or the date the County Agency notifies SSA by an automated system that it has received a signed Authorization and ends 12 months later.

The Authorization shall remain in effect for the 12-month period, or until the end of the maximum period permitted under regulations within which to request or administrative or judicial review of SSA's determination to suspend or terminate the individual's SSI Benefits, whichever period of time is longer, unless the individual files a request within the time for such review, or one of the following events occurs earlier SSA makes the first Posteligibility Payment of SSI Benefits following the suspension or termination of the individual's Benefits.

If any event listed below occurs before the expiration of the twelve (12) month Authorization period, the Authorization shall cease to be in force as of the date of the occurrence of such an event.

- SSA makes a final determination on the claim and no timely request for review is filed.
 - The County Agency and the individual agree to terminate the Authorization.
- (2) The Authorization form must be received by SSA within thirty (30) calendar days of the date the individual signed the Authorization. If the correct Authorization form is not received within the specified time limit, the Authorization is not binding on the applicant.
 - (3) The Authorization form protects the individual's SSI filing date. If the applicant does not apply for SSI within sixty (60) days after the date the Authorization is received by the County Agency, the Authorization no longer protects the filing date for SSI.

3.1.2. Claim directly from SSA the amount necessary as reimbursement for Interim Assistance made to the individual on or behalf of the individual.

- 3.1.3. Using Form 470-1949, *Notice of Interim Assistance Payment*, provide to the individual within ten (10) working days from the date the County Agency receives the Initial Payment or Initial Posteligibility Payment, a written notice explaining:
 - (a) The amount of the Initial Payment or Initial Posteligibility Payment received from SSA.
 - (b) The SSA will send the individual a letter about how the remaining SSI money (if any) due to him/her will be released by the SSA.
 - (c) The opportunity for a hearing before the County Agency with respect to disputes arising from the action taken by the County Agency pursuant to this Agreement.
- 3.1.4. Maintain adequate records of all transactions relating to Interim Assistance paid in accordance with standards prescribed by the Department.
- 3.1.5. Submit to the Department such reports as the Department may require in the form and at times prescribed by the Department.
- 3.1.6. If a reimbursement dispute arises between the County Agency and SSA, the County Agency shall pay for an independent audit. The audit shall be conducted by a certified public accountant appointed by the County Agency. A copy of the findings of the audit shall be provided to the Department by the certified public accountant.
- 3.1.7. The County Agency shall comply with such other rules as the Commissioner finds necessary to achieve efficient and effective program administration of IAR procedures and to carry out the purposes of the SSI program.
- 3.1.8. The County Agency shall perform such other functions as may be required by the terms of this agreement or as required by the Commissioner.

3.2. *Responsibilities of the Department.* The Department shall:

- 3.2.1. Establish rules and regulations as may be necessary for the efficient operation of the program.
- 3.2.2. Coordinate and monitor the activities of the County Agency in carrying out the terms of the Agreement. Although the Accountable Government Act does not apply to this Agreement, the Department will monitor complaints issued by the County Agency and the SSA, and the Department will act as liaison with the SSA in matters of policy and resolution of any disputes between the County Agency and SSA.
- 3.2.3. Withhold from other funds due the County Agency from the Department the amount of claim, if SSA establishes a claim against a County Agency and withholds funds from the state or directs the Department to pay the claim to a recipient of SSI.

4. *Reimbursement.* County Agency is not entitled to any payment from the Department pursuant to this Agreement. Rather, the Agreement only permits the County Agency to seek from SSA reimbursement of Interim Assistance paid. In addition, the County Agency shall bear any administrative costs incurred pursuant to this Agreement.

5. *Accounting Requirement.*

- 5.1. Using electronic mail (e-mail) and a secure Internet-based process, SSA will provide to the states a list of SSI cases where the individuals were found eligible to receive SSI and whose records indicate that IAR is involved. SSA will identify all months for which the IA payment amount should be entered. Within ten (10) working days from the date the state receives the list of months in the IAR period, the state shall, using the same Internet based process, submit the requested IA payment accounting to SSA on an individual case basis. This accounting report will consist of the amount of the IA payments made for the individual for each of the months identified by SSA.
- 5.2. SSA will compute the amount of IAR due the state and transmit the payment to an account in a financial institution designated by the state to receive the IAR payments. Using the secure internet based process, SSA will notify the state of the IAR payment amount and make available to the state the details of the computation used to arrive at the IAR payment amount.
- 5.3. If the state fails to transmit the requested IA payment information within ten (10) working days from the date the state received the list of months in the IAR period, SSA will begin to flag the case. This flagged case will be transmitted on a daily basis to the state as a follow-up request for the accounting information. If the state fails to transmit the information to SSA within fifteen (15) working days after the tenth working day of the original request, SSA will release the retroactive amount to the individual through its applicable processing procedures. In these situations, the state may choose to ask the individual for any IAR the state may be due. However, the Commissioner will not be a party to or responsible for participating in the state's efforts to recover any IAR due the state under these circumstances.
- 5.4. The aggregate of all reports referred to in Sections 5.1 and 5.2 received by SSA in each fiscal year shall constitute the County Agency's report for such fiscal year.

6. *Maintenance, Confidentiality and Limitation on Use of Information and Records.*

- 6.1. *Maintenance of Records.* The County Agency shall maintain records on an individual basis of all transactions related to Interim Assistance. The records shall contain the following:
 - 6.1.1. *Identification.* Name, social security number, address, telephone number.
 - 6.1.2. *Assistance furnished.* Date paid, amount of payments, needs covered by the payment, county warrant number.
 - 6.1.3. *Reimbursement payment.* Date received from SSA and amount of payment.
- 6.2. *Confidentiality.* The procedures for safeguarding the confidentiality of IAR data and personally identifiable information ("PII"), including but not limited to the individual's Social Security number, name, date of birth, and address exchanged between the Commissioner and the County Agency, and imposing limitations on the use of that data follow. The information obtained from the Commissioner under this agreement is subject to the Privacy Act and will be treated and safeguarded accordingly. IAR data includes:
 - The Authorization form as defined in this Agreement;
 - The automated data that the County Agency transmits to the Commissioner;

- The notice provided to individuals pursuant to Section 3 of this Agreement; and
 - The electronic accounting information SSA sends to the County Agency pursuant to Section 5 of this Agreement.
- 6.3. *Limitation on Use of PII.* The Commissioner will adopt policies and procedures to ensure that SSA will use the IAR data obtained from the County Agency under this Agreement only for purposes of carrying out this Agreement and will disclose such data only as permitted by Federal law (e.g., 42 U.S.C. subsection 1306(a), 5 U.S.C. subsections 552 and 552a, and implementing regulations 20 CFR Part 401).
- 6.4. *Confidentiality Policies and Procedures.* The County Agency will adopt policies and procedures to ensure that it will use the IAR data obtained from the Commissioner under this Agreement only for purposes of carrying out this Agreement and will disclose such data for other purposes only with the prior approval of the Commissioner.
- 6.5. *FISMA Compliance.* The County Agency agrees to comply with the requirements of the Federal Information Security Management Act (FISMA) (Public Law 107-347, Title III, section 301) as it applies to the electronic storage, transport of records between agencies, and the internal processing of records received by the County Agency under the terms of this agreement. SSA and the Department reserve the right to conduct onsite inspections to monitor compliance with FISMA regulations during the lifetime of this Agreement.
- 6.6. *Prohibition on Publication of PII in Schedule of Bills Allowed.* The County Agency will not publish as public record the names of people who have received Interim Assistance. Specifically, the provisions of Iowa Code Section 349.18 requiring publication of that part of the proceedings of the County Board of Supervisors, which includes the schedule of bills allowed, shall not be applicable to any payment made to an individual of excess IAR received from SSA.
- 6.7. *Safeguards.* The following minimum safeguards will be afforded by the Commissioner and the County Agency to IAR data exchanged under this Agreement:
- 6.7.1. Access to the data will be restricted to only those authorized employees and officials who need it to perform their official duties in connection with the intended use of the data;
 - 6.7.2. The data will be stored using a secure Internet process or in an area that is physically safe from access by unauthorized persons during duty hours as well as nonduty hours or when not in use;
 - 6.7.3. The data will be processed under the immediate supervision and control of authorized personnel in a manner which will protect the confidentiality of the data, and in such a way that unauthorized persons cannot retrieve the data by means of computer, remote terminal or other means; and
 - 6.7.4. All personnel who will have access to the data will be advised of the confidential nature of the information, the safeguards required to protect the information and the sanctions for noncompliance with those safeguards contained in the applicable federal and state statutes.
 - 6.7.5. *On-site Inspections.* In addition, the Commissioner reserves the right to make onsite inspections or to make other provisions to ensure that adequate safeguards are being maintained.

6.7.6. *Incident Reporting*

6.7.7. The County Agency will ensure that its employees properly safeguard PII furnished by SSA under this agreement from loss, theft or inadvertent disclosure. The County Agency will ensure that its employees understand that they are responsible for safeguarding this information at all times, regardless of whether or not the County Agency employee or the contractor/agent is at his or her regular duty station.

6.7.8. The County Agency will ensure that laptops and other electronic devices/media containing PII and used by its employee are encrypted and/or password protected.

6.7.9. The County Agency will ensure that when it sends email containing PII its employees do so only from and to addresses that are secure or that they have encrypted the email.

6.7.10. The County Agency will ensure that its employees working under this agreement adhere to the procedures listed in this agreement.

6.7.11. The County Agency will ensure that its employees limit disclosure of the information and details relating to a PII loss only to those with a need to know.

6.7.12. The County Agency will establish procedures to ensure that when a County Agency employee becomes aware of the possible or suspected loss of PII, the County Agency systems security issues contact or equivalent is immediately notified of the incident. The County Agency will then notify the SSA regional office contact or if for some other reason, e.g., it is outside the regional office's normal business hours, the County Agency will call SSA's Network Customer Service Center (NCSC) at 410-965-7777 or toll free at 1-888-772-6111.

6.7.13. The County Agency will provide updates as they become available to the SSA systems security issues contact. The County Agency and/or contractor/agent will use the required worksheet (Appendix 1) supplied by SSA to quickly gather and organize information about the incident.

6.7.14. If SSA determines that the risk of harm requires notification of affected individual persons of the security breach and/or other remedies, the County Agency agrees to carry out these remedies without cost to SSA or the Department.

6.8. *Examination and Retention of Records.*

6.8.1. The County Agency agrees that the Department, the Commissioner, the Comptroller General of the United States (including their duly authorized representatives), and the Auditor of the State of Iowa shall have access to and the right to examine any pertinent books, documents, papers, and records of the County Agency for purposes of verifying transactions with respect to matters covered by this Agreement.

6.8.2. The County Agency shall retain each authorization it receives (or a copy thereof) for a total of three (3) years from the date the authorization is signed by the County Agency representative and for such longer period as is required for completion or resolution of the audits, litigation, or other actions involving such records of which the County Agency has actual notice and which are commenced before the end of the 3-year period.

6.8.3. The County Agency shall retain a paper or electronic copy of the County Agency's completed accounting report of IAR payments for each individual for three (3) years from the end of the federal fiscal year for which the report pertains. SSA shall retain electronic records for all IAR cases processed using the secure Internet based process. These reports can be queried and/or printed on demand by the County Agency. At the County Agency's option, the County Agency can rely upon these SSA retained records to meet the retention requirement in this subsection instead of keeping a separate copy of the report.

6.8.4. The County Agency shall retain a copy of each written notice furnished to an individual provided pursuant to this Agreement for three (3) years from the end of the federal fiscal year for which the notice pertains.

7. *Termination on Notice.* Either party may terminate this Agreement, without penalty or incurring of further obligation, upon thirty (30) days' written notice. All accounting and record retention obligations of this Agreement survive termination. If this Agreement is terminated by either party, the Department and the County agree that all cases for which the County Agency has obtained Authorization pursuant to Section 3 shall be processed in accordance with this Agreement.

8. *Indemnification.* The County Agency agrees to defend, indemnify and hold the State of Iowa and the Department, and their officers, agents and employees, harmless from any and all liabilities, damages, settlements, judgments, costs and expenses, including reasonable attorney's fees of the Attorney General's Office, and the costs and expenses and attorney fees of other counsel required to defend the State of Iowa, the Department or their officers, agents or employees by reason of the failure of the County Agency to fully perform and comply with the terms of this Agreement. Indemnification obligation of the parties shall survive termination of this Agreement.

9. *Agreement Administration.*

9.1. *Independent Contractor.* Each party to this Agreement is an independent contractor of the other party, and no joint venture is being created between the parties simply by virtue of the parties entering into this Agreement.

9.2. *No Third Party Beneficiaries.* There are no third party beneficiaries, either express or implied, to this agreement. This Agreement is only intended to benefit the parties to the Agreement.

9.3. *Compliance with the Law.* The County Agency, its employees, agents, and subcontractors shall comply with all applicable federal, state, and local laws, rules, ordinances, regulations, and orders when performing pursuant to this Agreement, including without limitation, all laws that pertain to the prevention of discrimination in employment and in the provision of services. For employment, this would include equal employment opportunity and affirmative action, and the use of targeted small businesses as subcontractors or suppliers. The County Agency may be required to provide a copy of its affirmative action plan, containing goals and time specifications, and non-discrimination and accessibility plans and policies regarding services to clients. Failure to comply with this provision may cause this Agreement to be cancelled, terminated, or suspended in whole or in part and the County Agency may be declared ineligible for future state contracts or be subject to other sanctions as provided by law or rule. The County Agency, its employees, agents, and subcontractors shall also comply with all federal, state, and local laws regarding business permits and licenses that may be required to carry out the work performed under this Agreement. The County Agency may be required to submit its affirmative action plan to the Iowa Department of Management to comply with the requirements of 541 Iowa Administrative Code chapter 4.

- 9.4. *Authorization.* Each party to this Agreement represents and warrants to the other that it has the right, power and authority to enter into and perform its obligations under this Agreement, and it has taken all requisite action (corporate, statutory, or otherwise) to approve execution, delivery and performance of this Agreement, and this Agreement constitutes a legal, valid and binding obligation upon itself in accordance with its terms.
- 9.5. *Severability.* If any provision of this Agreement is determined by a court of competent jurisdiction to be invalid or unenforceable, such determination shall not affect the validity or enforceability of any other part or provision of this Agreement.
- 9.6. *Choice of Law and Forum.* The terms and provisions of this Agreement shall be construed in accordance with the laws of the State of Iowa, without regard to the choice of law provisions of Iowa law. Any and all litigation or actions commenced in connection with this Agreement shall be brought and maintained in an appropriate Iowa forum.
- 9.7. *Assignment and Delegation.* This Agreement may not be assigned, transferred or conveyed in whole or in part without the prior written consent of the other party. For purposes of construing this clause, a transfer of a controlling interest in the County Agency shall be considered an assignment.
- 9.8. *Amendments.* The Department may amend the Contract from time to time by posting an updated version of the Contract on the Agency's website and providing the County Agency electronic notice of the amendment. The County Agency shall be deemed to have accepted the amendment unless the County Agency notifies the Department in writing of its non-acceptance of the amendment within 30 days receipt of the notice. In the event that the County Agency notifies the Department of its non-acceptance, such notice shall be treated as a thirty-day notice of termination of this Agreement.
- 9.9. *Integration.* This Agreement represents the entire Agreement between the parties and neither party is relying on any representation that may have been made which is not included in this Agreement.
- 9.10. *HIPAA Compliance.* The County Agency will not receive patient identifying information from the Department pursuant to this Agreement. Therefore, the County Agency is not a business associate under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, by virtue of this Agreement.

Appendix 1

Worksheet for Reporting Loss or Potential Loss of Personally Identifiable Information (PII)

Worksheet for Reporting Loss or Potential Loss of Personally Identifiable Information (PII)

1. Information about the individual making the report:

Name			
Position			
State Agency/Company			
Phone Numbers			
Work	Cell	Home/Other	
Email Address			
Position Type (<i>select one</i>)			
<input type="checkbox"/> Management Official	<input type="checkbox"/> Security Officer	<input type="checkbox"/> Non-Management	

2. Information about the data that was lost/stolen:

Describe what was lost or stolen (*e.g., case file, MBR data*):

Which element(s) of PII did the data contain?

<input type="checkbox"/> Name	<input type="checkbox"/> Place of Birth	<input type="checkbox"/> Medical/Health Information
<input type="checkbox"/> SSN	<input type="checkbox"/> Address	<input type="checkbox"/> Benefit Payment Information
<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Bank Account Information	<input type="checkbox"/> Mother's Maiden Name
<input type="checkbox"/> Other (<i>describe</i>)		
Estimated volume of records involved		

3. How was the data physically stored, packaged, and/or contained?

Paper or Electronic (*check one and continue below*):

If Electronic, what type of device?

<input type="checkbox"/> Laptop	<input type="checkbox"/> Tablet	<input type="checkbox"/> Backup Tape	<input type="checkbox"/> Blackberry
<input type="checkbox"/> Workstation	<input type="checkbox"/> Server	<input type="checkbox"/> CD/DVD	<input type="checkbox"/> Blackberry Phone #
<input type="checkbox"/> Hard Drive	<input type="checkbox"/> Floppy Disk	<input type="checkbox"/> USB Drive	
<input type="checkbox"/> Other (<i>describe</i>)			

Additional questions, if electronic:

		Yes	No	Not Sure
a. Was the device encrypted?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Was the device password protected?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If a laptop or tablet, was a VPN SmartCard lost?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardholder's Name				
Cardholder's SSA logon PIN				
Hardware Make/Model				
Hardware Serial #				

If Paper:

		Yes	No	Not Sure
a. Was the information in a locked briefcase?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Was the information in a locked cabinet or drawer?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Was the information in a locked vehicle trunk?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Was the information redacted (personal information deleted or blacked out)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (<i>describe</i>)				

4. Information about the individual in possession of the data at the time of loss (if same individual as in #1, please indicate "Same as in #1"):

Name					
Position					
State Agency/Company					
Phone Numbers					
Work		Cell		Home/Other	
Email Address					
Position Type (<i>select one</i>)					
<input type="checkbox"/>	Management Official	<input type="checkbox"/>	Security Officer	<input type="checkbox"/>	Non-Management

If person who was in possession of the data or assigned to the data is a contractor employee:

Contractor		
State Agency Contract Identification Number (<i>if known</i>)		

5. Circumstances of the loss:

a. When was it lost/stolen?
b. Brief description of how the loss/theft occurred:
c. When was it reported to an SSA management official <i>(date and time)</i> ?

6. Have any other SSA components/individuals been contacted? If so, who? *(include Deputy Commissioner-level, Agency-level, Regional/Associate-level component names)*

Name	SSA Component	Phone Number

7. What reports have been filed? *(include local police and SSA reports)*

Report Filed	Yes	No	Report Number
Local Police	<input type="checkbox"/>	<input type="checkbox"/>	
Other <i>(describe)</i>			