

Notice of Interim Assistance Payment

Name			Social Security Number
Street Address			Case Number
City	State	Zip Code	Your SSI Eligibility Date

You gave the Social Security Administration (SSA) your permission to use part of your SSI cash benefits to repay Interim Assistance by signing form 470-1950, *Authorization for Reimbursement of Interim Assistance Initial Claim or Posteligibility Case*. The SSA has made a payment from your cash benefits (including any retroactive amounts) from Supplemental Security Income (SSI) to pay back the expenses paid on your behalf.

The SSI payment was received on _____ in the amount of \$_____.

The following Interim Assistance expenses were paid on your behalf:

Date	Payment For	Amount
	Total	

If you disagree with the amount of assistance given to you as shown above, you have the right to request a hearing before the county agency. To request a hearing you should contact this office within 30 days of the date of this notice.

Date Issued	Signature of Authorized Staff
-------------	-------------------------------