

Attachment A

Instructions for Completing: LDSS-2425 – Repayment of Interim Assistance Notice

1. Complete the top portion of the notice with the required information:
 - Notice Date:
 - Case Number:
 - CIN Number:
 - Case Name and Address:
 - Office No.:
 - Unit No:
 - Worker No:
 - Unit or Worker Name:
 - Telephone number (worker):
 - Name and Address of LDSS:
 - LDSS General Phone Number:
 - Agency Conference telephone number
 - Fair Hearing Information and Assistance telephone number:
 - Record Access telephone number:
 - Legal Assistance Information telephone number:
2. Complete the Safety Net Assistance and Other payments furnished for basic needs calculation section. Include the following:
 - Identify the year/ Example 20 becomes 2008
 - In the appropriate monthly box input the total amount of IA paid to a TA recipient for that month.
 - In the “Total” box input the sum of all the IA paid for all of the months of an identified year
 - In the “Total Interim Assistance” box input the grand total of IA paid to a TA recipient during the entire IA period.
 - If there is more than five years of payment history, complete a second form. In the “remarks section of both forms list that a second form is attached. Send both forms to the TA recipient at the same time.
3. Add the totals for each year and place the Grand Total dollar amount in the Total Interim Assistance box
4. Specify in the appropriate box
 - Total Amount of IA reimbursement received from the SSA
 - Date Office received IAR from the SSA
 - Date of Initial SSI eligibility.
5. Add any remarks in the “Remarks” box.
6. Sign and Date the form

Note: If there are more than five years of payment history complete a second notice. In the remarks section of both notices write that a second notice is attached and the time period that that “other” notice references. Attach and send both notices to the TA recipient.