Attachment B

Enter IA Payments Ma	ade
Please enter only Interim Assistance pa la Reimbursement Guidelines.	syments made on this case as described in the
Install Claim Report Due by: 00/00/0000	Eligibility Month: 02/2007 1st Month of Recurring SSI Payment: 04/2008 Amount of Recurring SSI Payment: \$x.xxx xx
2007 IA Payment Made	2007 IA Payment Made
March 5	April S
	June S
	Aug \$ Oct S
Nov. \$	Dec. S
2008 IA Payment Made	2008 IA Payment Made
Ján S March S	Feb S
	Please enter only Interim Assistance pala Reimbursement Guidelines. Fitzgarrald-McKenzie, Elizabett SSN: 123-45-6789 (View Case History Instal Claim Report Due by: 00/00/00000 2007 IA Payment Made Masch 5 May 5 July 5 Sept 5 Nov 5