

COUNTY LETTERHEAD

Date

SSI recipient name

Recipient address

Dear:

Enclosed please find an amended "Repayment of Interim Assistance Notice" (form LDSS 2425A). This notice replaces the notice you received dated __(date)__. This amended notice is to inform you that there has been a change to the amount of interim assistance determined to be recovered from your retroactive payment of Supplemental Security Income (SSI) benefits. A repayment of funds issued while you had an active case with the xxx County Department of Social Services has been received in the amount of \$ _____ from __(source)__ for __(benefit issued)__. As a result of this repayment, the xxx County Department of Social Services recovered more in interim assistance recovery than we should have. Pursuant to Social Security Administration (SSA) rules, \$ _____ was returned to the SSA on (date). SSA will disburse to you directly any portion of the returned funds due you in accordance with their rules. Should you have any questions about the disbursement of these funds, please contact SSA by calling 1-800-772-1213, going on line to www.ssa.gov, or by contacting your local SSA field office. Information for your field office may be found online at www.ssa.gov under "contact us".

Sincerely,

Agency representative

Agency

Phone number