

DATE: December 6, 2017

TO: Subscribers

SUGGESTED DISTRIBUTION: Commissioners, TA Directors, SNAP Directors, HEAP Directors, Child Support Directors, Finance Directors, Employment Coordinators, Staff Development Coordinators, Fair Hearing Officers

FROM: Jeffrey Gaskell, Assistant Deputy Commissioner
Employment and Income Support Programs

SUBJECT: Registering Users for the Social Security Administration (SSA) Government to Government Services Online (GSO) Interim Assistance (IA) Application

EFFECTIVE DATE: Immediately

CONTACT PERSON: Brionna Ryder, New York State Supplement Program
(518) 473-6996

The purpose of this message is to provide updated instructions for managing user access to the GSO website. This GIS details how to register new users, how to end user access and how to trouble shoot issues related to registration. Attached are the Certificate of Authority form and the GSO Website Registration form needed for the registration process.

To Register a New User for GSO Access:

Step 1

1. Complete the [GSO Website Registration Form](#); leave the SSA Sponsor Verification section blank.
2. Email the completed form to: NY.eIAR@ssa.gov with a cc to: Stephanie.Spurrell@ssa.gov.

Step 2

1. Complete the [Certificate of Authority](#) form; be sure to enter your county's information into the blue fields at the top of the page. **Please Note: This form must be signed by the social services district (district) Commissioner, Finance Director, TA Director or someone in a similar official position.**
2. Mail the original completed and signed form to:

Social Security/NYRO/CDPS
Attention: Stephanie Spurrell
26 Federal Plaza, Room 4060
New York, NY 10278

To End a User's GSO Access:

To delete a user from the GSO, districts must notify SSA by sending an e-mail to: NY.eIAR@ssa.gov with a cc to: Stephanie.Spurrell@ssa.gov.

Frequently Asked Questions

1. Q. How can a GSO user access the electronic Interim Assistance Reimbursement (eIAR) function of the Social Security Administration's (SSA) website?

A. The eIAR System is accessed through the SSA GSO Interim Assistance (IA) application. All district employees who need access to the GSO must be a registered user with the SSA. To become a registered user of the GSO Website, two SSA forms must be completed and submitted to the SSA: GSO Website Registration form and the Certificate of Authority form. Please see the documents attached to this GIS.

Each new individual eIAR Website user must complete the left-hand side of the GSO Website Registration form and email it to Stephanie Spurrell at: Stephanie.Spurrell@ssa.gov.

The completed and signed Certificate of Authority form must be mailed by regular mail to:

Social Security/NYRO/CDPS
Attention: Stephanie Spurrell
26 Federal Plaza
Room 4060
New York, NY 10278

If adding multiple users, more than one name may be added to the Certificate of Authority form but a separate GSO Website Registration form must be completed for each user. Instructions can also be found in 08-ADM-06.

3. Q. How should districts notify SSA if they have a problem with their GSO User ID and/or password?

A. Districts can e-mail an explanation of the GSO access problem to the SSA at UIT.eData.mailbox@ssa.gov.

4. Q. How should districts notify SSA that they are having problems logging into the GSO?

A. Districts must email the SSA at: UIT.eData.mailbox@ssa.gov.

4. Q. How long can a GSO user ID be inactive before it is cancelled?

A. The GSO must be accessed by using the SSA issued user ID every 90 days otherwise access to the system will be terminated.

5. **Q. How many times can a person incorrectly log into the website before they are locked out?**

A. Three (3) times.

Note: Social Security Numbers must never be sent via e-mail.

Faxes should be sent to the attention of Stephanie Spurrell at (212) 264-2071 and should include the following information:

1. Name of County
2. Grant Reimbursement Code (GRC)
3. Name of County Contact
4. Telephone number of County Contact
5. Social Security Number (SSN) of client
6. Name of client - first and last name
7. Description of the issue
8. EIAR website issues: the user should e-mail Stephanie Spurrell about the problem. Include: Full name (first and last), County and GRC.
9. Counties can also call Stephanie Spurrell on a case-by-case basis. Please be sure to have the SSN on hand.

GSO Website Registration Form

Complete the following information to obtain access to GSO services. SSA Sponsors should email the completed form to UIT.eData.Mailbox@ssa.gov. Each new user will receive an email containing the User name, and a phone call to provide the password.

Please **tab** from field to field.

GSO USER - CONTACT INFORMATION

Name:	Street Address:	
Organization Name:	City:	State:
Organization ID or RID:	Zip code:	
Phone (include area code):	Email Address:	

For SSA internal users only:

Select user type: Individual User(s) Organizational Shared Account

SELECT UTILITIES THE NEW USER WILL NEED TO ACCESS

X State Accounting Worker State Worker State Oversight User

GR Code (for State Accounting Worker/State Worker only):

SSA SPONSOR VERIFICATION (FOR COMPLETION BY SPONSOR ONLY):

Sponsor Name: _____

Sponsor Organization (Office/Division/Branch): _____

Phone (Include area code):	Sponsor Email Address:
----------------------------	------------------------

Sponsor Comments: _____

**FOR DATA EXCHANGE, SHELTERED WORKSHOP, AND SECURE MESSAGING ONLY:
List all trading partners with whom the user will exchange data.**

Name	User ID	Organization/State

Privacy Act Statement

Collection and Use of Personal Information

Section 205(a), of the Social Security Act, as amended, 5 U.S.C. 552a(e)(10), and the Government Paperwork Elimination Act, authorize us to collect this information. We will use the information you provide to determine eligibility to access Government Services Online (GSO).

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from granting access to GSO.

We rarely use the information you supply for any purpose other than for determining eligibility for access. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
2. To facilitate investigative and audit activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and our programs and systems, is available on-line at www.socialsecurity.gov or at your local Social Security office.

Paperwork Reduction Act Notice: This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

Certificate

Interim Assistance Reimbursement (IAR)

XXXXX (County & State) XXXXX (GRC) ADDENDA
Name of Agency Grant Reimbursement Code

I certify that the following incumbents of the Agency are authorized to sign documents reporting the receipt and disbursement of Interim Assistance Reimbursement received in accordance with the Supplemental Security Income Agreement between the State of New York and the Commissioner for the Social Security Administration:

Addition:

Name _____

Job Title _____

Name _____

Job Title _____

Name _____

Job Title _____

Agency Identifying Information

GR Code _____

Agency Name _____

Mailing Address _____

City _____

State _____

Zip Code _____

Agency Name in _____

Notices to

Claimant

Direct Deposit Information

Direct Deposit Routing Number_____

Direct Deposit Account Type (checking/saving) _____

Direct Deposit Account Number_____

Agency Contact Information

(Only one email address is needed)

Email address 1 _____

Email address 2_____

Email address 3_____

Contact Person's Name_____

Job Title _____

Telephone Number_____

_____	_____	_____
_____	_____	_____