



DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

January 29, 1996

ALL-COUNTY INFORMATION NOTICE NO. I-05-96

TO: ALL COUNTY WELFARE DIRECTORS
ALL IAR AGENCY PROGRAM CONTACTS
ALL IAR AGENCY FISCAL CONTACTS

Reason For This Transmittal
[] State Law Change
[XX] Federal Law or Regulation Change
[] Court Order or Settlement Agreement
[] Clarification Requested by One or More Counties
[] Initiated by CDSS

SUBJECT: TRANSMITTAL OF NEW SSP 17 FORM FOR SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT (SSI/SSP) DRUG ADDICTS AND ALCOHOLICS (DA&A)

The purpose of this letter is to inform you of the new form "Notice of Action and Right to Request a State Hearing on Interim Assistance for DA&A Recipients" (Form SSP 17(DA&A)). This Interim Assistance Reimbursement (IAR) Program form must be used for all SSI/SSP recipients whose drug addiction or alcoholism is material to their disability. The development of this form was necessitated by a change in the way the Social Security Administration (SSA) processes the repayment of interim assistance provided to these recipients (see ACL 95-05). The regular Form SSP 17 is to be used for all other SSI/SSP recipients.

The SSP 17(DA&A) differs from the regular SSP 17 by informing the recipient of the IAR amount owed to the IAR agency. Additionally, it informs the recipient that SSA will forward any balance to his or her representative payee.

This form is now available from the California Department of Social Services' (CDSS) Warehouse in pads of 100. Please address supply requests as follows:

CDSS Warehouse
P.O.Box 22429
Sacramento, CA 95822
Phone: (916) 322-6250

A copy of the new form is attached for your information. Please direct any questions regarding this form to Ms. Terrie Marks, SSI/SSP Unit, at (916) 229-4041.

Handwritten signature of Carol Widemon
CAROL WIDEMON
Deputy Director
Adult Services Division

Attachment: Notice of Action and Right to Request a State Hearing on Interim Assistance for DA&A Recipients