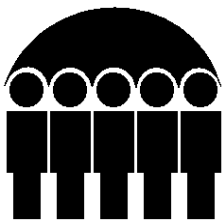


Revised April 17, 2001

Employees' Manual
Title 5
Chapter A Appendix

INTERIM ASSISTANCE REIMBURSEMENT

APPENDIX



Iowa
Department
of
Human Services

	<u>Page</u>
Assignment of Medicaid Claim, 470-IAR1	1
Certificate of Authority: Interim Assistance Reimbursement (IAR), Form 470-1947	2
Initial Interim Assistance Reimbursement Authorization, Form 470-1950	4
Interim Assistance Notice of Apportionment, Form 470-1949	5
Interim Assistance Reimbursement Agreement, Form 470-1948.....	6
Interim Assistance Reimbursement Agreement, Form 470-3857 (Veteran Affairs).....	8
Interim Assistance Reimbursement Summary, 470-IAR2.....	10
Notice of Interim Assistance Reimbursement, Form SSA-8125	11
Notice of Interim Assistance Reimbursement, Form SSA-L8125-F6	14
Posteligibility Interim Assistance Reimbursement Authorization, Form 470-2551.....	16

Assignment of Medicaid Claim, 470-IAR1

Purpose	This is an example of a written agreement for a provider of Medicaid services to assign the provider's Medicaid payment for a particular service to a county agency. The agreement allows the county agency to submit a claim for service directly to the Medicaid fiscal agent for reimbursement.
Source	County agencies may reproduce this form as is or create their own agreements. The sample is designed to allow copying onto county letterhead.
Completion	<p>An agreement is required whenever a county agency wants to submit Medicaid claims for services provided to Interim Assistance Reimbursement participants or to other people who attained Medicaid eligibility retroactively through the appeal process.</p> <p>The medical provider completes the assignment and a Medicaid claim form and returns the completed forms to the issuing county agency.</p>
Distribution	The county agency must keep the assignment on file for auditing purposes.
Data	<p>All assignments must contain at least the following information:</p> <ul style="list-style-type: none">◆ The provider's name◆ The county agency's name◆ The dates of the services for which payment rights are assigned◆ The names of these services◆ The name of the patient◆ The amount of payment requested◆ Signature by the provider of the service◆ A dated signature by an authorized county official

Certificate of Authority: Interim Assistance Reimbursement (IAR), Form 470-1947

Purpose	<p>The county agency uses form 470-1947 to report to the Department of Human Services and the Social Security Administration the name, signature, and title of agency officials authorized to sign form SSA-8125, <i>SSI Notice of Interim Assistance Reimbursement</i>.</p> <p>The Social Security Administration will not accept form SSA-8125 with the signature of an unauthorized person. Forms with an unauthorized signature will be returned to the issuing county agency.</p>
Source	<p>Participating county agencies shall reproduce form 470-1947 from the sample in the manual.</p>
Completion	<p>The county agency prepares three copies of the form:</p> <ul style="list-style-type: none">◆ When the county agency enters the program; and◆ Whenever a previously authorized person changes responsibilities.
Distribution	<p>The county agency:</p> <ul style="list-style-type: none">◆ Submits original to the Social Security Administration at: Social Security Administration IAR Coordinator 601 E. 12th Street, Room 1073 Kansas City, MO 64106◆ Submits a copy to the Department; and◆ Keeps the third copy in the agency's files.
Data	<p>The county agency enters.</p> <ul style="list-style-type: none">◆ The name of the county and the name of the agency.◆ The name and title of the certifying official.◆ The GR code.◆ The mailing address of the county agency.

- ◆ The name, job title, e-mail address, and telephone number of each person who is authorized to sign SSA-8125.
- ◆ The direct deposit routing number.
- ◆ Direct deposit account number
- ◆ Direct deposit account type

The certifying official signs and dates the form.

Initial Interim Assistance Reimbursement Authorization, Form 470-1950

Purpose	The county agency uses form 470-1950 to secure written authorization from a person who has applied or will apply for SSI. The authorization allows the Social Security Administration to forward the person's initial SSI benefit check (including any retroactive amounts) to the county agency. The date the county agency receives this form is protected as the filing date for SSI, providing a claim is filed timely.
Source	County agencies may print or photocopy supplies of this form from the mailed sample or the sample in the manual. To print this legal-size form from the on-line manual, double click in the blue box to open the form. Under FILE, select the PRINT option. In the PRINT dialog box, uncheck the "FIT TO PAGE" box. Then under PROPERTIES, change the print paper size from letter size to legal size. Click on the APPLY button, and then print.
Completion	The county agency worker prepares two copies of this form when a person who has applied for SSI or will apply for SSI requests assistance from a county agency to meet basic needs.
Distribution	Send the original to the district office of the Social Security Administration serving the county where the county agency is located. Note: To protect the SSI filing date for a person who hasn't filed previously, authorizations must be forwarded to the SSA office <u>within 30 working days</u> . File the duplicate in the applicant's case record.
Data	Complete the form as follows: <ul style="list-style-type: none">◆ At the top, enter only the applicant's last name, first name, and social security number. Other entries are for SSA use only. Take special care to enter the social security number correctly.◆ Secure the signature of the applicant.◆ Enter the date signed and the applicant's address and telephone number.◆ Enter the signature of the worker, the date the form is received, and the telephone number and address of the county agency.

Interim Assistance Notice of Apportionment, Form 470-1949

Purpose	Form 470-1949 is used to notify the SSI recipient of the manner in which the county agency has apportioned the initial or the initial posteligibility SSI benefit check.
Source	County agencies shall reproduce form 470-1949. The form is designed to allow copying onto county letterhead.
Completion	The county agency worker shall prepare two copies of the form within ten working days of receipt of the initial or posteligibility SSI benefit check for a recipient of interim assistance. Form 470-1949 must be issued to the recipient even when there is no net balance to be paid the recipient.
Distribution	The county agency forwards the original to the recipient and files the duplicate in the recipient's case record.
Data	<p>Complete the form as follows:</p> <ul style="list-style-type: none">◆ Enter the identifying information.◆ Enter the amount, check number, and date of the initial or posteligibility SSI benefit check.◆ Enter the amount of assistance furnished to or on behalf of the SSI recipient during the interim period. Itemize the interim assistance to show:<ul style="list-style-type: none">• The date furnished.• What the payment was for.• The amount of each payment.• The total.◆ Enter the amount of the SSI benefit check retained by the county agency.◆ Enter the net benefit amount being paid the recipient, the county check number, and the date.◆ The space under the heading "Other" may be used to enter any additional explanation not otherwise provided for on the form.

Interim Assistance Reimbursement Agreement, Form 470-1948

Purpose	Form 470-1948 is an agreement between the Department and the county board of supervisors covering the principal provisions and respective responsibilities of the two agencies under the interim assistance reimbursement program. The agreement is required if the county general relief agency or central point of coordination wishes to participate in the program.
Source	The Department local office photocopies form 470-1948 and distributes it.
Completion	<p>Local office staff and representatives of participating county agencies complete the form when the county elects to participate in the program. Two copies with original signatures are required.</p> <p>The agreement extends fro 12 months from the date it is executed and is automatically renewed for successive period of 12 months thereafter, unless the Department or the county gives written notice not to renew.</p>
Distribution	<p>Following signature by the chairperson of the county board of supervisors, both copies are returned to the service area manager.</p> <p>After signing the form, the service area manager returns one copy to the county board of supervisors. The other copy is filed in the service area office in a file established for each participating agency.</p> <p>The service area manager then sends a copy of the signed form to the Division of Financial, Health and Work Supports, IAR program manager, indicating the names, addresses, and telephone numbers of the agencies and the effective date of participation.</p>

Data

The county completes Page 1 of the agreement, by entering:

- ◆ The name of the county.
- ◆ The name and address of the county general relief agency.
- ◆ The name and address of the county central point of coordination, if both will participate.

The county also completes part of Section XVI: The effective date of the agreement.

The chairperson of the county board of supervisors should enter his/her name and signature.

The service area manager signs both copies as the Director's designee.

Interim Assistance Reimbursement Agreement, Form 470-3857 (Veteran Affairs)

Purpose	Form 470-3857 is an agreement between the Department and the commission of veteran affairs covering the principal provisions and respective responsibilities of the two agencies under the interim assistance reimbursement program. The agreement is required if the county veteran affairs agency wishes to participate in the program.
Source	The Department local office photocopies form 470-3857 and distributes it.
Completion	<p>Local office staff and representatives of participating county agencies complete the form when the county elects to participate in the program. Two copies with original signatures are required.</p> <p>The agreement extends for 12 months from the date it is executed and is automatically renewed for successive period of 12 months thereafter, unless the Department or the county gives written notice not to renew.</p>
Distribution	<p>Following signature by the chairperson of the commission of county veteran affairs, both copies are returned to the service area manager.</p> <p>After signing the form, the service area manager returns one copy to the county board of supervisors. The other copy is filed in the service area office in a file established for each participating agency.</p> <p>The service area manager then sends a copy of the signed form to the Division of Financial, Health and Work Supports, IAR program manager indicating the names, addresses and telephone numbers of the agencies and the effective date of participation.</p>

Data

The county completes Page 1 of the agreement, by entering:

- ◆ The name of the county.
- ◆ The name and address of the county veteran affairs agency.

The county also completes part of Section XVI: The effective date of the agreement.

The chairperson of the county commission of veteran affairs should enter the chairperson's name and signature.

The service area manager signs both copies as the director's designee.

Interim Assistance Reimbursement Summary, 470-IAR2

Purpose	The county agency is required to maintain a log or running record of interim assistance reimbursement transactions. The <i>Interim Reimbursement Summary</i> is a sample form for documenting these transactions. Its use by the county agency is not required, but, this or a similar running record must be maintained.
Source	County agencies may reproduce this form or create their own logs.
Completion	The county agency worker shall maintain the log to record receipt and disbursement of the initial or posteligibility SSI benefit check for a recipient of interim assistance.
Distribution	The county agency maintains the log in the agency office.
Data	Suggested items to record are: <ul style="list-style-type: none">◆ The interim assistance participant's name.◆ The interim assistance participant's address.◆ The date the initial or initial posteligibility SSI or State Supplementary Assistance check is received.◆ The date the Social Security Administration's <i>Notice of Interim Assistance Reimbursement</i> is received.◆ The amount of the SSI or State Supplementary Assistance payment.◆ The amount of county assistance to the recipient during the interim period.◆ The amount remaining for disbursement to the recipient after the county agency's payments are deducted.◆ The date the <i>Notice of Apportionment</i> and the payment (if any) are sent to the recipient.

Notice of Interim Assistance Reimbursement, Form SSA-8125

Purpose The Social Security Administration uses form SSA-8125 to advise the county agency of:

- ◆ The action taken on the claim (denied or awarded).
- ◆ The first month of eligibility.
- ◆ The amount of the initial retroactive SSI payment.

The form is also the vehicle for the county agency to account to the Social Security Administration for the apportionment of the initial payment.

Source This form is computer-generated by the Social Security Administration.

Completion The Social Security Administration issues two copies of the form when the initial or posteligibility SSI benefit check (including any retroactive amounts) is forwarded to the county agency. (If no benefits are being issued, the form is generated when that decision is made.)

You should receive the form at the same time or within several days of the initial benefit check. The form arrives with everything completed except the “State’s Accountability Report.” Complete that section when you receive a reimbursement check.

Distribution Return the original copy to the Social Security Administration Regional Office at the following address within 30 days of receipt of the reimbursement check:

Social Security Administration
IAR Coordinator DO NOT OPEN IN THE MAILROOM
Room 459, Federal Office Building
601 East 12th Street
Kansas City, Missouri 64106

Keep the duplicate in the recipient’s case file.

Data

Social Security completes the following:

- ◆ The name and address of the county agency receiving the reimbursement check.
- ◆ The grant reimbursement (GR) code of the county agency.
- ◆ The date the notice is prepared.
- ◆ The claimant's social security number.
- ◆ The claimant identifying information.
- ◆ The type of claim.
- ◆ The date of SSI eligibility.
- ◆ The amount of SSI retroactive payment.
- ◆ The amount and month of receiving SSI payment.
- ◆ Payment summary by month.

The **county agency** completes the accountability report as follows to account for the apportionment of the SSI payment.

- ◆ Enter the amount of the reimbursement check the county agency received from SSA and the date it was received.
- ◆ Enter the amount of interim assistance paid to or on behalf of the recipient during the interim period.
- ◆ Enter the amount of the reimbursement check the county agency retained for interim assistance paid to the recipient.
- ◆ Enter the amount of the reimbursement check forwarded to the recipient and the date sent.
- ◆ For cases where the recipient is deceased or cannot be located, enter the amount of the reimbursement check returned to SSA and the date sent.
- ◆ Enter the date this notice was received by the county agency.

- ◆ Enter the month and year for which the county agency paid general assistance or veterans benefits to the recipient for this interim assistance period.
- ◆ The county official who signs the report must be an agency official whose signature is on file with SSA on form 470-1947, *Interim Assistance Certificate of Authority*. The name should be typed or printed as well as signed.
- ◆ Print or type the title and agency of the person signing the report.
- ◆ Enter the date the report is forwarded.

Notice of Interim Assistance Reimbursement, Form SSA-L8125-F6

Purpose	Form SSA-L8125-F6 is a special billing form used when a recipient is eligible for past-due benefits (SSI and any federally administered state supplement) that exceed 12 times the federal benefit rate. It enables the county agency to claim the amount of interim assistance reimbursement it is due.
Source	The Social Security Administration issues this form.
Completion	<p>SSA issues of the form by mail or fax when an interim assistance reimbursement SSI award or reinstatement is processed. Page 1 and the “Claimant Information” on page 3 are completed. SSA also completes a monthly breakdown of the SSI recipient’s payments for the retroactive period, beginning on page 4.</p> <p>The county agency completes the section on page 3 labeled “State’s Account of Reimbursement Claimed” and returns it to the SSA office shown on the billing form within 10 working days.</p> <p>Upon return of the form, SSA completes the “To Be Completed by SSA” section and issues the IAR check to the county agency in the amount of IAR claimed on the form.</p>
Distribution	Return the original of pages 3 and 4 (plus) to SSA, sending it to the address listed on page 1. Keep a copy for the recipient’s case file.
Data	<p>Page 1 contains the claim number for the recipient and provides the address of the SSA office to return the completed form to.</p> <p>The “Claimant Information” on page 3 indicates:</p> <ul style="list-style-type: none">◆ The type of claim being processed.◆ The eligibility date.◆ The amount of retroactive benefits due the recipient.◆ The amount and month for ongoing benefits.

The “State’s Account of Reimbursement Claimed” section requires a signature by the official authorized through the certificate of authority, title, name of agency, and the date.

SSA makes entries in “To be Completed by SSA” after the form has been completed and returned by the county agency.

Page 4 (plus additional pages as needed) provides information about the amount of benefits the recipient is entitled to on a month-by-month basis for use in determining the amount of interim assistance reimbursement the agency can receive.

Posteligibility Interim Assistance Reimbursement Authorization, Form 470-2551

Purpose	The county agency uses form 470-2551 to secure written authorization from a person whose SSI benefits have been suspended or terminated. The authorization allows the Social Security Administration to forward the posteligibility SSI benefit check (including any retroactive amounts) to the county agency.
Source	County agencies shall reproduce form 470-2551 from the sample. To print this legal size form from the DHS online manual, double click in the blue box to open the form. Under FILE, select the PRINT option. In the PRINT dialog box, uncheck the "FIT TO PAGE" box. Then under properties, change the print paper size from letter size to legal size. Click on the APPLY button, and then print.
Completion	The county agency worker prepares two copies of the form when a person whose SSI has been terminated or suspended requests assistance from a county to meet basic needs.
Distribution	Forward the original to the district office of the Social Security Administration serving that county. File the duplicate in the applicant's case record. Authorizations shall be forwarded <u>within 30 working</u> days to facilitate processing in the SSA district office.
Data	Make the following entries: <ul style="list-style-type: none">◆ Enter only the applicant's last name, first name, and social security number. Other entries are for SSA use only. Take special care to enter the social security number correctly.◆ Secure the signature of the applicant and enter the date signed and the applicant's address and telephone number.◆ Also enter:<ul style="list-style-type: none">• The signature of the worker.• The date the authorization is received.• The telephone number and address of the county agency.



April 8, 1997

GENERAL LETTER NO. 5-A-AP-1

ISSUED BY: Bureau of Eligibility/HIPP, Division of Medical Services

SUBJECT: Employees' Manual, Title 5, Chapter A, *Interim Assistance Reimbursement, Appendix*, Title page, new; Contents (page 1), new; pages 1 through 14, new; and the following forms:

470-IAR1	<i>Assignment of Medicaid Claim</i> , revised
PA-6111	<i>Certificate of Authority</i> , revised
470-1950	<i>Initial Interim Assistance Reimbursement Authorization</i> , revised
PA-6108	<i>Interim Assistance Notice of Apportionment</i> , revised
PA-6110	<i>Interim Assistance Reimbursement Agreement</i> , revised
470-IAR2	<i>Interim Reimbursement Summary</i> , revised
SSA-L8125-EP	<i>Notice of Interim Assistance Reimbursement</i> , unchanged
SSA-L8125-U3-DAA	<i>Notice of Interim Assistance Reimbursement</i> , unchanged
470-2551	<i>Posteligibility Interim Assistance Reimbursement Authorization</i> , revised

Summary

This general letter transmits the new *Interim Assistance Reimbursement Appendix*. Interim assistance forms are updated and their instructions are converted to the Department's new manual format. Minor changes have been made to the format and content of the forms.

Effective Date

Upon receipt.

Material Superseded

None.

Additional Information

None of these forms are available through Anamosa. County agencies shall reproduce supplies as needed from the samples in this manual.

Refer questions about this general letter to your regional benefit payment administrator.

cc: County Agencies



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

August 19, 1997

GENERAL LETTER NO. 5-A-AP-2

ISSUED BY: Bureau of Eligibility/HIPP, Division of Medical Services

SUBJECT: Employees' Manual, Title 5, Chapter A, *Interim Assistance Reimbursement, Appendix*, Contents (page 1), revised; pages 14, revised; pages 15 and 16, new; and the following form:

SSA-L8125-F6 *Notice of Interim Assistance Reimbursement, new.*

Summary

This general letter transmits the new *Notice of Interim Assistance Reimbursement*, form SSA-L8125-F6. The Social Security Administration uses this form to obtain the amount of interim assistance provided by the county agency when a person is entitled to past-due benefits which exceed 12 times the federal benefit rate, so that pay-out to the recipient must be made in installments.

Effective Date

Upon receipt.

Material Superseded

None.

Additional Information

This form is issued by the Social Security Administration. It is not available through Anamosa. County agencies do not need to stock supplies.

Refer questions about this general letter to your regional benefit payment administrator.

cc: County Agencies



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

April 17, 2001

GENERAL LETTER NO. 5-A-AP-3

ISSUED BY: Bureau of Eligibility Services, Division of Medical Services

SUBJECT: Employees' Manual, Title 5, Chapter A, *Interim Assistance Reimbursement Appendix*, Title page, revised; Contents (page 1), revised; pages 1 through 16, revised; and the following forms:

470-IAR1	<i>Assignment of Medicaid Claim</i> , revised
470-1950	<i>Initial Interim Assistance Reimbursement Authorization</i> , revised
470-1947	<i>Interim Assistance Certificate of Authority</i> , revised
470-1949	<i>Interim Assistance Notice of Apportionment</i> , revised
470-1948	<i>Interim Assistance Reimbursement Agreement</i> , revised
470-3857	<i>Interim Assistance Reimbursement Agreement (Veteran Affairs)</i> , new
470-IAR2	<i>Interim Assistance Reimbursement Summary</i> , revised
SSA-8125	<i>Notice of Interim Assistance Reimbursement</i> , revised
SSA-L8125-F6	<i>Notice of Interim Assistance Reimbursement</i> , revised
470-2551	<i>Posteligibility Interim Assistance Reimbursement</i> , revised

Summary

Forms 470-1950, *Initial Interim Assistance Reimbursement Authorization*, 470-2551, *Posteligibility Interim Assistance Reimbursement*, and 470-1948, *Interim Assistance Reimbursement Agreement*, have been revised to reflect changes in the Supplemental Security Income (SSI) federal regulations. A separate form number has been assigned to the *Interim Assistance Reimbursement Agreement* for county veterans affairs agencies.

Other forms have been updated. The Social Security Administration no longer uses the *Notice of Interim Assistance Reimbursement*, SSA-L8125-U3-DAA, so this form is removed.

Effective Date

Forms 470-1948 and 470-3857, the *Interim Assistance Reimbursement Agreements*, become effective on or after May 15, 2001. All other changes are effective upon receipt.

Material Superseded

Remove the entire Appendix Title 5, Chapter A, from the Employees' Manual and destroy it. This includes the following pages:

<u>Page</u>	<u>Date</u>
Title page	April 8, 1997
Contents (page 1)	August 19, 1997
470-IAR1	4/97
1-13	April 8, 1997
PA-6111 (470-1947)	4/97
470-1950	4/97
PA-6108 (470-1949)	4/97
PA-6110 (470-1948)	4/97
470-IAR2	4/97
SSA-L8125-EP	11-89
SSA-L8125-U3-DAA	1-95
14-16	August 19, 1997
SSA-L8125-F6	9-96
470-2551	4/97

Additional Information

New *Agreements* have been sent to all county agencies for signature. Forms SSA-8125 and SSA-L8125-F6 are issued by the Social Security Administration.

An initial sample of forms 470-1950 and 470-2551 is being sent to county agencies for reproduction. County agencies may obtain supplies of those and all remaining forms by photocopying the samples or printing from the Department's on-line manual, found at:

http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Master/5-a-ap.pdf

Refer questions about this general letter to your regional benefit payment administrator.

Cc: County General Relief Agencies
County Veteran Affairs Agencies



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

March 1, 2004

GENERAL LETTER NO. 5-A-AP-4

ISSUED BY: Bureau of Financial Support Programs
Division of Financial, Health and Work Supports

SUBJECT: Employees' Manual, Title 5, Chapter A, *INTERIM ASSISTANCE REIMBURSEMENT APPENDIX*, pages 3, 4, 6, 7, 8, and 9, revised; and the following forms:

470-1947 *Interim Assistance Certificate of Authority*, revised
470-1948 *Interim Assistance Reimbursement Agreement*, revised
470-3857 *Interim Assistance Reimbursement Agreement (Veteran Affairs)*,
revised

Summary

This chapter is revised to:

- ◆ Update form 470-1947, *Interim Assistance Certificate of Authority*, to remove the former Director's name and change the signature to "Director, Iowa Department of Human Services." The instructions re updated to reflect the Department's current organizational structure.
- ◆ Change forms 470-1948, *Interim Assistance Reimbursement Agreement*, and 470-3857, *Interim Assistance Reimbursement Agreement (Veteran's Affairs)*, to remove the effective date of May 15, 2001, from the form and instructions. The instructions were also updated to remove references to regional office and regional office administrator to reflect the Department's current organizational structure.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 5, Chapter A, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
470-1947	4/01
3, 4, 6	April 17, 2001
470-1948	4/01
7, 8	April 17, 2001
470-3857	4/01
9	April 17, 2001

Additional Information

Discard any supplies of the previous versions of these forms. Existing agreements and certificates do not need to be resubmitted.

Refer questions about this general letter to your area income maintenance supervisor 2.



December 26, 2008

GENERAL LETTER NO. 5-A-AP-5

ISSUED BY: Bureau of Medical Supports,
Division of Financial, Health and Work Supports

SUBJECT: Employees' Manual, Title 5, Chapter A, *INTERIM ASSISTANCE REIMBURSEMENT APPENDIX*, Contents (page 1); pages 2, 3 and 4, revised; and the following form:

470-1947 *Certificate of Authority: Interim Assistance Reimbursement (IAR)*, revised

Summary

This chapter is revised to change the name of form 470-1947 from *Interim Assistance Certificate of Authority* to *Certificate of Authority Interim Assistance Reimbursement (IAR)*. The form has also been revised based on changes from the Social Security Administration.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 5, Chapter A, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	April 17, 2001
2 *	April 17, 2001
470-1947	1/04
3, 4	March 4, 2004

* Because form 470-1947 has been renamed, its place on the alphabetical list is changed. Move the sample of form 470-1949 to follow page 4.

Additional Information

Refer questions about this general letter to your area income maintenance administrator.