



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Date:

Client Number: _____

Case Worker: _____

Language: _____

Program: _____

We don't have a current signed Interim Assistance Reimbursement Authorization (IARA) in our records. This authorization allows the State of Washington to be paid back for the cash assistance you received if you are approved for SSI. You must sign an Interim Assistance Reimbursement Authorization (IARA) if you applied for SSI or were approved for ABD cash per Washington Administrative Code (WAC) 388-449-0200 and 388-449-0210.

If you don't sign and return the enclosed Assistance Reimbursement Authorization (IARA) by _____, your cash assistance may stop.

Please call me if you have any questions.

Comments:

SSI FACILITATOR

Telephone Number: _____

**INTERIM ASSISTANCE REIMBURSEMENT
AUTHORIZATION COVER
DSHS 14-503 (REV. 01/2022)**

Barcode label



14503