STATE REN WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Ranin:

Nampan Aramas: _____

Case Worker: _____

Fosun fonu: _____

Prokram: _____

Kich sise angei echo minafon Interim Assistance Reimbursement Authorization (Amumutan Momosefanin Aninis Non Ei Fansoun, IARA) mei sainino non ach rekoto. Ei amumuta a kan mut ngeni ewe State of Washington ren an epwene momosefan ren ewe aninisin moni en ka angei ika pwe ka kan apunguno ren SSI. En kopwene kan saini ew Interim Assistance Reimbursement Authorization (Amumutan Momosefanin Aninis Non Ei Fansoun, IARA) ika pwe ka kan aeoeo ngeni ren SSI ika ka kan apunguno ren monien ABD a kan seni Washington Administrative Code (WAC) 388-449-0200 me pwan 388-449-0210.

Ika pwe kose kan saini me pwan aniwinato ewe Interim Assistance Reimbursement Authorization (Amumutan Momosefanin Aninis Non Ei Fansoun, IARA) mei pachenong me mwan _____, iwe eom aninisin moni meni epwene kawuuno.

Kose mochen kori ei ika mi wor omw kapas eis.

Mefieom kena:

_____ Nampan Fon: _____

CHON ATETENIN SSI

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

Barcode label

14503