



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #05-30-ELI

DISABILITY APPEALS UNIT (DAU) MANDATORY CALL-IN PROCESS

Date: August 1, 2005	Subtopic(s): Public Assistance, Food Stamps, Medicaid
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AUDIENCE The instructions in this policy directive are for staff at the Job Centers and are informational for all others.

POLICY As a condition of eligibility for Public Assistance (PA), applicants/participants who are deemed eligible for Federal disability benefits must apply for Supplemental Security Income (SSI). Applicants/participants whose SSI application is denied must appeal the denial decision.

At this time, this policy does not apply to HIV/AIDS Services Administration (HASA) applicants/participants. An appeal of the SSI denial must be filed within 60 days of the denial date. Failure to apply for SSI or to comply with the SSI appeal process will result in an individual non-duration pro rata PA sanction. If the appeal period passes and an appeal has not been filed, the participant must file a new SSI application.

BACKGROUND The Disability Appeals Unit (DAU), which is now part of the Customized Assistance Services (CAS) division of the Human Resources Administration (HRA), monitors applications for SSI through the State Data Exchange (SDX). DAU is responsible for ensuring that PA individuals who have been denied SSI for medical reasons adhere to the appeals process.

When a PA participant applies for SSI, the outcome of the application is posted in SDX. The SDX information is now interfaced with NYCWAY, thereby allowing the Agency to systematically identify PA participants who are denied SSI for medical reasons. For each participant who is identified as meeting this criteria, action code **310** (SSI Denied-Medical Reason) is automatically posted in NYCWAY.

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 2 at the prompt followed by 765 or
send an e-mail to *FIA Call Center*

Once posted in NYCWAY, **310** will generate action code **364Q** (Call-In for Administrative Law Judge Prep Appointment) that will automatically batch schedule the participant for a mandatory SSI denial follow-up interview with DAU and send the participant the Disability Appeals Unit Mandatory Assessment Interview (**W-331A**) appointment notice.

Participant keeps appointment

If the participant keeps the appointment and complies with all requirements, DAU will enter action code **376A** (Denial Medical Reason: ALJ Filed) to indicate that the appeal was filed.

DAU as the Authorized Representative at Appeal

At the interview the DAU Caseworker will ask if the participant would like DAU to represent him/her during the appeal. If the participant chooses DAU to be the Authorized Representative (AR) at appeal, the Worker will:

- have him/her sign the Appointment of Representative (**SSA-1696**) form; and
- enter action code **320A** (Authorized Representative Form Signed and Sent to SSA) in NYCWAY.

Note: If the participant does not wish to be represented by DAU, the DAU Worker will enter action code **320C** (Authorized Representative Waived) and will continue to assist the participant with completing the required forms but will not represent him/her at the appeal hearing.

- If DAU was previously signed on as an AR but the participant no longer wants representation from DAU, enter **320G** (General Authorized Representative Cancellation) to withdraw authorization.

In either situation, action code **311F** (SSI Reapplication after Denial) will autopost to indicate that an appeal was filed.

Participant reschedules the appointment

When the participant reschedules the DAU appointment, the DAU Worker will enter **364C** (SSI Appointment Rescheduled) and a new **W-331A** will be generated with a new four-day Future Action Date (FAD).

Participant fails to report

If by the end of the fourth day following the appointment date no action has been taken to indicate compliance, action code **491A** (Failure to Report to SSI Case Control) will be automatically posted in NYCWAY.

When **491A** posts in NYCWAY, the following actions will occur:

- For a single-person case, the actions to close the case using WMS PA closing/sanction code **F12** (Failure to Apply for SSI) will be automatically processed in WMS.
- For a noncompliant individual on a multiperson case, the case will be placed on a worklist; Workers at the Job Centers will be responsible for processing the required actions on these cases.

REQUIRED ACTION

When the Notice of Intent (NOI) worklist is received, the JOS/Worker must take all required actions to sanction the noncompliant individual using WMS PA closing/sanction code **F12**.

Note: Code **F12** can be used at both the case level (closing) and individual line level (sanction).

If as a result of the NOI to sanction, the affected individual contacts the JOS/Worker either by phone or in person and indicates his/her willingness to comply, the JOS/Worker must:

- Settle the case in conference (SIC).
- Enter action code **364C** to schedule a new appointment.

If the participant's willingness to comply is made too late (after case is closed), Worker should reopen the case using action code **066** (Closed in Error).

The system will only allow two rescheduled appointments for cases SIC'd as a result of a scheduled **F12** closing/sanction. If the participant fails a third time, s/he will not be able to reschedule an appointment.

Example: When rescheduling the case, the Worker enters code **364C**, and if this is the third time the participant is rescheduling:

- the system will not allow a new schedule to be made;
- participant will have to comply before his/her case is reopened.

**PROGRAM
IMPLICATIONS**

Food Stamp
Implications

Applying for SSI is not a Food Stamp (FS) eligibility requirement. If the sanctioned individual is on a multiperson case, that individual will remain active (AC) for FS benefits when the PA case closes.

For single person cases (household composition of 1) a Non-Public Assistance Food Stamp (NPA FS) case will be created in AC status if the participant's line is in AC status for FS prior to the PA case closing.

Medicaid
Implications

Individuals who fail to report or fail to comply with the appeal process for Federal disability benefits must have a separate Medicaid determination.

**LIMITED ENGLISH
SPEAKING
ABILITY (LESA)
IMPLICATIONS**

For Limited English Speaking Ability (LESA) participants, make sure to obtain appropriate interpreter services in accordance with Policy Directive #02-43-OPE.

**FAIR HEARING
IMPLICATIONS**

Avoidance/
Resolution

Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that participants must receive either adequate or timely and adequate notification of all actions taken on their case.

Participants whose public assistance case/benefits have been closed or reduced for failure to comply with the Federal disability benefits appeals process or related issues have the right to request a Fair Hearing.

Conferences

A participant can request and receive a conference with a Fair Hearing and Conference (FH&C) Associate Job Opportunity Specialist I (AJOS I)/Supervisor I at any time in a Job/Hub Center. If a participant comes to the Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen.

The FH&C AJOS I/Supervisor I will listen to and evaluate the participant's complaint. After reviewing the case file and discussing the issue(s) with the JOS/Worker responsible for the case and/or the Supervisor I and the DAU liaison, if appropriate, the AJOS I/Supervisor I will determine if the action taken was correct. If the determination is that the action taken was correct, the FH&C AJOS I/Supervisor I will explain the reason for the determination to the participant. If the explanation is accepted, no further action is necessary. The AJOS I/Supervisor I must complete a Conference Report (**M-186a**).

If the determination is that the action taken was incorrect, or correct but lacking the supporting documentation, the FH&C AJOS I/Supervisor I will settle in conference, enter action code **820** and a detailed Case Note Entry (**700A**) in NYCWAY and forward all verifying documentation submitted by the participant to the appropriate JOS/Worker for corrective action.

In addition, if the adverse case action still shows on the Pending (**08**) screen in WMS and the case has been granted Aid to Continue (ATC), the AJOS I/Supervisor I must prepare and submit a Fair Hearing/Case Update Data Entry Form (**LDSS-3722**) to change the **02** to an **01**, or a PA Recoupment Data Entry Form (**LDS-3573**) to delete a recoupment.

If the participant needs a return appointment to DAU to continue the appeals process for Federal disability benefits, the FH&C AJOS I/Supervisor I must:

- enter action code **364C** (Reschedule SSI Appointment);
- select the next available appointment; and
- give the participant a copy of the appointment letter.

If the participant elects to continue his/her appeal by requesting or proceeding to an already requested Fair Hearing, the FH&C AJOS I/Supervisor I is responsible for ensuring that further appeal is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

Evidence Packets

All complete and relevant evidence packets should include:


- a copy of the **W-331A**;
- a printout of the Employment Plan (EP);
- a copy of the SDX screen;

- a copy of the Notice of Intent (NOI) to Change/Continue Benefits;
- a clear and concise History Sheet;
- copies of NYCWAY Case Notes screens; and
- any other relevant documentation from DAU.

REFERENCES

04 ADM 05
 94 ADM 10
 18 NYCRR 350.30(f)
 18 NYCRR 353.2(b)
LDSS-4148A New York State What You Should Know About Your Rights and Responsibilities (When Applying For or Receiving Benefits)

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

W-331A	Disability Appeals Unit Mandatory Assessment Interview (8/1/05)
W-331A (S)	Disability Appeals Unit Mandatory Assessment Interview (Spanish) (8/1/05)
SSA-1696-U4	Appointment of Representative (1-2005)



Date: _____
Case Number: _____
Case Name: _____
Center: _____
Action Code: _____

Disability Appeals Unit Mandatory Assessment Interview

Our records indicate that you applied for:

You must report for the appointment indicated below:

Appointment Date: _____ Time: _____ Telephone: _____

Location Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Travel Directions:

SAMPLE

Please bring this letter and the following documents to the appointment (if available):

- Copies of medical information/documentation
- A list of current medical prescriptions
- A copy of the filed SSI application
- All correspondence (letters) from Social Security Administration
- Proof of citizenship/alien status
- Social Security card

If you cannot keep the appointment or need reasonable accommodation or have questions about which documents to bring, please call **(212) 835-0190** for assistance before your scheduled appointment time.

This is a mandatory eligibility appointment. You must report to and cooperate with this mandatory assessment appointment as a condition of eligibility for Public Assistance. Failure to report for and comply with this appointment, without good cause, may result in the reduction or closing of your public assistance case.



Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____
Código de Acción: _____

SAMPLE

Entrevista de Evaluación Obligatoria de la Unidad de Apelación para Incapacitados

Nuestros archivos indican que usted solicitó:

[Empty box for case details]

Usted debe presentarse para la cita que se indica a continuación:

Fecha de la Cita: _____ Hora: _____ Teléfono: _____

Local: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Indicaciones de Viaje:

[Empty box for travel instructions]

Favor de traer esta carta y los siguientes documentos a la cita (si están disponibles):

- Copias de información/documentación médica
- Una lista de medicamentos que tome actualmente
- Una copia de la solicitud presentada al SSI
- Toda correspondencia (cartas) de la Administración del Seguro Social
- Prueba de ciudadanía/estado de inmigración
- Tarjeta de Seguro Social

Si no puede acudir a esta cita o si necesita que se hagan adaptaciones adecuadas a su situación o si tiene preguntas acerca de cuales documentos traer, favor de llamar al **(212) 835-0190** para recibir ayuda antes de su cita programada.

Esta cita de elegibilidad es obligatoria. Usted debe presentarse y cooperar con esta cita de evaluación obligatoria como requisito de elegibilidad para Asistencia Pública. El no presentarse o cumplir con esta cita, sin motivo justificado, puede resultar en la reducción o el cierre de su caso de asistencia pública.

Please read the back of the last copy before you complete this form.

Name (Claimant) (Print or Type)	Social Security Number
Wage Earner (If Different)	Social Security Number

Part I APPOINTMENT OF REPRESENTATIVE

I appoint this person, _____, (Name and Address)

to act as my representative in connection with my claim(s) or asserted right(s) under:

- Title II (RSDI)
- Title XVI (SSI)
- Title XVIII (Medicare Coverage)
- Title VIII (SVB)

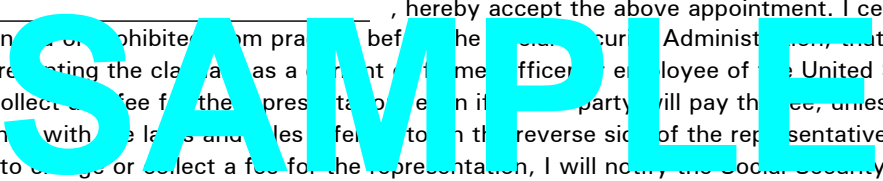
This person may, entirely in my place, make any request or give any notice; give or draw out evidence or information; get information; and receive any notice in connection with my pending claim(s) or asserted right(s).

I appoint, or I now have, more than one representative. My main representative is _____ (Name of Principal Representative)

Signature (Claimant)	Address	
Telephone Number (with Area Code)	Fax Number (with Area Code)	Date

Part II ACCEPTANCE OF APPOINTMENT

I, _____, hereby accept the above appointment. I certify that I have not been suspended or prohibited from practicing before the Social Security Administration; that I am not disqualified from representing the claimant as a consultant or former officer or employee of the United States; and that I will not charge or collect a fee for the representation unless the claimant or other party will pay the fee, unless it has been approved in accordance with the laws and rules referred to on the reverse side of the representative's copy of this form. If I decide not to charge or collect a fee for the representation, I will notify the Social Security Administration. (Completion of Part III satisfies this requirement.)



Check one: I am an attorney. I am a non-attorney who is eligible to receive direct fee payment. I am not an attorney and I am ineligible to receive direct fee payment.

I have been disbarred or suspended from a court or bar to which I was previously admitted to practice as an attorney. YES NO

I have been disqualified from participating in or appearing before a Federal program or agency. YES NO

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

Signature (Representative)	Address	
Telephone Number (with Area Code)	Fax Number (with Area Code)	Date

Part III (Optional) WAIVER OF FEE

I waive my right to charge and collect a fee under sections 206 and 1631(d)(2) of the Social Security Act. I release my client (the claimant) from any obligations, contractual or otherwise, which may be owed to me for services I have provided in connection with my client's claim(s) or asserted right(s).

Signature (Representative)	Date
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Part IV (Optional) WAIVER OF DIRECT PAYMENT

by Attorney or Non-Attorney Eligible to Receive Direct Payment

I waive only my right to direct payment of a fee from the withheld past-due retirement, survivors, disability insurance or supplemental security income benefits of my client (the claimant). I do not waive my right to request fee approval and to collect a fee directly from my client or a third party.

Signature (Attorney or Eligible Non-Attorney (for Direct Payment) Representative)	Date
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INFORMATION FOR CLAIMANTS

What a Representative May Do

We will work directly with your appointed representative unless he or she asks us to work directly with you. Your representative may:

- o get information from your claim(s) file;
- o give us evidence or information to support your claim;
- o come with you, or for you, to any interview, conference, or hearing you have with us;
- o request a reconsideration, hearing, or Appeals Council review; and
- o help you and your witnesses prepare for a hearing and question any witnesses.

Also, your representative will receive a copy of the decision(s) we make on your claim(s). We will rely on your representative to tell you about the status of your claim(s), but you still may call or visit us for information.

You and your representative(s) are responsible for giving Social Security accurate information. It is wrong to willingly furnish false information. Doing so may result in criminal prosecution.

We usually continue to work with your representative until (1) you tell us that he or she no longer represents you; or (2) your representative tells us that he or she is withdrawing or indicates that his or her services have ended (for example, by filing a fee petition or not pursuing an appeal). We cannot continue to work with someone who is suspended or disqualified from representing claimants.

What Your Representative(s) May Charge

Each representative you appoint can ask for a fee. To charge you a fee for services, your representative must get our approval. (Even when someone else will pay the fee for you, for example, an insurance company, your representative usually must get our approval.) One way is to file a fee petition. The other way is to file a fee agreement with us. In either case, your representative cannot charge you more than the fee amount we approve. If he or she does, promptly report this to your Social Security office.

Filing a Fee Petition

Your representative may ask for approval of a fee by giving us a fee petition when his or her work on your claim(s) is complete. This written request describes in detail the amount of time he or she spent on each service provided you. The request also gives the amount of the fee the representative wants to charge for these services. Your representative must give you a copy of the fee petition and each attachment. If you disagree with the information shown in the fee petition, contact your Social Security office. Please do this within 20 days of receiving your copy of the petition.

We will review the petition and consider the reasonable value of the services provided. Then we will tell you in writing the amount of the fee we approve.

What Your Representative(s) May Charge, continued

Filing A Fee Agreement

If you and your representative have a written fee agreement, one of you must give it to us before we decide your claim(s). We usually will approve the agreement if you both signed it; the fee you agreed on is no more than 25 percent of past-due benefits, or \$5,300 (or a higher amount we set and announced in the Federal Register), whichever is less; we approve your claim(s); and your claim results in past-due benefits. We will tell you in writing the amount of the fee your representative can charge based on the agreement.

If we do not approve the fee agreement, we will tell you and your representative in writing. Then your representative must file a fee petition to charge and collect a fee.

After we tell you the amount of the fee your representative can charge, you or your representative can ask us to look at it again if either or both of you disagree with the amount. (If we approved a fee agreement, the person who decided your claim(s) also may ask us to lower the amount.) Someone who did not decide the amount of the fee the first time will review and finally decide the amount of the fee.

How Much You Pay

You never owe more than the fee we approve, except for:

- o any fee you pay for your representative's services before it; and
- o out-of-pocket expenses your representative incurs or expects to incur, for example, the cost of getting your doctor's or hospital's records. Our approval is not needed for such expenses.

Your representative may accept money in advance as long as he or she holds it in a trust or escrow account. If an attorney or a non-attorney who is eligible to receive direct fee payment represents you, and if your retirement, survivors, disability insurance, and/or supplemental security income claim(s) results in past-due benefits, we usually withhold 25 percent of your past-due benefits to pay toward the fee for you.

You must pay your representative directly:

- o the rest of the fee you owe
 - if the amount of the fee is more than any amount(s) your representative held for you in a trust or escrow account and we withheld and paid your representative for you.
- o all of the fee you owe
 - if we did not withhold past-due benefits, for example, because your representative waived direct payment, or you discharged the representative, or the representative withdrew from representing you before we issued a favorable decision; or if we withheld, but later paid you the money because your representative did not either ask for our approval until after 60 days of the date of your notice of award or tell us on time that he or she planned to ask for a fee.

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Wage Earner (If Different)	Social Security Number

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- Title VIII (SVB)

This person may, entirely in my place, make any request or give any notice; give or draw out evidence or information; get information; and receive any notice in connection with my pending claim(s) or asserted right(s).

I appoint, or I now have, more than one representative. My main representative is _____ (Name of Principal Representative)

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Check one: I am an attorney. I am a non-attorney who is eligible to receive direct fee payment. I am not an attorney and I am ineligible to receive direct fee payment.

I have been disbarred or suspended from a court or bar to which I was previously admitted to practice as an attorney. YES NO

I have been disqualified from participating in or appearing before a Federal program or agency. YES NO

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

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Part III (Optional) WAIVER OF FEE

I waive my right to charge and collect a fee under sections 206 and 1631(d)(2) of the Social Security Act. I release my client (the claimant) from any obligations, contractual or otherwise, which may be owed to me for services I have provided in connection with my client's claim(s) or asserted right(s).

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- o get information from your claim(s) file;
- o give us evidence or information to support your claim;
- o come with you, or for you, to any interview, conference, or hearing you have with us;
- o request a reconsideration, hearing, or Appeals Council review; and
- o help you and your witnesses prepare for a hearing and question any witnesses.

Also, your representative will receive a copy of the decision(s) we make on your claim(s). We will rely on your representative to tell you about the status of your claim(s), but you still may call or visit us for information.

You and your representative(s) are responsible for giving Social Security accurate information. It is wrong to willingly furnish false information. Doing so may result in criminal prosecution.

We usually continue to work with your representative until (1) you tell us that he or she no longer represents you; or (2) your representative tells us that he or she is withdrawing. We also stop working with your representative if he or she indicates that his or her services have ended (for example, by filing a fee petition or not pursuing an appeal). We do not continue to work with someone who has been disqualified from representing claimants.

What Your Representative(s) May Charge

Each representative you appoint can ask for a fee. To charge you a fee for services, your representative must get our approval. (Even when someone else will pay the fee for you, for example, an insurance company, your representative usually must get our approval.) One way is to file a fee petition. The other way is to file a fee agreement with us. In either case, your representative cannot charge you more than the fee amount we approve. If he or she does, promptly report this to your Social Security office.

o Filing a Fee Petition

Your representative may ask for approval of a fee by giving us a fee petition when his or her work on your claim(s) is complete. This written request describes in detail the amount of time he or she spent on each service provided you. The request also gives the amount of the fee the representative wants to charge for these services. Your representative must give you a copy of the fee petition and each attachment. If you disagree with the information shown in the fee petition, contact your Social Security office. Please do this within 20 days of receiving your copy of the petition.

We will review the petition and consider the reasonable value of the services provided. Then we will tell you in writing the amount of the fee we approve.

What Your Representative(s) May Charge, continued

o Filing A Fee Agreement

If you and your representative have a written fee agreement, one of you must give it to us before we decide your claim(s). We usually will approve the agreement if you both signed it; the fee you agreed on is no more than 25 percent of past-due benefits, or \$5,300 (or a higher amount we set and announced in the Federal Register), whichever is less; we approve your claim(s); and your claim results in past-due benefits. We will tell you in writing the amount of the fee your representative can charge based on the agreement.

If we do not approve the fee agreement, we will tell you and your representative in writing. Then your representative must file a fee petition to charge and collect a fee.

After we tell you the amount of the fee your representative can charge, you or your representative can ask us to look at it again if either or both of you disagree with the amount. (If we approved a fee agreement, the person who decided your claim(s) also may ask us to lower the amount.) Someone who did not decide the amount of the fee the first time will review and finally decide the amount of the fee.

o You Must Pay

You never owe more than the fee we approve, except for:

- o any actual expenses for your representative's services before it; and
- o out-of-pocket expenses your representative incurs or expects to incur, for example, the cost of getting your doctor's or hospital's records. Our approval is not needed for such expenses.

Your representative may accept money in advance as long as he or she holds it in a trust or escrow account. If an attorney or a non-attorney who is eligible to receive direct fee payment represents you, and if your retirement, survivors, disability insurance, and/or supplemental security income claim(s) results in past-due benefits, we usually withhold 25 percent of your past-due benefits to pay toward the fee for you.

You must pay your representative directly:

- o the rest of the fee you owe
 - if the amount of the fee is more than any amount(s) your representative held for you in a trust or escrow account and we withheld and paid your representative for you.
- o all of the fee you owe
 - if we did not withhold past-due benefits, for example, because your representative waived direct payment, or you discharged the representative, or the representative withdrew from representing you before we issued a favorable decision; or if we withheld, but later paid you the money because your representative did not either ask for our approval until after 60 days of the date of your notice of award or tell us on time that he or she planned to ask for a fee.

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This person may, entirely in my place, make any request or give any notice; give or draw out evidence or information; get information; and receive any notice in connection with my pending claim(s) or asserted right(s).

I appoint, or I now have, more than one representative. My main representative is _____ (Name of Principal Representative)

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Check one: I am an attorney. I am a non-attorney who is eligible to receive direct fee payment. I am not an attorney and I am ineligible to receive direct fee payment.

I have been disbarred or suspended from a court or bar to which I was previously admitted to practice as an attorney. YES NO

I have been disqualified from participating in or appearing before a Federal program or agency. YES NO

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

Signature (Representative)	Address	
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Signature (Attorney or Eligible Non-Attorney (for Direct Payment) Representative)	Date
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INFORMATION FOR REPRESENTATIVES

Fees for Representation

An attorney or other person who wants to charge or collect a fee for providing services in connection with a claim before the Social Security Administration must first obtain our approval of the fee for representation. The only exceptions are if the fee is for services provided:

- o when a nonprofit organization or government agency will pay the fee and any expenses from government funds and the claimant incurs no liability, directly or indirectly, for the cost(s);
- o in an official capacity such as legal guardian, committee, or similar court-appointed office and the court has approved the fee in question; or
- o in representing the claimant before a court of law. A representative who has provided services in a claim before both the Social Security Administration and a court of law may seek a fee from either or both, but neither tribunal has the authority to set a fee for the other.

Obtaining Approval of a Fee

To charge a fee for services, you must use one of two, mutually exclusive fee approval processes. You must file either a fee petition or a fee agreement with us. In either case, you cannot charge more than the fee amount we approve.

o Fee Petition Process

You may ask for approval by giving us a fee petition when you have completed your services to the claimant. This written request must describe in detail the amount of time you spent on each service provided and the amount of the fee you are requesting.

You must give the claimant a copy of the fee petition and each attachment. The claimant may disagree with the information shown by contacting a Social Security office within 20 days of receiving his or her copy of the fee petition. We will consider the reasonable value of the services provided, and send you notice of the amount of the fee you can charge.

o Fee Agreement Process

If you and the claimant have a written fee agreement, either of you must give it to us before we decide the claim(s). We usually will approve the agreement if you both signed it; the fee you agreed on is no more than 25 percent of past-due benefits, or \$5,300 (or a higher amount we set and announce in the Federal Register), whichever is less; we approve the claim(s); and the claim results in past-due benefits. We will send you a copy of the notice we send the claimant telling him or her the amount of the fee you can charge based on the agreement.

If we do not approve the fee agreement, we will tell you in writing. We also will tell you and the claimant that you must file a fee petition if you wish to charge and collect a fee.

After we tell you the amount of the fee you can charge, you or the claimant may ask us in writing to review the approved fee. (If we approved a fee agreement, the person who decided the claim(s) also may ask us to lower the amount.) Someone who did not decide the amount of the fee the first time will review and finally decide the amount of the fee.

Collecting a Fee

You may accept money in advance, as long as you hold it in a trust or escrow account. The claimant never owes you more than the fee we approve, except for:

- o any fee a Federal court allows for your services before it; and
- o out-of-pocket expenses you incur or expect to incur, for example, the cost of getting evidence. Our approval is not needed for such expenses.

If you are not an attorney and you are ineligible to receive direct payment, you must collect the approved fee from the claimant. If you are interested in becoming eligible to receive direct payment, you can find information on the procedures for becoming eligible for direct payment on our "Representing Claimants" website: <http://www.ssa.gov/representation/>.

If you are an attorney or a non-attorney whom SSA has found eligible to receive direct payment, we usually withhold 25 percent of any past-due benefits that result from a favorably decided retirement, survivors, disability insurance, or supplemental security income claim. Once we approve a fee, we pay you all or part of the fee from the funds withheld. We will also charge you the assessment required by section 206(d) and 1631(d)(2)(C) of the Social Security Act. You cannot charge or collect this expense from the claimant. You must collect from the claimant:

- o the amount of the fee he or she owes
- o if the amount of the fee is more than the amount of money withheld and paid you for the claimant, and an amount you held for the claimant in a trust or escrow account.
- o all of the fee he or she owes
 - if we did not withhold past-due benefits, for example, because there are no past-due benefits, or the claimant discharged you, or you withdrew from representing the claimant; or
 - if we withheld, but later paid the money to the claimant because you did not either ask for our approval until after 60 days of the date of the notice of award or tell us on time that you planned to ask for a fee.

Conflict of Interest and Penalties

For improper acts, you can be suspended or disqualified from representing anyone before the Social Security Administration. You also can face criminal prosecution. Improper acts include:

- o If you are or were an officer or employee of the United States, providing services as a representative in certain claims against and other matters affecting the Federal government.
- o Knowingly and willingly furnishing false information.
- o Charging or collecting an unauthorized fee or too much for services provided in any claim, including services before a court that made a favorable decision.

References

- o 18 U.S.C. §§ 203, 205, and 207; and 42 U.S.C. §§ 406(a), 1320a-6, and 1383(d)(2)
- o 20 CFR §§ 404.1700 et. seq. and 416.1500 et. seq.
- o Social Security Rulings 88-10c, 85-3, 83-27, and 82-39

Please read the back of the last copy before you complete this form.

Name (Claimant) (Print or Type)	Social Security Number
Wage Earner (If Different)	Social Security Number

Part I APPOINTMENT OF REPRESENTATIVE

I appoint this person, _____, (Name and Address)

to act as my representative in connection with my claim(s) or asserted right(s) under:

- Title II (RSDI)
- Title XVI (SSI)
- Title XVIII (Medicare Coverage)
- Title VIII (SVB)

This person may, entirely in my place, make any request or give any notice; give or draw out evidence or information; get information; and receive any notice in connection with my pending claim(s) or asserted right(s).

I appoint, or I now have, more than one representative. My main representative is _____ (Name of Principal Representative)

Signature (Claimant)	Address	
Telephone Number (with Area Code)	Fax Number (with Area Code)	Date

Part II ACCEPTANCE OF APPOINTMENT

I, _____, hereby accept the above appointment. I certify that I have not been suspended or prohibited from practice before the Social Security Administration; that I am not disqualified from representing the claimant as a consultant, former officer or employee of the United States; and that I will not charge or collect any fee for the representation, even if this part will pay the fee, unless it has been approved in accordance with the law. Rules refer to the reverse side of the representative's copy of this form. If I decide not to honor or reject a fee for the representation, I will notify the Social Security Administration. (Completion of Part III satisfies this requirement.)

Check one: I am an attorney. I am a non-attorney who is eligible to receive direct fee payment. I am not an attorney and I am ineligible to receive direct fee payment.

I have been disbarred or suspended from a court or bar to which I was previously admitted to practice as an attorney. YES NO

I have been disqualified from participating in or appearing before a Federal program or agency. YES NO

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

Signature (Representative)	Address	
Telephone Number (with Area Code)	Fax Number (with Area Code)	Date

Part III (Optional) WAIVER OF FEE

I waive my right to charge and collect a fee under sections 206 and 1631(d)(2) of the Social Security Act. I release my client (the claimant) from any obligations, contractual or otherwise, which may be owed to me for services I have provided in connection with my client's claim(s) or asserted right(s).

Signature (Representative)	Date
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Part IV (Optional) WAIVER OF DIRECT PAYMENT

by Attorney or Non-Attorney Eligible to Receive Direct Payment

I waive only my right to direct payment of a fee from the withheld past-due retirement, survivors, disability insurance or supplemental security income benefits of my client (the claimant). I do not waive my right to request fee approval and to collect a fee directly from my client or a third party.

Signature (Attorney or Eligible Non-Attorney (for Direct Payment) Representative)	Date
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COMPLETING THIS FORM TO APPOINT A REPRESENTATIVE

Choosing to Be Represented

You can choose to have a representative help you when you do business with Social Security. We will work with your representative, just as we would with you. It is important that you select a qualified person because, once appointed, your representative may act for you in most Social Security matters. We give more information, and examples of what a representative may do, on the back of the "Claimant's Copy" of this form.

Paperwork and Privacy Act Notice

The Social Security Administration (SSA) will recognize someone else as your representative if you sign a written notice appointing that person and, if he or she is not an attorney, that person signs the notice agreeing to be your representative. (You can read more about this in our regulations: 20 CFR §§ 404.1707 and 416.1507.) Giving the information this form requests is voluntary. Without it though, we may not work with the person you choose to represent you.

How to Complete This Form

Please print or type. At the top, show your full name and your Social Security number. If your claim is based on another person's work and earnings, also show the "wage earner's" name and Social Security number. If you appoint more than one person, you may want to complete the form for each of them.

Part I Appointment of Representative

Give the name and address of the person(s) you are appointing. You may appoint an attorney or any other qualified person to represent you. You also may appoint more than one person, but see "What Your Representative(s) May Charge" on the back of the "Claimant's Copy" of this form. You can appoint one or more persons in a firm, corporation, or other organization as your representative(s), but you may not appoint a law firm, legal aid group, corporation, or organization itself.

Check the block(s) showing the program(s) under which you have a claim. You may check more than one block. Check:

- Title II (RSDI), if your claim concerns retirement, survivors, or disability insurance benefits.
- Title XVI (SSI), if your claim concerns supplemental security income.
- Title XVIII (Medicare Coverage), if your claim concerns entitlement to Medicare or enrollment in the Supplementary Medical Insurance (SMI) plan.

If you will have more than one representative, check the block and give the name of the person you want to be the main representative.

How To Complete This Form, continued

Sign your name, but print or type your address, your area code and telephone number, and the date.

Part II Acceptance of Appointment

Each person you appoint (named in part I) completes this part, preferably in all cases. If the person is not an attorney, he or she must give his or her name, state that he or she accepts the appointment, and sign the form.

Part III (Optional) Waiver of Fee

Your representative may complete this part if he or she will not charge any fee for the services provided in this claim. If you appoint a second representative or co-counsel who also will not charge a fee, he or she also should sign this part or give us a separate, written waiver statement.

Part IV (Optional) Waiver of Direct Payment by an Attorney or a Non-Attorney Eligible to Receive Direct Payment

Your representative may complete this part if he or she is an attorney or a non-attorney who does not want direct payment of all or part of the approved fee from past-due retirement, survivors, disability insurance, or supplemental security benefits with SSA.

Paperwork Reduction Act Statement - 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 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.**

References

- 18 U.S.C. §§ 203, 205, and 207; and 42 U.S.C. §§ 406(a), 1320a-6, and 1383(d)(2)
- 20 CFR §§ 404.1700 et. seq. and 416.1500 et. seq.
- Social Security Rulings 88-10c, 85-3, 83-27, and 82-39