



Impairment Related Work Expenses

IRWE



Items or services

SSDI

- SGA determinations
- Can not be applied during the Trial Work Period

SSI

- Cash payments determinations

What is an IRWE?

- Needed to be able to work
- Disability related
- Paid for by the beneficiary

Social Security decides

- Is the IRWE reflective of the medical condition?
- Is the IRWE necessary in order to work?
- Has the item/service been paid for by the person?
- When and how can the expenses be distributed?

Verifying Payment

- SSA-795 Verification statement
- Cancelled checks or receipts
- Paid for by the beneficiary

Social Security Administration

Form Approved
OMB No. 0960-0045

STATEMENT OF CLAIMANT OR OTHER PERSON

Name of Wage Earner, Self-employed Person, or SSI Claimant

Social Security Number

Name of Person Making Statement (*If other than above wage earner, self-employed person, or SSI claimant*)

Relationship to Wage Earner, Self-Employed Person, or SSI Claimant

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that -



What is Reasonable?

Items

Services





Recurring Monthly Expenses

Recurring Non-Monthly Expenses

Some specific expenses and how SSA develops the IRWE

- Routine drugs and Medical Services
- Transportation
- Attendant Care
- Home Modifications
- Service Animals



Routine drugs and Medical Services



Transportation



Attendant Care



Home Modifications



Service Animals

SSDI documentation of IRWE

- SSA 821 – Work Activity Report
- No IRWEs during the Trial Work Period
- SSA evaluates whether IRWE in determining SGA
- IRWE is deducted after subsidy if applicable
- IRWE can be appealed.

SSI documentation of IRWE

- Report IRWE immediately when work begins
- Provide monthly documentation to SSA
- SSA may average the costs until verification
- IRWE can be appealed.

IMPAIRMENT RELATED WORK EXPENSE REQUEST

This request should accompany wage reports made to the Social Security Administration if you are a beneficiary receiving a Social Security or SSI disability benefit, or Medicaid under the 1619(b) provisions. **You should include receipts, and proof of wages or your self-employment tax returns.**

Note: Please do not use this form if you are a blind individual who only receives SSI benefits.

Date:
Period Worked:
Beneficiary Name:
Rep Payee (if applicable):
Social Security Number:

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IRWE & PASS



IRWE & Self-Employment



SSDI IRWE – POMS DI 10520.001-065

SSI IRWE – POMS SI 00820.54-.55

Thank you!

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