Impairment Related Work Expenses

IRWE

Items or services

22DI 22I

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

Cash payments determinations

What is an IRWE?

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

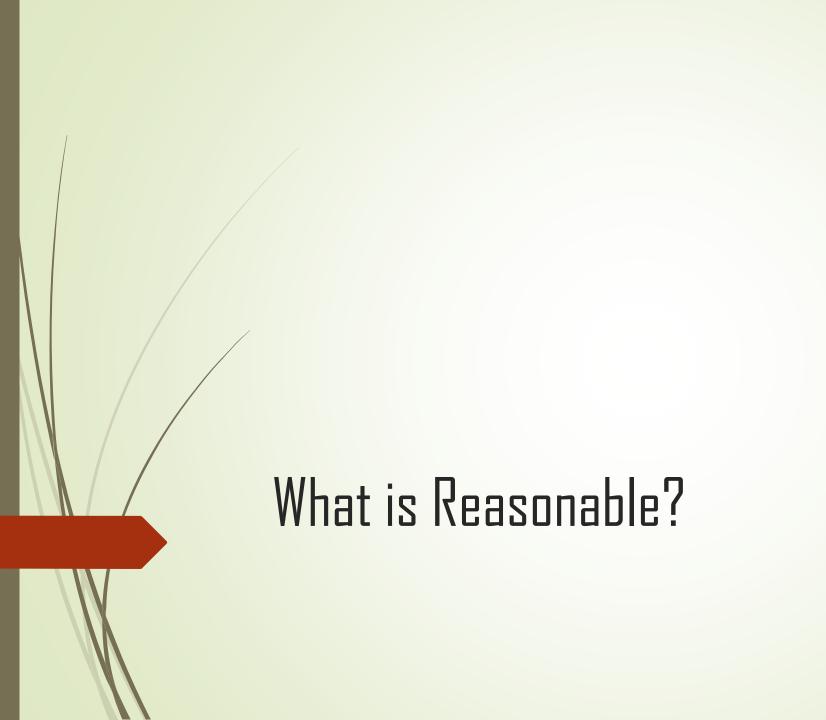
Social Security decides

- > 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. 0960-004
STATEMENT OF CLAIMANT O	R 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
sell-employed person, or SSI claimanty	Person, or 331 Claimant
Understanding that this statement is for the use of the Social Security	rity Administration, I hereby certify that -



HEMS

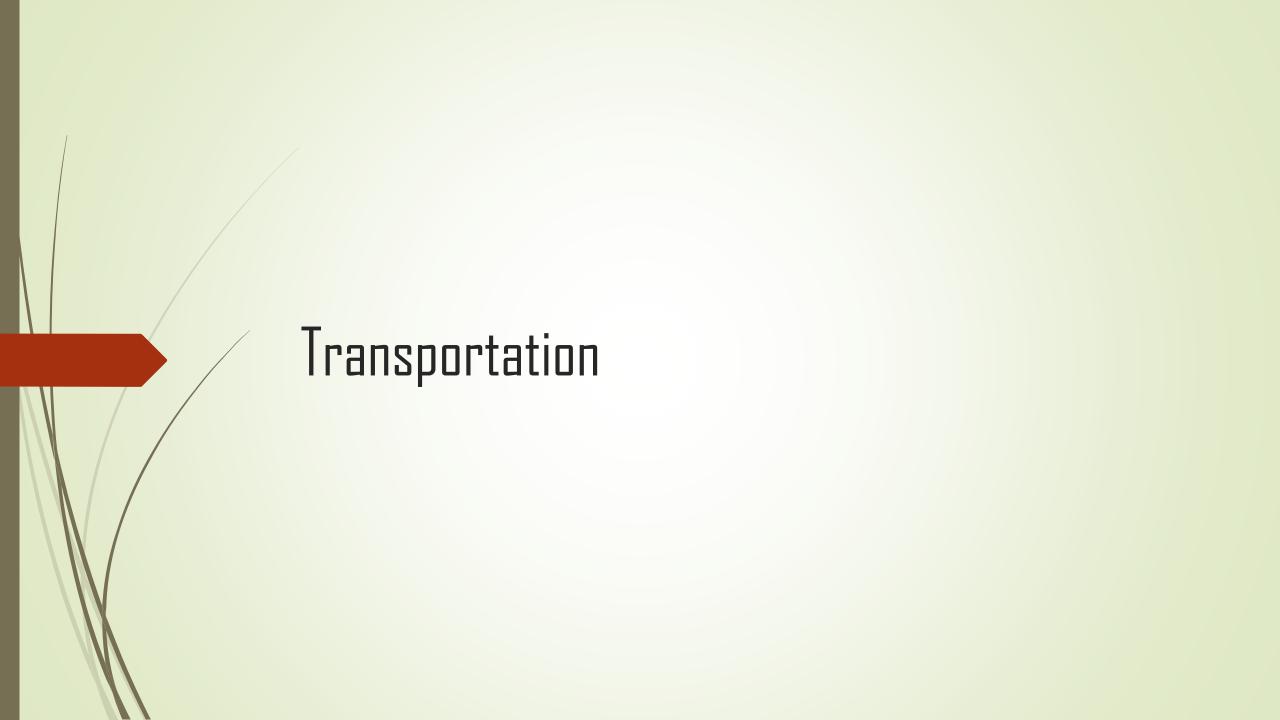
Services



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



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:

Social Security Administration	OMB No. 096	
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-Employ Person, or SSI Claimant	
Understanding that this statement is for the use of the Social Secu	urity Administration, I hereby certify that -	



IRWE & Self-Employment

SSDI IRWE - POMS DI 10520.001-065

SSI IRWE - POMS SI 00820.54-.55

Thank you!

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