

**NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES  
STATE/COUNTY SPECIAL ASSISTANCE**

**REFERRAL TO SSA FOR WAIVER OR REDUCTION OF OVERPAYMENT  
RECOUPMENT**

TO: Social Security Administration FROM: \_\_\_\_\_  
 \_\_\_\_\_ (Name of Client/SSA Recipient)  
 \_\_\_\_\_  
 \_\_\_\_\_ Social Security Number

FROM: \_\_\_\_\_  
 County Department of Social Services Caseworker District/Worker#  
 \_\_\_\_\_  
 \_\_\_\_\_ Telephone Number

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The county department of social services indicated above has verified via OLV/SOLQ that the SSA recipient whose signature is below currently has an overpayment recoupment being deducted from his/her SSI and/or RSDI. This SSA applicant or recipient is also a State/County Special Assistance (SA) Program applicant/recipient. The State/County SA Program is public assistance and is a state supplement to the SSI (XVI) Program. The recipient is therefore requesting the *minimum* recoupment of \$10.

RSDI (Title II) Entitlement Amt: \$ \_\_\_\_\_ Overpayment Recoupment: \$ \_\_\_\_\_ Net RSDI Amt. \$ \_\_\_\_\_  
 SSI (Title XVI) Entitlement Amt: \$ \_\_\_\_\_ Overpayment Recoupment: \$ \_\_\_\_\_ Net SSI Amt. \$ \_\_\_\_\_

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**REQUEST FROM THE RECIPIENT**

Based on the above, I, \_\_\_\_\_ (recipient or recipient payee) would like to request that the Social Security Administration either

**Waive** the SSI overpayment recoupment (because I am without fault in causing the overpayment) and I am applying for or receiving public assistance from the State of NC. I have attached an SSA 632-BK to this request as well. If my recoupment is not title XVI (SSI), I have also provided proof of my hardship along with this form.

OR

**Reduce** the SSI and/or RSDI recoupment to the minimum allowable under federal law. Because I am applying for or receiving public assistance, any more than the minimum allowable recoupment amount of \$10 would create a hardship.

Sincerely,

\_\_\_\_\_  
 Signature of SSA Recipient

OR \_\_\_\_\_  
 Signature of Representative Payee for Recipient