

**NORTH CAROLINA DIVISION OF SOCIAL 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