## INTERIM ASSISTANCE REPORTING FORM

CLIENT:	SSI#	MUNICIPALI	TY:
RETRO. PERIOD of SSI	AWARD FROM:	TO:	
DATE FIRST RECEIVED	ASSISTANCE:		
Assistance Authorized	Workfare Y/N	Assistance Authorized	Workfare Y/N
Month/Year	Hours	Month/Year	Hours
Total Assistance	Hr. Rate	Total Assistance	Hr. Rate
Total Paid	Amt	Total Paid	Amt
Reimh F	Rate%	Reimb Rate	<u>%</u>
Assistance Authorized		Assistance Authorized	
Month/Year	Hours_	Month/Year	Hours
Total Assistance			
Total Paid	Amt	Total Paid	Amt
Daimh I	Data 0/	Daimh Data	0/
Assistance Authorized	Rate <u>%</u> Workfare Y/N	Reimb. Rate Assistance Authorized	
Month/Year			
Total Assistance			
Total Paid			
Daimh I	Data 0/	Doireh Data	0/
	Rate <u>%</u> Workfare Y/N	Reimb. Rate Assistance Authorized	Workfare Y/N
Month/Year	Hours	Month/Year	Hours
Total Assistance	Hr. Rate	Total Assistance	Hr. Rate
Total Paid	Amt	Total Paid	Amt
Reimh I	Rate%	Reimb. Rate	%
Assistance Authorized		Assistance Authorized	Workfare Y/N
Month/Year			
Total Assistance	Hr. Rate	Total Assistance	Hr. Rate
Total Paid	Amt	Total Paid	Amt
Reimb. Rate%		Reimb. Rate	<u></u> %
Total Assistance Authorized \$		Total Assistance Paid \$	
Municipal Share \$		State Share \$	
Signature of Preparer:		Date:	