



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Aso:

Numera Client: _____

Tagata faigaluega mataupu: _____

Gagana: _____

Polokalame: _____

E leai se tatou saini i le taimi nei IARA (Interim Assistance Reimbursement Authorization, Fa'atagaga mo le Toe Totogiina o Fesoasoani Tumau) i totonu oa tatou faamaumauga. O lenei fa'atagaga e mafai ai ona toe totogi le Setete o Uosigitone mo le fesoasoani tupe na e mauaina pe a fa'atagaina oe mo le SSI (Supplemental Security Income, Tupe Fesoasoani Fa'aopoopo mo le Puipuiga Lautele). E tatau ona e sainia se (IARA) pe afai na e talosaga mo le SSI pe na fa'amaonia mo le tupe ABD (Aged, Blind or Disabled, matua, tauaso pe le atoatoa) ile WAC (Washington Administrative Code, Tulafono Pulega a Uosigitone) 388-449-0200 ma le 388-449-0210.

Afai e te le sainia ma toe fa'afo'i le (IARA) fa'apipi'i e _____, atonu e taofia lau fesoasoani tupe.

Fa'amolemole vala'au mai pe a iai ni au fesili.

Fa'amatalaga:

Fa'afaigaluega SSI

Numera Telefoni: _____

**INTERIM ASSISTANCE REIMBURSEMENT
AUTHORIZATION COVER**
DSHS 14-503 SA (REV. 01/2022) Samoan

Barcode label



14503