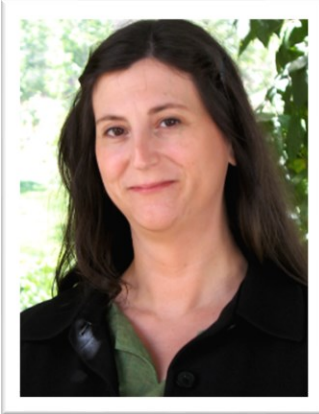


**Bet Tzedek Legal Services**

**Preserving SSI Eligibility:**  
**Claims Conference &**  
**Economic Impact Payments**

Presented by  
Lisa Hoffman, Anna Darr & Kobi Penland  
February 2021





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Staff Attorney – Holocaust Reparations

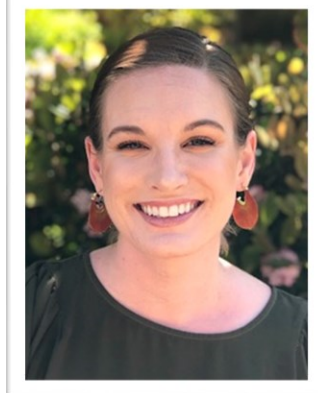
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# Supplemental Hardship Payments and SSI

- SSI recipients risk having their benefits suspended when they receive a Supplemental Hardship Payment
- Most received Hardship Fund many years ago, may be unaware that action is needed to protect their benefits after receiving Holocaust compensation
- **SSA will issue a reminder to field office employees that payments from the Claims Conference are exempt**

# Self-Help Packet for Notification to SSA

Bet Tzedek Legal Services • February 2021

## Fact Sheet with Instructions



### How to Protect Your SSI Benefits After Receiving Payments from the Claims Conference

Instructions for Holocaust survivors who receive or qualify for  
government benefits based on financial need.

#### Your government benefits should not be reduced or stopped when you receive Holocaust compensation or other payments from the Claims Conference

- If you receive government benefits based on financial need, such as SSI (Supplemental Security Income), Medicaid, Section 8 or other subsidized housing, Food Stamps (SNAP), or Meals on Wheels, **your benefits and services cannot be stopped, reduced or denied when you receive Holocaust compensation or other payments from the Claims Conference.**
- Under U.S. federal law, payments that are based on your status as a victim of Nazi persecution should not be counted as part of your income or as part of your resources (assets) when decisions are made about your eligibility for government benefits.
- Because they are exempt from being counted, you are allowed to keep the funds in your bank account. You are not required to withdraw or spend the funds in order to maintain your eligibility for government benefits.

#### You can protect your SSI benefits by telling Social Security about any payment from the Claims Conference

- **If you receive SSI (Supplemental Security Income)**, it is important to tell the Social Security office about your Claims Conference payments. Otherwise, they will not know that the payments are based on your status as a victim of Nazi persecution.
- Social Security uses a computerized system that automatically detects when your bank account balance exceeds the allowed limit - even if you withdraw the extra funds right away - and can find undisclosed accounts held in your name.
- If Social Security discovers your Claims Conference payment on their own, your SSI benefits can be reduced or terminated. You also might be asked to return previous SSI payments to the government. If that happens, you usually will have to file an appeal. During to the COVID-19 pandemic, it could take several months to restore your benefits.

#### How to notify Social Security that your Claims Conference payments are Holocaust compensation that should not be counted as income or resources

- On the last page of this fact sheet is a form that you can use to report your Claims Conference payment to Social Security or to other government agencies. Fill in the blank spaces as indicated, and attach one or both of the following:
  - A copy of the approval letter that you received from the Claims Conference
  - A copy of your bank statement or transaction record showing the date and amount of the compensation payment that you received.
- Since Social Security offices are closed to the public due to COVID-19, **you can send the form and any attachments to Social Security by fax or by certified mail.** Faxes will usually be processed more quickly than documents sent by mail.
- To find the fax number and mailing address of your local office, enter your ZIP code on this webpage: <https://secure.ssa.gov/ICON/main.jsp>. You can also find this page by searching the Internet for "Social Security Office Locator."
- After sending the form and any attachments to Social Security, you should keep the form (along with the fax confirmation page or the post office's return receipt) with your records, in case you need to prove that you submitted the form.

#### Reporting Claims Conference payments to other government benefits agencies

- It is also a good idea to tell any other government agencies that provide benefits based on your financial need – such as Medicaid, SNAP, or federal housing assistance – about your Claims Conference payments.
- At a minimum, you should keep a copy of this fact sheet and your Claims Conference approval letter with your records, so that you can show them to any agency that requires information about your income or assets.

\* \* \*

#### References regarding the exclusion of Holocaust compensation from income and resources:

For determinations related to SSI:

- SSA POMS SI 00830.710, SI 01130.610 – exclusion from income and resources
- SSA POMS SI 01130.700 – excluded funds commingled with nonexcluded funds

For determinations related to Medicaid:

- 42 CFR § 435.601 – financial eligibility methodologies
- 42 CFR § 435.831(b), 42 CFR § 435.845(b) – income eligibility and resource eligibility

For determinations related to federally assisted housing programs:

- HUD Handbook 4350.3 REV-1, Exhibit 5-1 (Income Inclusions and Exclusions)

# Self-Help Packet (cont'd)

## Form Letter to Social Security

### Notice Regarding Receipt of Holocaust Restitution (Exempt from Income and Resources)

To the Social Security Administration (and other relevant agencies):

RE: NAME / имя: \_\_\_\_\_  
SOCIAL SECURITY NUMBER / SSN: \_\_\_\_\_  
TELEPHONE NUMBER / номер тел: \_\_\_\_\_  
ADDRESS / адрес: \_\_\_\_\_

I am writing to report that I received a Holocaust restitution payment from the Conference on Jewish Material Claims Against Germany ("Claims Conference"), based on my status as a victim of Nazi persecution.

Under the Nazi Persecution Victims Eligibility Act of 1994, such payments may not be counted as income or resources by any need based, federally assisted program – including but not limited to Supplemental Security Income (SSI), Medicaid, Food Stamps (SNAP), subsidized housing programs and vouchers, LIHEAP, Medicare Savings Programs or Meals on Wheels.

Amount received / полученная сумма: \$ \_\_\_\_\_

Date of payment / дата получения: \_\_\_\_\_

Name of my bank / название банка: \_\_\_\_\_

Bank account number (last 4 digits) /  
номер банковского счета (последние 4 цифры): \_\_\_\_\_

SSA's policy regarding the exclusion of Holocaust restitution payments is set forth in at POMS SI 00830.710 and SI 01130.610. (These policies also apply to Medicaid, because Medicaid rules for determining countable income and resources cannot be more strict than those used for SSI. See 42 C.F.R. §§ 435.831(b), 435.845, 436.601.)

The restitution payment will continue to be exempt if I save it in my account or if it is mixed with nonexempt funds. See POMS SI 01130.700 (commingled funds). Therefore, I am not required to spend the payment down or keep it in a separate account.

\_\_\_\_\_  
Signature / Подпись

\_\_\_\_\_  
Date / Дата

#### Enclosure(s):

- Claims Conference approval letter / Письмо-одобрение Claims Conference
- Bank statement or transaction report / выписка из банка или отчет о транзакциях

# Communicating with SSA During COVID

- SSA field offices are closed to the public, except for certain emergencies
- **Submit notices by Fax or by Certified Mail**

**Social Security Office Locator:**

<https://secure.ssa.gov/ICON/main.jsp>

- Keep copies for other public benefits agencies

# Economic Impact Payments (EIP, aka the stimulus checks) and SSI

- **First payment ~April 2020**
- **Second payment January 2021**
  - All payments should have gone out already
  - Deposit or debit card (“EIP Cards”)
  - If not received- need to file 1040, there is no non-filers tool on the IRS website
- **Third payment?**
  - Moving through reconciliation through congress.  
Likely \$1400 single \$2800 couple

# 12 Month Rule and Overpayments

- EIP not counted as income or resource for 12 months after receipt
- SSA Emergency Message
- Overpayments: “Notice of Change in Payment” or “Notice of Overpayment”
- Request for Reconsideration SSA-561 plus supporting documentation
  - 30 days, 60 days
  - Waiver (SSA-632)



# Sample SSA Notice and Appeal Form

Social Security Administration  
**Supplemental Security Income**  
 Notice of Change in Payment

SOCIAL SECURITY  
 4000 WILSHIRE BLVD  
 WILSHIRE CENTER  
 LOS ANGELES CA 90010  
 Date: December 2, 2020  
 BNC#: [REDACTED]

0011287 00015944 2 AB 0.419 SNGLNA T66 P4  
 SSI M02 11/25 D44 20S1670D57970  
 LOS ANGELES CA [REDACTED]

Your current monthly Supplemental Security Income (SSI) payment is \$244.72 for January 2021. You will continue to get this amount each month unless there is a change in the information we use to figure your payment. This amount includes \$160.72 from the State of California.

We are changing the amounts you were due for October 2018, December 2018, May 2019, October 2019 through December 2019, February 2020 through June 2020 and October 2020. Your amounts changed because you had countable resources worth more than \$2,000.00.

We explain on the worksheets at the end of this letter how we decided that you were not eligible for SSI because of resources that were over the limit.

**When You Will Receive Your Payments**

Your bank or other financial institution will receive your monthly payment of \$244.72 around January 1, 2021, and on the first of each month after that.

**Your Past Payments**

The following chart shows your previous amounts and the corrected amounts for the months that changed. The chart also shows how much of the monthly amounts were from your State.

From	Through	Previous Monthly Amount	Corrected Monthly Amount
October 2018	October 2018	\$240.72 (\$160.72 is from	\$0.00 (\$0.00 is from

Form SSA-561-U2 (12-2016) of (12-2016)  
 Prior Edition May Be Used Until Exhausted  
 Social Security Administration

Page 1 of 4  
 OMB No. 0960-0622

**REQUEST FOR RECONSIDERATION**

NAME OF CLAIMANT: CLAIMANT SSN: CLAIM NUMBER: (If different than SSN)

ISSUE BEING APPEALED: (Specify if retirement, disability, hospital or medical, SSI, SVB, overpayment, etc.)

I do not agree with the Social Security Administration's (SSA) determination and request reconsideration. My reasons are:

**SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFITS (SVB) RECONSIDERATION ONLY**

**THREE WAYS TO APPEAL**

I want to appeal your determination about my claim for SSI or SVB. I have read about the three ways to appeal. I have checked the box below:

- CASE REVIEW** - You can pick this kind of appeal in all cases. You can give us more facts to add to your file. Then we will decide your case again. You do not meet with the person who decides your case.
- INFORMAL CONFERENCE** - You can pick this kind of appeal in all SSI cases except for medical issues. In SVB cases, you can pick this kind of appeal only if we are stopping or lowering your SVB payment. You will meet with a person who will decide your case. You can tell that person why you think you are right. You can give us more facts to help prove you are right. You can bring other people to help explain your case.
- FORMAL CONFERENCE** - You can pick this kind of appeal only if we are stopping or lowering your SSI or SVB payment. This meeting is like an informal conference, but we can also get people to come in and help prove you are right. We can do this even if they do not want to help you. You can question these people at your meeting.

**CONTACT INFORMATION**

CLAIMANT SIGNATURE - OPTIONAL: NAME OF CLAIMANT'S REPRESENTATIVE: (If any)

MAILING ADDRESS: MAILING ADDRESS:

CITY: STATE: ZIP CODE: CITY: STATE: ZIP CODE:

TELEPHONE NUMBER: DATE: TELEPHONE NUMBER: DATE:  
 (Include area code) (Include area code)

**TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION**

- |  |  |
|--|--|
| 1. HAS INITIAL DETERMINATION BEEN MADE? <input type="checkbox"/> Yes <input type="checkbox"/> No   | FIELD OFFICE DEVELOPMENT (GN 03102.300)<br><input type="checkbox"/> NO FURTHER DEVELOPMENT REQUIRED<br><input type="checkbox"/> REQUIRED DEVELOPMENT ATTACHED<br><input type="checkbox"/> REQUIRED DEVELOPMENT PENDING, WILL FORWARD OR ADVISE STATUS WITHIN 30 DAYS |
| 2. IS THIS REQUEST FILED TIMELY? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(If "NO", attach claimant's explanation for delay. Refer to GN 03102.125) |  |
| SOCIAL SECURITY OFFICE ADDRESS AND DATE  | SSI CASES ONLY - GOLDBERG KELLY (GK)   |
| APPEAL RECEIVED:   | (SI 02301.310) RECIPIENT APPEALED AN ADVERSE   |

# Questions?

