

AGREEMENT FOR REPAYMENT DELAYED UC CHECKS

CASE IDENTIFICATION

CASE NAME (LAST, FIRST, M.I.)	CO.	RECORD NO.	CAT.	GG	CTR. DIG.	DIST.

UC CLAIMANT IDENTIFICATION

UC CLAIMANT SOCIAL SECURITY NO.		UC CLAIMANT NAME (LAST, FIRST, M.I., APP)	
DATE CASH ELIGIBILITY BEGAN	NO. OF PERSONS IN BUDGET GROUP FOR WHOM CLAIMANT IS LIABLE	LOCAL OES OFFICE NO.	DATE BENEFIT YEAR BEGINS

AGREEMENT

I, _____
of _____

in consideration of the assistance granted to me or for me and/or to or for my spouse and unemancipated minor children pending the receipt of delayed Unemployment Compensation checks, do hereby, make and appoint the Department of Public Welfare of Pennsylvania, or its duly authorized agent, as my true and lawful attorney to sign and endorse any and all Unemployment Compensation checks paid to my order, to compute the amount of reimbursement due the Department of assistance received and return to me any funds not subject to reimbursement. This power of attorney is coupled with an interest.

UC CLAIMANT SIGNATURE

DATE

CAO WITNESS SIGNATURE

DATE

INSTRUCTIONS FOR COMPLETING THE OIG 176-U

CASE IDENTIFICATION

CASE NAME - Enter the payment name (Last name, First name, Middle initial.)

00 - Enter the two digit county code.

RECORD NO. - Enter the seven digit record number. If necessary, use zeros in front of a number to increase the digits to seven.

CAT - Enter the letter(s) indicating the cash category of assistance.

GG - Enter the single budget group number if there is more than one cash budget with the same category (e.g. C and C2).

CTR. DIG. - Enter the single digit established for the cash budget group.

DIST. - Enter the letter or number of the district office, if appropriate.

UC CLAIMANT IDENTIFICATION

UC CLAIMANT SOCIAL SECURITY NUMBER - Enter the UC claimant's nine digit social security number.

UC CLAIMANT NAME - Enter the UC claimant's name (Last name, First name, Middle initial, Appellation.)

DATE CASH ELIGIBILITY BEGAN - Enter the date (mo/dd/yr) eligibility began for cash assistance for the UC claimant.

NO. OF PERSONS IN BUDGET GROUP FOR WHOM CLAIMANT IS LIABLE - Enter the number of persons for whom the UC claimant is legally responsible, including the UC claimant.

LOCAL OES OFFICE NO. - Enter the four digit number where the UC claimant has applied for UC benefits. The four digit number is located below "Job Center" on the front of the claimant's ES-350 card.

DATE BENEFIT YEAR BEGINS - Enter the date (mo/dd/yr) the UC benefit year begins. The benefit year is found in the inside section of the claimant's ES-350 card.

AGREEMENT

BLANK SPACES AFTER THE WORDS "I/OF" - Enter the name and address of the UC claimant.

UC CLAIMANT SIGNATURE/DATE LINES - Obtain the signature of the UC claimant. Have the UC claimant enter the date he/she signs the agreement.

CAO WITNESS SIGNATURE/DATE LINES - Income Maintenance Worker's signature and date witnessed.

DISTRIBUTE AS FOLLOWS:

1. Forward pages 1 and 3 to OIG within 1 day of completion.

OIG
Reimbursement and Recovery Unit
P.O. Box 8016
Harrisburg, PA 17105

2. Give page 2 to the UC claimant.