AGREEMENT FOR REPAYMENT DELAYED UC CHECKS

CASE IDENTIFICATION									
CASE NAME (LAST, FIRST, M.I.)		Co		RECORD NO.	CAT.	GG	CTR. DIG.	DIST.	
	U	C CLAIMAN	NT IDE	ENTIFICATION					
UC CLAIMANT SOCIAL SECURITY N			FIRST, M.I., APP)						
DATE CASH ELIGIBILITY BEGAN	NO. OF PERSONS IN BUD	S IN BUDGET GROUP FOR		LOCAL OES OFFICE NO.		DA	DATE BENEFIT YEAR BEGINS		
WHOM CLAIMANT I		LE							
	AG	REEME	ENT						
							\neg		
1									
I,							-		
of									
01							-		
in consideration of the	•				• •				
unemancipated minor	children pending th	ne receipt o	of dela	ayed Unemployme	nt Comp	ensatio	n		
checks, do hereby, ma	ake and appoint th	e Departm	ent o	f Human Services	of Penns	sylvania	١,		
or its duly authorized	agent, as my true	and lawfu	ıl atto	rney to sign and	endorse	any and	d		
all Unemployment Co	ompensation check	ks paid to	my	order, to compute	e the an	nount c	of		
reimbursement due th	ne department of a	ssistance r	eceiv	ed and return to r	ne any fu	unds no	ot		
subject to reimbursem	-				-				
	one rino porror or c	attorney to	оочр.						
	JC CLAIMANT SIGNATURE				DATE		-		
	O CLAIMANT SIGNATURE				DAIL				
c	AO WITNESS SIGNATURE				DATE		-		

INSTRUCTIONS FOR COMPLETING THE OIG 176 U

CASE IDENTIFICATION

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

CO - 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.

UNEMPLOYMENT COMPENSATION (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 (mm/dd/yyyy) 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 (mm/dd/yyyy) 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 original to OIG within 1 day of completion.

UI Payment Services Labor and Industry Room 501, Boas Street Harrisburg, PA 17105

2. Give copy to the UC claimant.