Impairment Related Work Expense (IRWE) Request

January 2021

This request should accompany wage reports made to the Social Security Administration if you are a beneficiary receiving a Social Security or SSI disability benefit, or Medicaid under the 1619(b) provisions. **You should include receipts, and proof of wages or your self- employment tax returns.**

> **NOTE TO BENEFICIARY:** *Don't use this form if you are receiving SSI based on statutory blindness as all expenses that would qualify as IRWEs would also qualify as Blind Work Expenses (BWEs). Use the BWE Request Template.*

Date:
Period Worked:
Beneficiary Name:
SSN:
Representative Payee (if applicable):
SSN on which payment is made (if different):

Type of Benefits Received:

☐ SSI

☐ Title II Disability Benefit (SSDI, CDB, DWB)

This is a request that the items described below be deducted as Impairment Related Work Expenses when you consider the work activity I am reporting. The items listed below meet the following requirements:

- o They are necessary for my work activity or self-employment;
- o They were paid by me, and not reimbursed by another source;
- o They were not deducted as a business expense; and
- o They relate to an impairment being treated by a health-care provider. For each expense, I will attach a receipt. I will be happy to provide additional documentation, if requested.

List of expenses for this report period that appear on my attached pay stubs:

NOTE TO BENEFICIARY: *You can include monthly expenses for months when you worked, or you can include the cost of durable goods, either the down payment, the monthly payment, or the total cost, depending on how you paid for the item. Durable expenses may be pro-rated over a 12-month period.*

Date of Payment	Amount of Expense	Impairment to which Cost is Related	Healthcare Provider Name and Type (Example: Dr. Smith, Chiropractor)

Thank you for your consideration of this request.

Beneficiary or Representative Payee Signature: