

Sample Letter for Impairment Related Work Expense (IRWE)

To Modified by Individual

(Note: Make copies of all receipts enclosed, and make a copy of your letter for your social security claim file)

(Your return address)

(date_)

Social Security Administration
(address of local office)

Reference: (your social security claim number)

Dear Sirs:

I am writing to inform you of Impairment Related Work Expense (IRWE) in connection with my employment (you may describe your employment here if you wish).

(Itemize any of the following for which you have paid during a month in which you were working)

Medical costs related to my disability: \$ _____

Work related equipment: \$ _____

Interpreter or Reader Services: \$ _____

Residential modification to create a working space at home, or providing accessibility to outside employment: \$ _____

Services performed to help prepare for work: \$ _____

Driver or taxi service: \$ _____

Modifications to my vehicle which
I use for transport to/from work: \$ _____

Social Security approved mileage
expenses for travel to/from work:
(Date) From (origination point)
To (destination) = ___miles @ ___per mile \$ _____

Paid services performed by family members
who stopped working or who now
work reduced hours in order to perform
attendant care services: \$ _____

The foregoing costs were paid by me and are not reimbursable from other sources. Enclosed are original receipts documenting the described expenses.

Sincerely,

(Your name)

encl.