

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.