

Investigation Referral

Referral type: 371	Referral date:	Check all that apply: <input type="checkbox"/> Emailed to: FRAUD-INVESTIGATIONS, DHS <input type="checkbox"/> Given or emailed to investigator				
Case name (Last, First, MI):		SSN:	Client telephone number:		Date of birth:	
Address:		City:	State:	ZIP:	Case status:	
EBT and/or case numbers (list applicable numbers): F		Branch:	Worker ID:	Reprtg system (at that time):	PA amt: SNAP amt:	
Program(s) (check all that apply): <input type="checkbox"/> TANF (2 or 82) <input type="checkbox"/> SNAP <input type="checkbox"/> OHP (P2) <input type="checkbox"/> ERDC (M5) <input type="checkbox"/> Provider <input type="checkbox"/> DV <input type="checkbox"/> Other (specify):						
Primary referral reason (list all that apply): <input type="checkbox"/> AP in home <input type="checkbox"/> CH out of home		Unreported income from: <input type="checkbox"/> Unreported resource <input type="checkbox"/> Other (explain in allegations)		EBT issue		
Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Other:		Alternate format: <input type="checkbox"/> None <input type="checkbox"/> AT – Audio tape <input type="checkbox"/> BR – Braille <input type="checkbox"/> DC – Diskette <input type="checkbox"/> LP – Large print <input type="checkbox"/> OP – Oral presentation				
Does the client have disabilities, limitations and/or accommodation needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
Where is the information available? <input type="checkbox"/> TRACS <input type="checkbox"/> ACCESS <input type="checkbox"/> Caseworker <input type="checkbox"/> Other (explain in allegations)						
<input type="checkbox"/> DV, criminal and/or other issues that may be a safety concern – suspected or known? (note details in allegations)						
Case file located at: <input type="checkbox"/> Branch number <input type="checkbox"/> Archives <input type="checkbox"/> Other:						
Referred by (include job title or unit):		Phone:		Email or GroupWise address:		

Supplemental documents or evidence available: Yes No Location:

Allegation(s) (be detailed): NOTE: The area from here to the blue line below is not locked so you can type freely in it. Please delete this text so it is not in your allegation(s) area.

↓ Investigations use only ↓

Investigator:	Date assigned:	Date completed:
Action(s) taken:	Findings – occurrence of fraud is:	
<input type="checkbox"/> Phone <input type="checkbox"/> Correspondence <input type="checkbox"/> Home visit <input type="checkbox"/> Office visit <input type="checkbox"/> Collateral <input type="checkbox"/> DHS screens, TRACS reviewed and/or conference with DHS staff <input type="checkbox"/> Other (explain in narrative) <input type="checkbox"/> Transfer 284 to IPV Team	<input type="checkbox"/> Unsubstantiated: <input type="checkbox"/> Insufficient evidence <input type="checkbox"/> Age or inv. not necessary <input type="checkbox"/> No action – referred back to CM <input type="checkbox"/> 284 – to ORU for collection <input type="checkbox"/> Other (explain in narrative)	<input type="checkbox"/> Substantiated: <input type="checkbox"/> OVP – referred for OVP review <input type="checkbox"/> IPV waiver obtained <input type="checkbox"/> Prosecution <input type="checkbox"/> Recommend reduction <input type="checkbox"/> Recommend closure <input type="checkbox"/> Recommend denial <input type="checkbox"/> Other (explain in narrative)

Investigator:

Case name:

Investigative Report

Special considerations/conditions

- Disabilities/limitations review completed by investigator – none found
- Disabilities/limitations review completed by investigator – found (explain in details)
- Accommodations/alternate format review completed by investigator – none found, provided or offered
- Accommodations/alternate format review completed by investigator – found, provided and/or offered (explain in details)
- Other special considerations/conditions noted (explain in details)
- No review(s) completed – issues had no bearing in the investigation

TANF/cash: number of prior IPV dq _____

SNAP: number of prior IPV dq _____

CC provider: number of prior IPV dq _____

Recommendation:

NOTE: This area between these lines is not locked so you can type freely in it. Please delete this text so it is not in your recommendation/ narrative area.

Report completed by investigator.