

REFERRAL for INVESTIGATION

[] "Front End" [] Regular

Case Name: _____ Date: _____

Address: _____
Street/Route Number City State Zip Code

Phone Number: () _____ Directions to Home: _____

Person(s) Referred for Investigation: (If additional space is needed, continue on back.)

	Name	Age	Sex	Race	Social Security No.
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Program(s) of Suspected Erroneous Payment:

	Program(s)	Case Number	State ID Number	Amount
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Reason for Referral:

Approximate length of erroneous payment: _____

Is erroneous payment on-going? [] Yes [] No, date stopped: _____

Is verification of erroneous payment in case file? [] Yes, please attach. [] No

Has erroneous payment been discussed with the client? [] Yes, date _____ [] No

What were the a/r's remarks, comments, reactions or attitude observed during the interview?

Does the applicant/ recipient appear to be mentally competent? [] Yes [] No

Were there any visible physical disabilities? [] Yes [] No

If yes to either, please describe: _____

How was the erroneous payment discovered? _____

Comments: _____

Signature of Income Maintenance Caseworker: _____ Date

Signature of Eligibility Supervisor: _____ Date