

**INVESTIGATIVE SUMMARY**

**A. IDENTIFYING INFORMATION:**

- 1. Date (s): \_\_\_\_\_
- 2. County Case \_\_\_\_\_
- 3. CID# \_\_\_\_\_
- 4. FSIS ID# \_\_\_\_\_
- 5. Name \_\_\_\_\_
- 6. Address \_\_\_\_\_
- 7. Birth date: \_\_\_\_\_
- 8. Children & Birthdates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. AMOUNT OF ERRONEOUS PAYMENT:**

- (a) WFFA \$ \_\_\_\_\_
- (b) FNS \$ \_\_\_\_\_
- (c) MA \$ \_\_\_\_\_
- (d) SA \$ \_\_\_\_\_

**10. LENGTH OF ERRONEOUS PAYMENT:**

- (a) WFFA \_\_\_\_\_
- (b) FNS \_\_\_\_\_
- (c) MA \_\_\_\_\_
- (d) SA \_\_\_\_\_

**11. APPLICABLE MANUAL SECTIONS:**

- (a) WFFA \_\_\_\_\_
- (b) FNS \_\_\_\_\_
- (c) MA \_\_\_\_\_
- (d) SA \_\_\_\_\_

**12. PRIOR ERRONEOUS PAYMENTS:**

\_\_\_\_\_  
\_\_\_\_\_

**B. REASON FOR ERRONEOUS PAYMENT:**

C. **SUMMARY OF INVESTIGATION**: See Exhibits (List exhibits)

1.

2. Evidence Collected During Investigation:

See Exhibits

3. Personal History of A/R:

4. Client Interview:

**D. RECOMMENDATION:**

**E. ACTION TAKEN:**

\_\_\_\_\_  
Income Maintenance Investigator

\_\_\_\_\_  
Date