

FIELD INVESTIGATION REFERRAL

BFPP FILE NO

2 - - -

SECTION I: REFERRAL INFORMATION - Completed by IMCW

1. INDIVIDUAL'S NAME (First Name, Middle Initial, Last Name)

2. IMCW NAME (First Name, Middle Initial, Last Name)

3. COUNTY/RECORD NUMBER

4. LANGUAGE PREFERENCE - ENTER LANGUAGE NAME (DO NOT ENTER CODE)

5. PROVIDER NAME (IF APPLICABLE)

6. PROVIDER ADDRESS (IF APPLICABLE)

7. DOES INDIVIDUAL CLAIM DOMESTIC VIOLENCE?

YES

NO

(If yes, no referral should be made.)

8. ASSISTANCE PROGRAMS/ SERVICES INVOLVING INVESTIGATIONS

 TANF MA CHILD SUPPORT GA SA EMPLOYMENT & TRAINING SNAP LTC LIHEAP MATP

9. REFERRAL FOR:

 APPLICANT EMPLOYMENT & TRAINING SHELTER /TREATMENT CENTER BENEFITS DELIVERY CHILD CARE PROVIDER NURSING HOME LOCATION OF ABSENT PARENT HEALTH CARE PROVIDER WFI GENERATED REFERRAL TIP DRUG & ALCOHOL CENTER OTHER **SECTION II: REASON(S) FOR REFERRAL (Explain) - Completed by IMCW**

Large empty box for explaining the reason(s) for referral.

IMCW SIGNATURE & DATE

REFERRAL DATE TO OIG

OIG - 12 -01/11

SECTION III : INVESTIGATIVE FINDINGS - Completed by OIG Investigator

BFPP FILE NO

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1. DATE RECEIVED

2. INVESTIGATOR NAME (First Name, Middle Initial, Last Name)

3. DATE RETURNED

4. INVESTIGATIVE FINDINGS (USE CONTINUATION PAGE, IF NECESSARY)

INVESTIGATOR SIGNATURE

DATE

SECTION IV: RESULT OF INVESTIGATION - Completed by IMCW

NOTE: Please return this completed and signed form to the OIG within 30 days.

ACTION TAKEN (CHECK BOX THAT APPLIES)

* AUTHORIZED WITH REDUCED BENEFITS

- 61. NO REDUCTION IN BENEFITS
- 62. DENIED /CASE CLOSED
- 63. VOLUNTARY WITHDRAWAL
- 64. REDUCED BENEFITS*
- 65. FAIR HEARING - DECISION PENDING.
- 66. REJECTED - CAO ACTION.

FAIR HEARING DATE _____

GRANT BENEFIT REDUCED

Cash: \$ _____ to \$ _____
 Child Care: \$ _____ to \$ _____
 SNAP: \$ _____ to \$ _____
 LTC: \$ _____ to \$ _____
 Special Allowance: \$ _____ to \$ _____
 LIHEAP: \$ _____ to \$ _____
 MATP: \$ _____ to \$ _____
 MA: _____ Persons to _____

COMMENTS

INVESTIGATOR SIGNATURE

DATE