**FRAUD REFERRAL FORM**

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| E-Mail to HSPH.FAA.Service.Fraud |  |  |

 PART A (HSR)

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| **Date of Referral:**  | Programs Involved: [ ] SNAP [ ] MFIP/TANF [ ] DWP [ ] GA [ ] Child Care [ ] MSA [ ] Mnsure [ ] Federal MA [ ] EA [ ] EGA  |

|  |  |
| --- | --- |
| HSR Name:  | Phone #:       HSR #X127      |
| Referral Completed by:  | Phone #:       HSR #X127  |
| EAUS/CC Name:  | EAUS/CC Phone #:       |

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| **MAXIS/Provider/PMI Number**:       |
| **Client Name**:       |
| **Client Alias:**       |
| **SSN:**       |
| **DOB:**       |
| **2nd Adult Name:**       |
| **2nd Adult Alias:**       |
| **SSN:**       |
| **DOB:**       |

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| Address:            Telephone #:     | Address: (2nd Responsible person if different from Client address)     Telephone #:       |

 (Please add any additional responsible clients at the end of the form)

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| Time Frame This Referral:       through       | Preliminary Overpayment This Referral: $      |

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| From: | Through: | Program: | Claim #: | $ Amount: |

|  |  |  |  |  |
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Type of Referral: Date of Discovery:

Admission of Circumstances by Client - [ ]  n/a or [ ]  See Case Note Dated:

Dates of Previous Fraud Referrals:

|  |
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| **Previous Fraud Referral Case #(Completed by Fraud Personnel):**       |

Provide an explanation of the reason for suspecting fraud.