**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 |

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| 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.