

INSTRUCTIONS TO COMPLETE THE SUBSIDIZED CHILD CARE SUSPECTED PROVIDER FRAUD OVERPAYMENT REFERRAL (OIG 735)

Eligibility Agents will complete the Subsidized Child Care Suspected Provider Fraud Overpayment Referral (OIG 735) when referring a subsidized child care overpayment that involves suspicion of provider fraud. (**NOTE:** The Eligibility Agency should not refer provider non-fraud overpayments to the Office of Inspector General.) Complete the OIG 735 as follows:

DATE OF REFERRAL – Enter the date (mm/dd/yyyy) when referring the overpayment to the Office of Inspector General.

PROVIDER STATUS – Indicate whether or not the provider is an active day care provider with the CCIS.

PROVIDER INFORMATION

NAME OF PROVIDER – Enter the name of the child care center or individual child care provider reported.

NAME OF OPERATOR – Enter the name of the individual operating the child care center or providing child care services.

ADDRESS OF PROVIDER – Enter the address of the provider, including the street number, box number, city, state, and zip code.

COUNTY AND OFFICE – Enter the county and office in which the reported provider is located.

PROVIDER NUMBER – Enter the number assigned to the provider. Provider numbers are ten digits followed by a dash and a number from one to however many facilities are registered under the legal entity. (Example: Kindercare XXXXXXXXXXXX-6.)

FEDERAL ID NUMBER OF PROVIDER – Enter the federal identification number of the provider. (The number will be the corporate or social security number of the provider.)

TELEPHONE NUMBER OF PROVIDER – Enter the telephone number of the provider.

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OVERPAYMENT INFORMATION

BEGIN DATE OF OVERPAYMENT – Enter the date when the overpayment began.

END DATE OF OVERPAYMENT – Enter the date when the overpayment ended.

AMOUNT OF OVERPAYMENT – Enter the total amount of the overpayment.

EXPLANATION OF SUSPICION OF PROVIDER FRAUD – Provide a detailed explanation of the suspicion of fraud, including any relevant information that could lead to the establishment of an overpayment or criminal prosecution of welfare fraud.

ELIGIBILITY AGENCY NAME – Enter the name of the Eligibility Agency where the Eligibility Agent is located.

ELIGIBILITY AGENCY ADDRESS – Enter the street number, box number, city, state, and zip code of the Eligibility Agency.

ELIGIBILITY AGENCY CONTACT NAME – Enter the name of the Eligibility Agent the Office of Inspector General may contact regarding the referral, if necessary.

CONTACT TELEPHONE NUMBER – Enter the telephone number of the Eligibility Agent.