

OFFICE OF INSPECTOR GENERAL SUBSIDIZED CHILD CARE SERVICES APPLICATION INVESTIGATION REFERRAL	Bureau of Fraud Prevention and Prosecution (BFPP) File Number: <div style="text-align: right;">2OIG Generated Number</div>
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SECTION 1: APPLICATION INFORMATION – COMPLETED BY ELIGIBILITY AGENT

1. Parent/Caretaker Name: <small>Who do you want the OIG to investigate? P/C, Provider or both?</small>		2. Individual Number:		3. Social Security Number: 914-33-0006		4. Date of Birth: 06/12/77	
5. Address: Attempt to get physical address/No P.O. Boxes				City: North Huntingdon		State: PA	Zip Code: 15642
6. Does Parent/Caretaker Claim Domestic Violence? <input type="checkbox"/> YES <input type="checkbox"/> NO							
If YES, was the referral reviewed and approved by the Subsidy Coordinator? <input type="checkbox"/> YES <input type="checkbox"/> NO							
7A. Provider Name:		7B. Is Provider a Relative or Neighbor? <input type="checkbox"/> YES <input type="checkbox"/> NO		8. Social Security Number:		9. Date of Birth:	
10. MPI Number:		11. Address of Care: ATTEMPT TO GET PHYSICAL ADDRESS/NO P.O. BOXES		City: North Huntingdon		State: PA	Zip Code: 15642
12. CO.: Your County	13. Eligibility Agency Record Number: Client's record number		14. Eligibility Agent Name: EA's name and direct phone #			15. OIG Referral Date: When was referral made to OIG	
17. Eligibility Date:			18. Enrollment Date:		19. Face-to-Face Interview Date:		
20A. Number of Adults in Family:		20B. Number of Children in Family:		20C. Number of Children on Subsidy:			

SECTION 2: REASON(S) FOR REFERRAL (EXPLAIN) – COMPLETED BY ELIGIBILITY AGENT

What questions do you want the OIG Investigator to answer during the course of the investigation? Be specific and detailed. Basically, ask yourself these questions when completing this section: Who, What, Where, When, Why and How.

Please do not hesitate to call me if you have any questions while completing this form. Jay Ripani 412-920-2542

OIG-BPT

Signature of Eligibility Agent

Date

SAMPLE

SECTION 3: INVESTIGATION FINDINGS – COMPLETED BY WFI	BFPP FILE NUMBER: <u>20IG Generated Number</u>
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1. Welfare Fraud Investigator (WFI) Name: OIG Investigator's Name	2. Date Referral Received: Investigator will complete	3. Date Referral Returned: Investigator will complete
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4. Investigation Findings:

Signature of Welfare Fraud Investigator	Date
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SECTION 4: RESULT OF INVESTIGATION – COMPLETED BY ELIGIBILITY AGENT
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ACTION TAKEN: (Check Box that Applies)	MONTHLY SUBSIDY COSTS AVOIDED (Completed by Eligibility Agent)	
<input type="checkbox"/> 61. AUTHORIZED – NO REDUCTION IN CHILD CARE SUBSIDY.		
<input type="checkbox"/> 62. CHILD CARE NOT AUTHORIZED – REJECTED/CLOSED. ▶	\$	
<input type="checkbox"/> 63. VOLUNTARY WITHDRAWAL OF SUBSIDY APPLICATION. ▶	\$	
<input type="checkbox"/> 64. AUTHORIZED – WITH A DECREASED SUBSIDY. ▶	From Original Subsidy Amount: \$	To Decreased Subsidy Amount: \$
<input type="checkbox"/> 65. APPLICATION REJECTED BY ELIGIBILITY AGENCY FOR OTHER REASONS.		

Comments:

Signature of Eligibility Agent	Date
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	BFPP FILE NUMBER:
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SECTION 3: INVESTIGATION FINDINGS – (Continuation Page)

20IG Generated Number

PARENT/CARETAKER NAME:
Who do you want the OIG to investigate? P/C, Provider or both?

ELIGIBILITY AGENCY RECORD NUMBER:
Client's record number

SAMPLE

Signature of Welfare Fraud Investigator

DATE