

OVERPAYMENT REFERRAL

(ATTACH REQUIRED DOCUMENTATION)

INDIVIDUAL NUMBER FOR CLAIM NAME:

CLIENT IDENTIFICATION

| | | | | | | | | | | |
|--|---------|--|-------|------------------|----------|----|------------------------|------------------------|------------------|---------|
| 1. TYPE OF REFERRAL <input type="checkbox"/> Cash <input type="checkbox"/> SNAP <input type="checkbox"/> MA <input type="checkbox"/> LIHEAP <input type="checkbox"/> Disaster <input type="checkbox"/> SU <input type="checkbox"/> SSP <input type="checkbox"/> LTC | | | 2. CO | 3. RECORD NUMBER | 4. CAT. | GG | 5. CTR. DIG. | 6. SUF | 7. SNAP CTR. DIG | 8. DIS. |
| 9. PAYMENT NAME – LAST | | | FIRST | | | | MI | SOCIAL SECURITY NUMBER | | |
| 10. SNAP PAYMENT NAME – LAST | | | FIRST | | | | MI | SOCIAL SECURITY NUMBER | | |
| 11. CLAIM NAME – LAST | | | FIRST | | | | MI | SOCIAL SECURITY NUMBER | | |
| 11A. ADDRESS | | | | | | | | | | |
| CITY | | | STATE | | ZIP CODE | | 12. TELEPHONE NUMBER | | ACTION DATE | |
| 13A. LINE NO. | B/N – B | BUDGET/NON-BUDGET MEMBER'S NAME (Last) | | FIRST | | MI | SOCIAL SECURITY NUMBER | | MO. / DAY / YR. | |
| 13B. LINE NO. | B/N – B | BUDGET/NON-BUDGET MEMBER'S NAME (Last) | | FIRST | | MI | SOCIAL SECURITY NUMBER | | MO. / DAY / YR. | |
| 13C. LINE NO. | B/N – B | BUDGET/NON-BUDGET MEMBER'S NAME (Last) | | FIRST | | MI | SOCIAL SECURITY NUMBER | | MO. / DAY / YR. | |

OVERPAYMENT INFORMATION

| | | | | | | | |
|---|---------------|--------------------------------------|---|------------------|--|---|---|
| 14. CAO DISC: MO. / DAY / YR. | 15. DISC CODE | 16. DATE VERIFIED MO. / DAY / YR. | 17. CAO REC | 18. PROJECT CODE | 19. REASON CODE | 20. SAR CODE <input type="checkbox"/> -1 <input type="checkbox"/> -6 | 21. MONTHLY APPLICATION CODE <input type="checkbox"/> -A <input type="checkbox"/> -R <input type="checkbox"/> -W <input type="checkbox"/> -S |
| 22A. EMPLOYER NAME/ADDRESS (Complete if reason code 01 entered in item 19.) | | | 22B. EMPLOYER NAME/ADDRESS | | | | |
| 23. Was a responsible member of the household specifically questioned during or after the period of the overpayment/overissuance? If yes, explain in item 41. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | 24. Is the CAO aware of the client having any physical, mental or social limitations that affected the client's ability to report timely? If yes, explain in item 41. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 25. Was the CAO aware of potential resource or change causing overpayment? If yes, explain in item 41. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | 26. Categorically Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No | | 27. Was the overissuance caused by client error? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

USE FOR CASH/SSP OVERPAYMENT

| | | |
|---|-----------------------|---|
| 28. PERIOD OF OVERPAYMENT FROM MO. / DAY / YR. TO MO. / DAY / YR. | 29. CASH AMOUNT \$ | 30. WERE WORK EXPENSES VERIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was work <input type="checkbox"/> part time <input type="checkbox"/> full time. List in item 41 the type of expense and the amount, indicating per week or per month. |
| 31. Was client eligible for work incentive during the period of overpayment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the incentive in item 41. | | |
| 32. Was any portion of the resource causing the overpayment adjusted to the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach the CAF income computation pages. | | |

USE FOR SNAP OVERISSUANCE

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|--|---|--|-------------------------------|------------------------------------|
| 33. Non-Participating household? <input type="checkbox"/> Yes <input type="checkbox"/> No | 34. PERIOD OF OVERISSUANCE FROM MO. / DAY / YR. TO MO. / DAY / YR. | 35. SNAP AMOUNT FROM OIG 711-C, BLOCK C \$ | 36A. OVERPAYMENT AMOUNT \$ | 36B. CHECK DATE MO. / DAY / YR. |
|--|---|--|-------------------------------|------------------------------------|

USE FOR MEDICAL ASSISTANCE INELIGIBILITY**ENERGY ASSISTANCE**

| | | | | |
|--|------------------|---------------------|--------------------------------|-------------------------------|
| 37. PERIOD OF INELIGIBILITY FROM MO. / DAY / YR. TO MO. / DAY / YR. | 38. LINE NUMBERS | 39. MA AMOUNT \$ | 40A. HEATING SEASON YR. YR. | 40B. OVERPAYMENT AMOUNT \$ |
|--|------------------|---------------------|--------------------------------|-------------------------------|

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|--------------------------|--|--|--|
| 41. EXPLANATION/COMMENT: | | | |
|--------------------------|--|--|--|

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|------------------|------------------|------------------|--------------------------------|
| 42. PREPARED BY: | 43. APPROVED BY: | 44. REVIEWED BY: | 45. OIG REC. (OIG USE ONLY) |
| NAME/TITLE DATE | NAME/TITLE DATE | NAME/TITLE DATE | |

OVERPAYMENT REFERRAL CODES

ITEM 15 – DISCOVERY CODES

| | | |
|-------------------------|---------------------------|-------------------------------------|
| 1 County Worker | 7 Employer | C Data Exchange 3 (SSA Bendex MBR) |
| 2 Departmental Match | 8 Other Sources | D Data Exchange 4 (SSA Bendex ERF) |
| 3 Auditor General Audit | 9 DRS | E Data Exchange 5 (Unearned Income) |
| 4 Client | | P Provider |
| 5 Phone Call/Complaint | A Data Exchange 1 (Wages) | Q Quality Control Review |
| 6 Another Client | B Data Exchange 2 (UC) | R EBT Risk Management |

ITEM 17 – CAO RECOMMENDATION CODES

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| 1 Administrative Error. DHS caused the error by acting or failing to act. | 2 Individual Error including circumstances beyond an individual's control such as serious illness and death. |
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ITEM 19 – REASON CODES INCOME

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|---|---|---|
| 01 Wages | 11 Supplemental Security Income (SSI) | 22 Unreported Individual In Household With Earned Income (SNAP and MA Only) |
| 02 Rental Income | 12 Legally Responsible Relative (Cash and MA) | 23 Unreported Individual In Household With Unearned Income (SNAP Only) |
| 03 Non-reimbursable Lump Sum Income (Cash and MA) | 14 Income of Sponsor | 24 Self Employment Income |
| 04 Dividends | 15 Lottery Winnings (Cash and MA) | 78 Incorrect PA Grant Adjustment For SNAP (SNAP Only) |
| 05 Child/Spousal Support | 16 Child Support Pass Through (SNAP Only) | |
| 07 Stepparent Income Available (Cash and MA) | 17 VA Benefits | |
| 08 Social Security Payments (SSA) | 18 Pensions | |
| 09 Unemployment Compensation (UC) | 19 Educational Grants/Loans | |
| 10 Sick Pay or Workers Compensation | 21 Other Income (Unearned) | |

HOUSEHOLD COMPOSITION

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|---|------------------------------------|
| 20 Incorrect Number of Persons Receiving Benefits | 90 Absent TANF Child (Cash and MA) |
|---|------------------------------------|

RESOURCES

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|---|--------------------------|--|
| 13 Earned Income Tax Credit (EITC) (Cash and MA) | 32 Stocks and Bonds | 36 Vehicles |
| 30 Bank Accounts | 33 Income Tax Refund | 37 Lump Sum Exceeds Resource Limit (SNAP and MA) |
| 31 Insurance Policies (Cash and TANF-Related MA Only) | 34 Non-Resident Property | |
| | 35 Trusts | |

SPECIAL ALLOWANCES/DIVERSION

| | | |
|---|--|--------------|
| 40 Ineligible for Special Allowance (Cash Only) | 42 SNAP ETP Special Allowance | 59 Diversion |
| | 43 SNAP Dependent Care Special Allowance | |

MEDICAL ASSISTANCE

| | | |
|---------------------------------|---|----------------------------|
| 50 Damage Claims | 53 MAWD - Failure to Report (Client Error Only) | 57 MA Deductions/Expenses |
| 51 Mis-utilization of MAID Card | 54 MAWD - Administrative Error | 58 MA Administrative Error |
| 52 Third Party Liability | 55 MAWD - Failure to Report - Incorrect Premium (Client Error Only) | |

CONDITIONS OF ELIGIBILITY

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|---|---|---|
| 06 Standard of Need Exceeded | 73 Untimely Action of Decreasing or Closing | 88 Time Limit (Cash and GA-Related MA Only) |
| 25 Income Exceeds Net Limit (SNAP Only) | 75 Dependent Child Care Costs | 89 Able-Bodied (SNAP Only) |
| 26 Client Error | 80 Fleeing Felon | 91 Minor Parent (Cash Only) |
| 60 Intra/Inter State Fraud | 81 Probation/Parole Violator | 92 Unpaid Court Costs or Fines |
| 61 Unreported Marriage | 82 Summons for Court Proceeding (Cash and GA-Related MA Only) | 94 Terminating/Reducing Earnings (Cash Only) |
| 62 Failure to Furnish Required Information | 83 Fraud Conviction | 95 Non-Cooperation of Child Support/Paternity (Cash Only) |
| 63 Failure to Apply for a Federal Benefit (Cash and MA) | 84 Failure to Sign AMR (Cash Only) | 96 Gambling Establishment (Cash Only) |
| 64 Expiration of Transitionally Needy Time Limit | 86 Conviction for Trafficking SNAP Benefits (SNAP Only) | 97 Citizenship |
| 65 Expiration of Work Incentive | 87 Misrepresentation of Identity/Residence (SNAP Only); Misrepresentation of Residence (Cash and MA Only) | |
| 66 Exceeds Gross Income Test | | |
| 68 Students | | |
| 69 Employment Sanctions | | |

OTHER

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|--|---------------------------------------|---|
| 49 Appeal Lost – Overpayment of Benefits During Appeal | 71 Duplicate EBT Issuance (SNAP Only) | 98 SNAP Trafficking Intentional Program Violation (IPV) |
| 70 Administrative Error | 72 Duplicate Issuance - Systems Error | |
| | 74 SNAP Deductions (SNAP Only) | |