

OVERPAYMENT REFERRAL

(ATTACH REQUIRED DOCUMENTATION)

PREVIOUS REFERRALS

YES NO

INDIVIDUAL NUMBER FOR CLAIM NAME:

CLIENT IDENTIFICATION

1. TYPE OF REFERRAL <input type="checkbox"/> Cash <input type="checkbox"/> FS <input type="checkbox"/> MA <input type="checkbox"/> LTC <input type="checkbox"/> LIHEAP <input type="checkbox"/> Disaster <input type="checkbox"/> SU <input type="checkbox"/> SSP		2. CO	3. RECORD NUMBER	4. CAT.	GG	5. CTR. DIG.	6. SUF	7. FS CTR. DIG	8. DIS.
9. PAYMENT NAME – LAST		FIRST			MI	SOCIAL SECURITY NUMBER			
10. FOOD STAMP 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				

USE FOR CASH/SSP OVERPAYMENT

27. PERIOD OF OVERPAYMENT FROM MO. / DAY / YR. TO MO. / DAY / YR.		28. CASH ACCOUNT \$	29. 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 40 the type of expense and the amount, indicating per week or per month.
30. 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.	
31. 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 FOOD STAMP OVERISSUANCE

DISASTER ASSISTANCE

32. Was the overissuance caused by client error? <input type="checkbox"/> Yes <input type="checkbox"/> No	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. FOOD STAMP AMOUNT FROM OIG 711-C, BLOCK C \$	36A. OVERPAYMENT AMOUNT \$	36B. CHECK DATE MO. / DAY / YR.
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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.	40B. OVERPAYMENT AMOUNT \$
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41. EXPLANATION/COMMENT:

42. PREPARED BY: _____ NAME/TITLE DATE	43. APPROVED BY: _____ NAME/TITLE DATE	44. REVIEWED BY: _____ NAME/TITLE DATE	45. OIG REC. (OIG USE ONLY)
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OVERPAYMENT REFERRAL CODES

ITEM 15 – DISCOVERY CODES

1 County Worker	7 Employer	B IVES OES UC Exchange
2 Departmental Match	8 Other Sources	C IEVS SSA Bendex MBR Exchange
3 Auditor General Audit	9 DRS	D IEVS SSA Bendex ERF Exchange
4 Client		E IEVS IRS Unearned Income Exchange
5 Phone Call/Complaint	A IEVS OES Wage Exchange	Q Quality Control Review
6 Another Client		

ITEM 17 – CAO RECOMMENDATION CODES

1 Agency error or client error caused by circumstances beyond the client's control such as serious illness, death or accident which makes it impossible to expect the usual reporting requirements be met, or those overpayments caused even though a client reported accurately within one week, or any changes affecting their situation.	2 Client error not defined above.
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ITEM 19 – REASON CODES INCOME

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

HOUSEHOLD COMPOSITION

20 Incorrect Number of Persons Receiving Benefits	90 Absent TANF Child (Cash Only)
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RESOURCES

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

SPECIAL ALLOWANCES/DIVERSION

40 Ineligible for Special Allowance (Cash Only)	42 Food Stamp ETP Special Allowance	59 Diversion
	43 Food Stamp Dependent Care Special Allowance	

MEDICAL ASSISTANCE

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

CONDITIONS OF ELIGIBILITY

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

OTHER

49 Appeal Lost – Overpayment of Benefits During Appeal	71 Duplicate EBT Issuance (Food Stamps Only)	98 Food Stamp Trafficking Intentional Program Violation (IPV)
70 Administrative Error	72 Duplicate Issuance - Systems Error	99 Undefined Reason Code in ARRC
	74 Food Stamp Deductions (Food Stamps Only)	