

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. |
|---|---|--|---|-------------------------------|------------------------------------|

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 \$ |
|---|------------------|---------------------|-----------------------------------|-------------------------------|

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) |
|---|---|---|--------------------------------|

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

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|---|-----------------------------------|
| 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. |
|---|-----------------------------------|

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) |
|---|----------------------------------|

RESOURCES

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|--|--------------------------|---|
| 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) | |