

FIELD INVESTIGATION REFERRAL
(CONFIDENTIAL REFERRALS AND TIPS ONLY)

BFPP FILE NO.

2 - - -

SECTION I: REFERRAL INFORMATION - Completed by manager, administrator, or OSIG investigator (for tips).

1. INDIVIDUAL'S NAME (First Name, Middle Initial, Last Name)

2. IMCW NAME (First Name, Middle Initial, Last Name)

3. COUNTY/RECORD NUMBER

4. INDIVIDUAL NUMBER

5. LANGUAGE PREFERENCE - ENTER LANGUAGE NAME (DO NOT ENTER CODE.)

6. DOES INDIVIDUAL CLAIM DOMESTIC VIOLENCE (DV)? ☐ YES ☐ NO

IF YES, AND THE CLIENT IS RECEIVING TANF, WAS THE REFERRAL REVIEWED AND APPROVED BY BOP? ☐ YES ☐ NO

REFERRAL REVIEWED BY:

COMMENTS:

7. ASSISTANCE PROGRAMS/SERVICES INVOLVING INVESTIGATION

☐ TANF

☐ LTC

☐ SSI related MA CAT: _____

☐ SNAP

☐ LIHEAP

☐ TANF related MA CAT: _____

☐ SA

☐ CHILD SUPPORT

☐ GA related MA CAT: _____

☐ MATP

☐ EMPLOYMENT & TRAINING

☐ MG related MA

☐ OTHER _____

☐ PCO related MA

8. REFERRAL FOR:

☐ APPLICANT

☐ EMPLOYMENT & TRAINING

☐ SHELTER/TREATMENT CENTER

☐ BENEFITS DELIVERY

☐ CHILD CARE PROVIDER

☐ NURSING HOME

☐ LOCATION OF ABSENT PARENT

☐ HEALTH CARE PROVIDER

☐ WFI GENERATED REFERRAL

☐ TIP

☐ DRUG & ALCOHOL CENTER

☐ OTHER _____

SECTION II: REASON(S) FOR REFERRAL (Explain) - Completed by manager, administrator, or OSIG investigator (for Tips)

SIGNATURE & DATE

REFERRAL DATE TO OSIG

SECTION III: INVESTIGATIVE FINDINGS - Completed by OSIG Investigator		BFPP FILE NO. 2 - - -	
1. DATE RECEIVED	2. INVESTIGATOR NAME (First Name, Middle Initial, Last Name)	3. DATE RETURNED	
4. INVESTIGATIVE FINDINGS (USE CONTINUATION PAGE, IF NECESSARY)			
INVESTIGATOR SIGNATURE		DATE	
SECTION IV: RESULT OF INVESTIGATION - Completed by manager, administrator, or ICMW (for Tips).			
NOTE: Please return this completed and signed form to the OSIG within 30 days.			
ACTION TAKEN (CHECK BOX THAT APPLIES)		*AUTHORIZED WITH REDUCED BENEFITS	
		GRANT BENEFIT REDUCED	
		FROM TO	
<input type="checkbox"/> 61. NO REDUCTION IN BENEFITS.		Cash:	\$ to \$
<input type="checkbox"/> 62. DENIED/CASE CLOSED.		Child Care:	\$ to \$
<input type="checkbox"/> 63. VOLUNTARY WITHDRAWAL.		SNAP:	\$ to \$
<input type="checkbox"/> 64. REDUCED BENEFITS. *		LTC:	\$ to \$
<input type="checkbox"/> 65. REJECTED - CAO ACTION		Special Allowance:	\$ to \$
		LIHEAP:	\$ to \$
		MATP:	\$ to \$
		MA:	persons to persons
COMMENTS			
SIGNATURE		DATE	