FIELD INVESTIGATION REFERRAL

(CONFIDENTIAL REFERRALS AND TIPS ONLY)

BFPP F	BFPP FILE NO.					
2	-	-	-			

SECTION I: REFERRAL INFORMATION - Completed by manager, administrator, or OSIG investigator (for tips).									
1. INDIVIDUAL'S NAME (First Name, N	liddle Initial, Last Name)	2. IMCW NAME (First Name, Middle Initial, Last Name)							
3. COUNTY/RECORD NUMBER		4. INDIVIDUAL NUMBER							
5. LANGUAGE PREFERENCE - ENTE	R LANGUAGE NAME (DO NOT ENTEI	R 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/SERVIC	ES 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							
0.0555004.500	OTHER	PCO related MA							
8. REFERRAL FOR:									
APPLICANT		SHELTER/TREATMENT CENTER							
BENEFITS DELIVERY		□ NURSING HOME							
LOCATION OF ABSENT PARENT	HEALTH CARE PROVIDER	☐ WFI GENERATED REFERRAL							
TIP	☐ DRUG & ALCOHOL CENTER	OTHER							
SECTION II: REASON(S) FOR F	REFERRAL (Explain) - Complet	ted by manager, administrator, or OSIG investigator (for Tips)							
SIGNATURE & DATE		REFERRAL DATE TO OSIG							

1. DATE RECEIVED 2. 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 CSIG within 30 days. ACTION TAKEN (CHECK BOX THAT APPLIES) CRANT BENEFIT REDUCED FROM TO Cash: \$ to \$ GAS. DENIED/CASE CLOSED. GAS. VOLUNTARY WITHDRAWAL. LTC: \$ to \$ LTC: \$ to \$ Special Allowance: \$ to \$ MATP: \$ to \$ MA	SECTION III: INVESTIGAT		BFPP FILE NO. 2					
INVESTIGATOR SIGNATURE 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) GRANT BENEFIT REDUCED FROM TO G1. NO REDUCTION IN BENEFITS. G2. DENIED/CASE CLOSED. G3. VOLUNTARY WITHDRAWAL. G4. REDUCED BENEFITS.* G6. REJECTED - CAO ACTION LITC: Special Allowance: \$ to \$ MATP: \$ t	1. DATE RECEIVED	2. INVESTIGATOR NAME (First Name,	Middle Initial, Last Name) 3. DATE RETURNED			ED		
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)	4. INVESTIGATIVE FINDINGS (U	SE CONTINUATION PAGE, IF NECESSA	ARY)					
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 Cash: \$ to \$ Cash: \$ to \$ Child Care: \$ to \$ SNAP: \$ to \$ LTC: \$ to \$ LTC: \$ to \$ CHECK BOX THAT APPLIES GRANT BENEFIT REDUCED FROM TO Cash: \$ to \$ SNAP: \$ to \$ NAP: \$ to \$ MAPP: \$ to \$ MATP: \$ to \$ MATP: \$ to \$ MATP: \$ to \$ COMMENTS COMMENTS								
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ACTION TAKEN (CHECK BOX THAT APPLIES) *AUTHORIZED WITH REDUCED BENEFITS GRANT BENEFIT REDUCED FROM TO G1. NO REDUCTION IN BENEFITS. G2. DENIED/CASE CLOSED. G3. VOLUNTARY WITHDRAWAL. G4. REDUCED BENEFITS.* G5. REJECTED - CAO ACTION COMMENTS *AUTHORIZED WITH REDUCED FROM TO Cash: \$ to \$ Child Care: \$ to \$ SNAP: \$ to \$ LTC: \$ to \$ SNAP: \$ to \$ MATP: \$ to \$ MATP: \$ to \$ MATP: \$ to \$ COMMENTS								
GRANT BENEFIT REDUCED FROM TO	NOTE: Please return this complete	ed and signed form to the OSIG within 30	days.		,			
G1. NO REDUCTION IN BENEFITS. Cash: \$ to \$ \$	ACTION TAKEN (CHE	ECK BOX THAT APPLIES)	*AUTHORIZED WITH REDUCED BENEFITS					
□ 61. NO REDUCTION IN BENEFITS. Cash: \$ to \$ □ 62. DENIED/CASE CLOSED. Child Care: \$ to \$ □ 63. VOLUNTARY WITHDRAWAL. LTC: \$ to \$ LTC: \$ to \$ Special Allowance: \$ to \$ MATP: \$ to \$ MATP: \$ to \$ MA: persons to persons Cash: \$ to \$ SNAP: \$ to \$ Special Allowance: \$ to \$ MATP: \$ to \$ MA: persons to persons Comments		GRANT BENEF			EFIT REDUCED			
62. DENIED/CASE CLOSED. Child Care: \$ to \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	□ 61. NO REDUCTIO	ON IN BENEFITS.	Cash:		to			
SNAP: \$ to \$ LTC: \$ to \$ Special Allowance: \$ to \$ Special Allowance: \$ to \$ MATP: \$ to \$ MATP: \$ to \$ MATP: \$	_							
G4. REDUCED BENEFITS. * G5. REJECTED - CAO ACTION LIHEAP: \$ to \$ MATP: \$ to \$ MA: persons to persons COMMENTS			SNAP:	\$	to	\$		
G5. REJECTED - CAO ACTION LIHEAP: \$ to \$ MATP: \$ persons to persons COMMENTS	_							
MATP: \$ to \$ MA: persons to persons COMMENTS			-					
MA: persons to persons COMMENTS	☐ 65. REJECTED - 0	CAO ACTION						
COMMENTS				\$		•		
		CO			persons to	persons		
		CO	WIMEN 15					
SIGNATURE DATE	SIGNATURE				DATE			