OVERPAYMENT REFERRAL (ATTACH REQUIRED DOCUMENTATION)

INDIVIDUAL NUMBER FOR CLAIM NAME:

						LIENT ID			N								
TYPE OF REFERR	AL	2. CO	3. RECO	RD NUMBER	4. CAT.		GG	5. CTR.	DIG.	6. SUF	7.	. SNAP CTR. DIG	8. DIS.				
Cash SNA	Р 🗆 МА																
9. PAYMENT NAME – LAST						FIRST					MI	SOCIAL SECURITY NUMBER					
10. SNAP PAYMENT NAME – LAST						FIRST						SOCIAL SECURITY NUMBER					
11 CLAIM NAME LAST						FIRST						SOCIAL SECURITY NUMBER					
11. CLAIM NAME – LAST						FIRST					MI	SUCIAL SECURITY NUMBER					
11A. ADDRESS																	
CITY STATE				STATE	7	ZIP CODE		12. TELEPHONE NUMBER									
															ACTION DATE		
13A. LINE NO.	LINE NO. B/N – B BUDGET/NON-BUDGET MEMBER'S NAME (La			:MBER'S NAME (Last)	FIRST			MI	MI SOCIAL SECURITY			NUMBER MC		MO. / DAY / YR.			
13B. LINE NO.	LINE NO. B/N – B BUDGET/NON-BUDGET MEMBER'S NAME (Last)			:MBER'S NAME (Last)	FIRST			Mi	I S	SOCIAL SECURITY NUMBER			МО	MO. / DAY / YR.			
13C. LINE NO.	. LINE NO. B/N – B BUDGET/NON-BUDGET MEMBER'S NAME (Last)				FIRST			ı ç	SOCIAL SECURITY NUMBER			MC	MO. / DAY / YR.				
13C. LINE NO. B/N – B BUDGET/NON-BUDGET MEMBER'S NAME (Last)					FIRST			II SOCIAL SECURITY NUMBER			IWIC	WO. / DAT / TR.					
					OVE	RPAYMEN											
14. CAO DISC: MO. / DAY / YR.		15.	DISC COD	16. DATE VERIFIED MO. / DAY / YR.			17. CAO REC	18. PR	OJECT CO	DDE 19. REAS	ON CODE			21.	MONTHLY APPLICAT	_	
22A.EMPLOYER NAME/ADDRESS (Complete if reason code 01 entered in item 19.)							22B. EMPLO	OVER NAM	/F/ΔDDRF	99			1	3 L	A	-W □-S	
ZZA.EWI EGTER NAWI	L/ADDITLOG	(Outspicto il reasc	iii codc o i	entered in term 13.)			ZZD. LWII L	JILIT IVAIV	IL/ADDITE								
23. Was a responsibl after the period of	e member of f the overpay	the household sp ment/overissuance	ecifically que? If yes, e		□ Yes	□ No	24. Is the C	AO aware cted the c	of the clie client's abil	nt having any p lity to report tim	hysical, m ely? If ye	ental or so s, explain	ocial limitati in item 41.	ions	☐ Yes ☐	1 No	
25. Was the CAO aware of potential resource or change causing overpayment?						26. Categorically Eligible							ne overissua				
ii yes, expiaiii iii i	leiii 41.					S □ No				Yes 🗆 N	lo	Cause	d by client e	CITUI	☐ Yes ☐	No	
28.		PERIOD (OF OVERPA	AYMENT	E FO	R CASH/S	29. CASH A		YMEN	30. WERE WO	rk expei	NSES VER	IFIED?		☐ Yes ☐ N		
FROM TO MO. / DAY / YR. MO. / DAY ,					′ / YR.		_	If you wa									
			\$					rk									
31. Was client eligible	for work inc	centive during the	period of o	verpayment?	es 🗆	No If y	es, identify the	incentive	in item 41	1.							
32. Was any portion	of the resour	ce causing the ove	erpayment a	adjusted to the grant?] Yes	☐ No If y	es, attach the	CAF incon	ne comput	tation pages.							
USE FOR SNAP OVERIS												DISASTER A					
33. Non-Participating household?			34.	PERIOD OF C FROM	OVERISSI	TO			ap amoun Om oig 71	IT 1-C, BLOCK C	36/	A. OVERPA AMOUN			36B. CHECK DATE MO. / DAY	/ YR.	
	☐ Yes ☐ No MO. / DAY / YR.			0. / DAY / YR.		MO. / DAY / YR.			\$			\$					
		IISE EOB	MEDI	CAL ASSISTAN	CE II	MELICIBII	ITV					EN	IEBCV	/ A C	SISTANCE		
37.	2014	PERIOD OF INEL				B. LINE NUMBER			39. MA A	AMOUNT		40A. H	EATING EASON	AO	40B. OVERPAYMEN AMOUNT	NT .	
	ROM DAY / YR.			TO MO. / DAY / YR.					\$			YR.		YR	\$		
41. EXPLANATION/CO	MMENT:								Ψ						Ψ		
41. EXI ENNATION/OC	JIVIIVILIVI.																
42. PREPARED BY:				43. APPROVED BY:					11	DEMED DV					45 010	2 DEC	
45. APPROVED BT:						44. REVIEWED B					45. OIG REC. (OIG USE ONLY)						
NAME/	TITI C		DATE		IAME/TITI E				_	NIAA	ME/TITLE			DΛ	TE .		

OVERPAYMENT REFERRAL CODES

ITEM 15 - DISCOVERY CODES

- County Worker
- Departmental Match
- Auditor General Audit
- Client
- Phone Call/Complaint
- Another Client

- Employer
- Other Sources
- Data Exchange 1 (Wages)
- Data Exchange 2 (UC)

- Data Exchange 3 (SSA Bendex MBR)
- Data Exchange 4 (SSA Bendex ERF)
- Data Exchange 5 (Unearned Income)
- **Quality Control Review**
- EBT Risk Management

ITEM 17 - CAO RECOMMENDATION CODES

- 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.

ITEM 19 - REASON CODES INCOME

- Wages 02 Rental Income
- Non-reimbursable Lump Sum Income (Cash and MA) 03
- 04 Dividends
- Child/Spousal Support 05
- Stepparent Income Available (Cash and MA) 07
- Social Security Payments (SSA) 80
- Unemployment Compensation (UC) 09
- Sick Pay or Workers Compensation

- Supplemental Security Income (SSI)
- Legally Responsible Relative (Cash and MA) 12
- Income of Sponsor
- Lottery Winnings (Cash and MA) 15

90 Absent TANF Child (Cash and MA)

- 16 Child Support Pass Through (SNAP Only)
- **VA Benefits** 18 Pensions
- Educational Grants/Loans 19
- Other Income (Unearned)

- 22 Unreported Individual In Household With Earned Income (SNAP and MA Only)
- Unreported Individual In Household With Unearned Income (SNAP Only)
- Self Employment Income
- Incorrect PA Grant Adjustment For SNAP (SNAP Only)

HOUSEHOLD COMPOSITION

- Incorrect Number of Persons Receiving 20
 - Benefits

RESOURCES

- Earned Income Tax Credit (EITC) (Cash and MA)
- Bank Accounts
- Insurance Policies (Cash and TANF-Related MA Only)
- Stocks and Bonds
- Income Tax Refund
- Non-Resident Property
- Trusts

- Vehicles
- Lump Sum Exceeds Resource Limit (SNAP and MA)

SPECIAL ALLOWANCES/DIVERSION

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

MEDICAL ASSISTANCE

- Damage Claims 50
- Mis-utilization of MAID Card
- Third Party Liability

- MAWD Failure to Report (Client Error Only) 53
- MAWD Administrative Error 54
- MAWD Failure to Report Incorrect Premium
 - (Client Error Only)

57 MA Deductions/Expenses 58 MA Administrative Error

CONDITIONS OF ELIGIBILITY

- Standard of Need Exceeded 06
- Income Exceeds Net Limit (SNAP Only) 25
- 26 Client Error
- Intra/Inter State Fraud 60
- Unreported Marriage 61
- Failure to Furnish Required Information 62
- 63 Failure to Apply for a Federal Benefit (Cash and MA)
- Expiration of Transitionally Needy Time Limit 64
- 65 **Expiration of Work Incentive**
- 66 **Exceeds Gross Income Test**
- Students
- 69 **Employment Sanctions**

- 73 Untimely Action of Decreasing or Closing
- Dependent Child Care Costs
- 80 Fleeing Felon
- 81 Probation/Parole Violator
- Summons for Court Proceeding (Cash and 82 GA-Related MA Only)
- 83 Fraud Conviction
- Failure to Sign AMR (Cash Only)
- Conviction for Trafficking SNAP Benefits 86 (SNAP Only)
- Misrepresentation of Identity/Residence (SNAP Only); Misrepresentation of Residence (Cash and MA Only)
- Time Limit (Cash and GA-Related MA Only) 88
- Able-Bodied (SNAP Only)
- Minor Parent (Cash Only) 91
- 92 Unpaid Court Costs or Fines 94
- Terminating/Reducing Earnings (Cash Only) Non-Cooperation of Child Support/Paternity
- (Cash Only) Gambling Establishment (Cash Only)
- 97 Citizenship

OTHER

- Appeal Lost Overpayment of Benefits **During Appeal**
- Administrative Error

- Duplicate EBT Issuance (SNAP Only)
- Duplicate Issuance Systems Error SNAP Deductions (SNAP Only)
- 98 SNAP Trafficking Intentional Program Violation (IPV)