OVERPAYMENT REFERRAL DATA INPUT FORM

WORKER I.D.:

ARCAPA

CASE NAME:	CASEWORKER:

CO:	RECORD NUMBER:	CAO DISC:	CLAIM NAME LINE NO.:	REASON CODE:	DISCOVERY CODE:

ARCAEM — **EMPLOYER/SOURCE INFORMATION (required for non-IEVS referrals)**

EMPLOYER/SOURCE NAME: | BEGIN DATE:

ADDRESS:

ADDRESS VERIFIED AS CORRECT OR CORRECTION ENTERED: ☐ YES (OR LEAVE BLANK)

REGENERATE PA 78? ☐ YES ☐ NO

PA 78 NEEDED? ☐ YES ☐ NO

PA 162VR NEEDED? ☐ YES ☐ NO

DATE PA 162VR SENT:

VERIFICATION REQUEST SENT?

SECOND MANUAL REQUEST SENT?

SECOND REQUEST SENT?

DATE OF APPOINTMENT:

TIME OF APPOINTMENT:

RECEIVED:

CAO FAX NUMBER:

CONTACT PERSON:

PHONE NUMBER:

PA 78 COMMENT:

ARCAFA

CO RECORD NUMBER IN WHICH OVERPAYMENT OCCURRED: | CATEGORY: | GRANT GROUP: | SAR: | A/R/W/S:

TYPE OF OVERPAYMENT: ☐ CASH ☐ SNAP ☐ MEDICAL

PROJECT CODE:

TOTAL LIABILITY: ☐ YES ☐ NO

CLIENT ERROR: ☐ YES ☐ NO

SA:

NA DEPENDENTS:

CAT ELIG:

MA CLAIM PERIOD: FROM: THRU:

INELIGIBLE LINE NUMBERS:

MA CLAIM AMOUNT:

NUMBER OF UNREPORTED PERSONS IN THE HOUSEHOLD: (REASON CODES 22 AND 23)

ARCAUI — **INCOME (REASON CODES 01, 02, 04, 05, 08, 09, 10, 11, 14, 17, 18, 19, 21, 0R 24 (03, 07, 12 OR 15 CASH ONLY) (16, 22, 23 OR 78 FS ONLY)**

SEE ATTACHED BEG INC _____ ADJ INC _____

RECD _____ AMOUNT _____ P/R/B _____ RECD _____ AMOUNT _____ P/R/B _____ RECD _____ AMOUNT _____ P/R/B _____

RECD _____ AMOUNT _____ P/R/B _____ RECD _____ AMOUNT _____ P/R/B _____ RECD _____ AMOUNT _____ P/R/B _____

RECD _____ AMOUNT _____ P/R/B _____ RECD _____ AMOUNT _____ P/R/B _____ RECD _____ AMOUNT _____ P/R/B _____

ARCANL — **IF NON-MANDATORY GRANT GROUP LIST LINE NUMBERS OF MEMBER(S) TO WHOM INCOME OR RESOURCE SHOULD NOT BE CONSIDERED AVAILABLE.**

LINE #	LINE #	LINE #	LINE #	LINE #	LINE #

ARCAFI — **HOUSEHOLD COMPOSITION (REASON CODE 20) WELFARE REFORM (CASH REASON CODES 80, 81, 82, 83, 84, 87, 88, 90, 91, 92, 94, OR 97) WELFARE REFORM (FS REASON CODES 80, 81, 83, 85, 86, 87, 89, 92, OR 97)**

START CHANGE:	END CHANGE:	LINE #:	LINE #:	LINE #:	LINE #:

ARCASA	SPECIAL ALLOWANCE (REASON CODE 40)		
START CHANGE:		END CHANGE:	
ELIGIBLE IND:	ELIGIBLE AMOUNT:	SPECIAL ALLOWANCE CODE:	

ARCAER	EXCEEDING RESOURCE LIMIT (REASON CODES 30, 32, 33, 34, 35, 36 OR 37) (13 OR 31 CASH ONLY)	
RESOURCE BEGIN DATE:	RESOURCE END DATE:	AMOUNT:
REASON:		

ARCAEL	CONDITION OF ELIGIBILITY (REASON CODES 06, 25, 26, 60, 61, 62, 63, 64, 65, 66, 68, 69, 70, 71, 73, OR 75) DUPLICATE EBT (FS ONLY REASON CODE 71) WELFARE REFORM (CASH REASON CODES 95, OR 96)		
CASH	BEGIN DATE:	END DATE:	MONTHLY CASH AMOUNT ELIGIBLE:
FS	BEGIN DATE:	END DATE:	MONTHLY FS AMOUNT ELIGIBLE:
REASON:			

ARCAOF	INCORRECT SNAP DEDUCTIONS (SNAP ONLY -REASON CODE 74)					
BEGIN:	END:	ELIGIBLE MEDICAL DEDUCTION:				IND FOR COMP:
CORRECTED SHELTER COSTS:	IND FOR COMP:	CORRECTED UTILITY COSTS:	IND FOR COMP:	CORRECTED CHILD SUPPORT DEDUCTION:		IND FOR COMP:

ARCAFD	SNAP DEPENDENT CARE DEDUCTIONS REASON CODE 01, 02, 04, 05, 08, 09, 10, 11, 14, 16, 17, 18, 19, 21, 22, 23, 24 and 78		
DATE:	AMOUNT:	DATE:	AMOUNT:
DATE:	AMOUNT:	DATE:	AMOUNT:

ARCADV	DIVERSION (REASON CODE 59)		
START CLAIM:		END CLAIM:	
ELIGIBLE IND:	ELIGIBLE AMT:	OTI REASON CODE:	PGM ST CODE:
NUMBER OF MONTHS FOR DIV:		NUMBER OF MONTHS FOR OVERPAYMENT:	

ARCAET	ETP SPECIAL ALLOWANCE (REASON CODE 42)	
START CLAIM:		END CLAIM:
ELIGIBLE IND:	ELIGIBLE AMT:	SA REASON CODE:

ARCADC	FS DEPENDENT CARE ALLOWANCE (REASON CODE 43)	
START CLAIM:		END CLAIM:
ELIGIBLE IND:	ELIGIBLE AMT:	SA REASON CODE: