

<div>FIELD INVESTIGATION REFERRAL</div> <div>(CONFIDENTIAL REFERRALS, TIPS, LIHWAP AND ERAP ONLY)</div>		<div>BFPP FILE NO.</div> <div>2 - - -</div>
SECTION I: REFERRAL INFORMATION - Completed by Manager, Administrator, or OSIG Special Agent (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.)		
<div>6. DOES INDIVIDUAL CLAIM DOMESTIC VIOLENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>IF YES, AND THE CLIENT IS RECEIVING TANF, WAS THE REFERRAL REVIEWED AND APPROVED BY BOP? <input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>REFERRAL REVIEWED BY:</div> <div>COMMENTS:</div>		
<div>7. ASSISTANCE PROGRAMS/SERVICES INVOLVING INVESTIGATION</div> <div><div><input type="checkbox"/> TANF <input type="checkbox"/> SNAP <input type="checkbox"/> SA <input type="checkbox"/> MATP <input type="checkbox"/> GA <input type="checkbox"/> LTC</div><div><input type="checkbox"/> LIHWAP <input type="checkbox"/> LIHEAP <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> EMPLOYMENT &amp; TRAINING <input type="checkbox"/> ERAP <input type="checkbox"/> OTHER _____</div><div><input type="checkbox"/> SSI related MA CAT: _____ <input type="checkbox"/> TANF related MA CAT: _____ <input type="checkbox"/> GA related MA CAT: _____ <input type="checkbox"/> MG related MA <input type="checkbox"/> PCO related MA</div></div>		
<div>8. REFERRAL FOR:</div> <div><div><input type="checkbox"/> APPLICANT <input type="checkbox"/> BENEFITS DELIVERY <input type="checkbox"/> LOCATION OF ABSENT PARENT <input type="checkbox"/> TIP</div><div><input type="checkbox"/> EMPLOYMENT &amp; TRAINING <input type="checkbox"/> CHILD CARE PROVIDER <input type="checkbox"/> HEALTH CARE PROVIDER <input type="checkbox"/> DRUG &amp; ALCOHOL CENTER</div><div><input type="checkbox"/> SHELTER/TREATMENT CENTER <input type="checkbox"/> NURSING HOME <input type="checkbox"/> SA GENERATED REFERRAL <input type="checkbox"/> OTHER _____</div></div>		
SECTION II: REASON(S) FOR REFERRAL (Explain) - Completed by Manager, Administrator, or OSIG Special Agent (for Tips)		
<div>SIGNATURE &amp; DATE</div> <div>REFERRAL DATE TO OSIG</div>		

SECTION III: INVESTIGATIVE FINDINGS - Completed by OSIG Special Agent		BFPP FILE NO. 2 - - -		
1. DATE RECEIVED	2. SPECIAL AGENT NAME (First Name, Middle Initial, Last Name)	3. DATE RETURNED		
4. INVESTIGATIVE FINDINGS (USE CONTINUATION PAGE, IF NECESSARY)				
SPECIAL AGENT 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		
<div><input type="checkbox"/> 61. NO REDUCTION IN BENEFITS.</div> <div><input type="checkbox"/> 62. DENIED/CASE CLOSED.</div> <div><input type="checkbox"/> 63. VOLUNTARY WITHDRAWAL.</div> <div><input type="checkbox"/> 64. REDUCED BENEFITS. *</div> <div><input type="checkbox"/> 65. REJECTED - CAO ACTION</div>	GRANT BENEFIT REDUCED			
	FROM TO			
	Cash:	\$	to	\$
	Child Care:	\$	to	\$
	SNAP:	\$	to	\$
	LTC:	\$	to	\$
	Special Allowance:	\$	to	\$
	LIHEAP:	\$	to	\$
	LIHWAP:	\$	to	\$
MATP:	\$	to	\$	
MA:		persons to	persons	
COMMENTS				
SIGNATURE		DATE		