

PROGRAM INTEGRITY UNIT REFERRAL

BFPP FILE NO.

2 - - -

TYPE CODE: **23****SECTION I: REFERRAL INFORMATION - Completed by Screener, Manager, or Administrator**

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

2. REFERRED BY (First Name, Middle Initial, Last Name)

3. COUNTY/RECORD NUMBER

4. INDIVIDUAL NUMBER

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

6. ASSISTANCE PROGRAMS/SERVICES APPLIED FOR OR RECEIVING

 TANF LIHEAP SSI related MA CAT: _____ SNAP LIHWAP TANF related MA CAT: _____ SA CHILD SUPPORT GA related MA CAT: _____ MATP EMPLOYMENT & TRAINING MG related MA GA OTHER _____ PCO related MA LTC

7. REFERRAL CODE

PROGRAM INTEGRITY USE ONLY FROM THIS POINT FORWARD:

8. IMCW, MANAGER, OR ADMINISTRATOR NAME (First Name, Middle Initial, Last Name)

9. DOES INDIVIDUAL CLAIM DOMESTIC VIOLENCE? YES NOIF YES, AND THE CLIENT IS RECEIVING TANF, WAS THE REFERRAL REVIEWED AND APPROVED BY BOP? YES NO

REFERRAL REVIEWED BY:

COMMENTS:

SECTION II: REASON(S) FOR REFERRAL TO OSIG (Explain) - Completed by IMCW, Manager, or Administrator.

SIGNATURE _____

DATE _____

SECTION III: FINDINGS - Completed by OSIG Special Agent		BFPP FILE NO. 2 - - -
		TYPE: 23
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 IMCW, Manager, or Administrator.
NOTE: Please return this completed and signed form to the OSIG (if applicable) 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. BENEFITS CLOSED AS RESULT OF OSIG INVESTIGATION.	Child Care: \$ to \$
<input type="checkbox"/> 63. VOLUNTARY WITHDRAWAL.	SNAP: \$ to \$
<input type="checkbox"/> 64. REDUCED BENEFITS. *	LTC: \$ to \$
<input type="checkbox"/> 65. CAO ACTION UNRELATED TO OSIG INVESTIGATION	Special Allowance: \$ to \$
	LIHEAP: \$ to \$
	LIHWAP: \$ to \$
	MATP: \$ to \$
	MA: persons to persons

COMMENTS

SIGNATURE _____ DATE _____

REFERRAL REASON CODES

- 1 INCOME - ZERO INCOME
- 2 INCOME - MONTHLY EXPENSES EXCEED REPORTED INCOME
- 3 INCOME - FAMILY OR FRIENDS PROVIDING VOLUNTARY SUPPORT/LOANS
- 4 INCOME - CONTRADICTORY OR INCONSISTENT INCOME STATEMENTS
- 5 INCOME - SELF EMPLOYMENT
- 6 RESIDENCY - NEW TO PENNSYLVANIA
- 7 RESIDENCY - NO FIXED MAILING ADDRESS OR LISTING A PO BOX WITHOUT A PERMANENT ADDRESS
- 8 HOUSEHOLD COMPOSITION - LEGALLY RESPONSIBLE RELATIVE IS UNKNOWN
- 9 HOUSEHOLD COMPOSITION - QUESTIONABLE ABSENT PARENT/SEPARATION