

# PROGRAM INTEGRITY UNIT REFERRAL

BFPP FILE NO.

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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

<input type="checkbox"/> TANF	<input type="checkbox"/> LIHEAP	<input type="checkbox"/> SSI related MA CAT: _____
<input type="checkbox"/> SNAP	<input type="checkbox"/> LIHWAP	<input type="checkbox"/> TANF related MA CAT: _____
<input type="checkbox"/> SA	<input type="checkbox"/> CHILD SUPPORT	<input type="checkbox"/> GA related MA CAT: _____
<input type="checkbox"/> MATP	<input type="checkbox"/> EMPLOYMENT & TRAINING	<input type="checkbox"/> MG related MA
<input type="checkbox"/> GA	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> PCO related MA
<input type="checkbox"/> LTC		
<input type="checkbox"/> CHIP		

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  NO

IF 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.**

Large empty box for providing reasons for referral to OSIG.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

<b>SECTION III: FINDINGS - Completed by OSIG Special Agent</b>		BFPP FILE NO. 2 - - -
		TYPE: <b>23</b>
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
	<b>GRANT BENEFIT REDUCED</b>
	FROM TO
<input type="checkbox"/> 61. NO REDUCTION IN BENEFITS.	Cash: \$ to \$
<input type="checkbox"/> 62. BENEFITS DENIED OR 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 \$
	CHIP: persons to persons
	MA: persons to persons

**COMMENTS**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION III: INVESTIGATIVE FINDINGS - CONTINUATION PAGE**

BFPP FILE NO.

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

2. COUNTY/RECORD NUMBER

3. INVESTIGATIVE FINDINGS (CONTINUED)

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