

FIELD INVESTIGATION REFERRAL
(CONFIDENTIAL REFERRALS, TIPS, LIHWAP AND ERAP ONLY)

BFPP FILE NO.

2 - - -

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.)

6. 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:

7. ASSISTANCE PROGRAMS/SERVICES INVOLVING INVESTIGATION

TANF

LIHWAP

SSI related MA CAT: _____

SNAP

LIHEAP

TANF related MA CAT: _____

SA

CHILD SUPPORT

GA related MA CAT: _____

MATP

EMPLOYMENT & TRAINING

MG related MA

GA

ERAP

PCO related MA

LTC

OTHER _____

CHIP

8. REFERRAL FOR:

APPLICANT

EMPLOYMENT & TRAINING

SHELTER/TREATMENT CENTER

BENEFITS DELIVERY

CHILD CARE PROVIDER

NURSING HOME

LOCATION OF ABSENT PARENT

HEALTH CARE PROVIDER

SA GENERATED REFERRAL

TIP

DRUG & ALCOHOL CENTER

OTHER _____

SECTION II: REASON(S) FOR REFERRAL (Explain) - Completed by Manager, Administrator, or OSIG Special Agent (for Tips)

SIGNATURE & DATE

REFERRAL DATE TO OSIG

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
	GRANT BENEFIT REDUCED
	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.

2 - - -

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

2. COUNTY/RECORD NUMBER

3. INVESTIGATIVE FINDINGS (CONTINUED)

SIGNATURE

DATE