OVERPAYMENT REFERRAL
(ATTACH REQUIRED DOCUMENTATION)

INDIVIDUAL NUMBER FOR CLAIM NAME:

CLIENT IDENTIFICATION

1. TYPE OF REFERRAL	2. CO	3. RECORD NUMBER	4. CAT.	GG	5. CTR. DIG.	6. SUF	7. SNAP CTR DIG	8. DIS.

1. TYPE OF REFERRAL
☐ Cash ☐ SNAP ☐ MA ☐ LIHEAP ☐ LIHWAP ☐ Disaster ☐ SU
☐ SSP ☐ LTC ☐ ERAP

9. PAYMENT NAME – LAST	FIRST	MI	SOCIAL SECURITY NUMBER
10. SNAP PAYMENT NAME – LAST	FIRST	MI	SOCIAL SECURITY NUMBER
11. CLAIM NAME – LAST	FIRST	MI	SOCIAL SECURITY NUMBER

11A. ADDRESS

CITY	STATE	ZIP CODE	12. TELEPHONE NUMBER	ACTION DATE

13A. LINE NO.	B/N – B	BUDGET/NON-BUDGET MEMBER'S NAME (Last)	FIRST	MI	SOCIAL SECURITY NUMBER	MO. / DAY / YR.
13B. LINE NO.	B/N – B	BUDGET/NON-BUDGET MEMBER'S NAME (Last)	FIRST	MI	SOCIAL SECURITY NUMBER	MO. / DAY / YR.
13C. LINE NO.	B/N – B	BUDGET/NON-BUDGET MEMBER'S NAME (Last)	FIRST	MI	SOCIAL SECURITY NUMBER	MO. / DAY / YR.

OVERPAYMENT INFORMATION

14. CAO DISC: MO. / DAY / YR.	15. DISC CODE	16. DATE VERIFIED MO. / DAY / YR.	17. CAO REC	18. PROJECT CODE	19. REASON CODE	20. SAR CODE	21. MONTHLY APPLICATION CODE
						☐ –1 ☐ –6	☐ –A ☐ –R ☐ –W ☐ –S

22A. EMPLOYER NAME/ADDRESS (Complete if reason code 01 entered in item 19.)

22B. EMPLOYER NAME/ADDRESS

23. Was a responsible member of the household specifically questioned during or after the period of the overpayment/overissuance? If yes, explain in item 41. ☐ Yes ☐ No

24. Is the CAO aware of the client having any physical, mental or social limitations that affected the client's ability to report timely? If yes, explain in item 41. ☐ Yes ☐ No

25. Was the CAO aware of potential resource or change causing overpayment? If yes, explain in item 41. ☐ Yes ☐ No

26. Categorically Eligible ☐ Yes ☐ No

27. Was the overissuance caused by client error? ☐ Yes ☐ No

USE FOR CASH/SSP OVERPAYMENT

28. PERIOD OF OVERPAYMENT FROM MO. / DAY / YR. TO MO. / DAY / YR.

29. CASH AMOUNT $

30. WERE WORK EXPENSES VERIFIED? ☐ Yes ☐ No
If yes, was work ☐ part time ☐ full time. List in item 41 the type of expense and the amount, indicating per week or per month.

31. Was client eligible for work incentive during the period of overpayment? ☐ Yes ☐ No If yes, identify the incentive in item 41.

32. Was any portion of the resource causing the overpayment adjusted to the grant? ☐ Yes ☐ No If yes, attach the CAF income computation pages.

USE FOR SNAP OVERISSUANCE / DISASTER ASSISTANCE

33. Non-Participating household? ☐ Yes ☐ No

34. PERIOD OF OVERISSUANCE FROM MO. / DAY / YR. TO MO. / DAY / YR.

35. SNAP AMOUNT FROM OSIG 711-C, BLOCK C $

36A. OVERPAYMENT AMOUNT $

36B. CHECK DATE MO. / DAY / YR.

USE FOR MEDICAL ASSISTANCE INELIGIBILITY / ENERGY ASSISTANCE

37. PERIOD OF INELIGIBILITY FROM MO. / DAY / YR. TO MO. / DAY / YR.

38. LINE NUMBERS

39. MA AMOUNT $

40A. HEATING SEASON YR. YR

40B. OVERPAYMENT AMOUNT $

41. EXPLANATION/COMMENT:

LIHWAP
42A. PERIOD MO./YR. MO./YR
42B. OVERPAYMENT AMOUNT $

ERAP
43A. PERIOD MO./YR. MO./YR
43B. OVERPAYMENT AMOUNT $

42. PREPARED BY:	43. APPROVED BY:	44. REVIEWED BY:	45. OSIG REC. (OSIG USE ONLY)
NAME/TITLE DATE	NAME/TITLE DATE	NAME/TITLE DATE	

OSIG 189 4/22

OVERPAYMENT REFERRAL CODES

ITEM 15 – DISCOVERY CODES

1	County Worker	7	Employer	C	Data Exchange 3 (SSA Bendex MBR)
2	Departmental Match	8	Other Sources	D	Data Exchange 4 (SSA Bendex ERF)
3	Auditor General Audit	9	DRS	E	Data Exchange 5 (Unearned Income)
4	Client			P	Provider
5	Phone Call/Complaint	A	Data Exchange 1 (Wages)	Q	Quality Control Review
6	Another Client	B	Data Exchange 2 (UC)	R	EBT Risk Management

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ITEM 17 – CAO RECOMMENDATION CODES

1. Agency error or client error caused by circumstances beyond the client's control such as serious illness, death, or accident which makes it impossible to expect the usual reporting requirements be met, or those overpayments caused even though a client reported accurately within the week, or any changes affecting their situation.

2. Client error not defined above.

ITEM 19 – REASON CODES

INCOME

01	Wages	11	Supplemental Security Income (SSI)	22	Unreported Individual In Household With Earned Income (SNAP and MA Only)
02	Rental Income	12	Legally Responsible Relative (Cash and MA)		
03	Non-reimbursable Lump Sum Income (Cash and MA)	14	Income of Sponsor	23	Unreported Individual In Household With Unearned Income (SNAP Only)
04	Dividends	15	Lottery Winnings (Cash and MA)		
05	Child/Spousal Support	16	Child Support Pass Through (SNAP Only)	24	Self Employment Income
07	Step-parent Income Available (Cash and MA)	17	VA Benefits	78	Incorrect PA Grant Adjustment For SNAP (SNAP Only)
08	Social Security Payments (SSA)	18	Pensions		
09	Unemployment Compensation (UC)	19	Educational Grants/Loans		
10	Sick Pay or Workers Compensation	21	Other Income (Unearned)		

HOUSEHOLD COMPOSITION

20	Incorrect Number of Persons Receiving Benefits	90	Absent TANF Child (Cash and MA)

RESOURCES

13	Earned Income Tax Credit (EITC) (Cash and MA)	32	Stocks and Bonds	36	Vehicles
30	Bank Accounts	33	Income Tax Refund	37	Lump Sum Exceeds Resource Limit (SNAP and MA)
31	Insurance Policies (Cash and TANF-Related MA Only)	34	Non-Resident Property		
		35	Trusts		

SPECIAL ALLOWANCES/DIVERSION

40	Ineligible for Special Allowance (Cash Only)	42	SNAP ETP Special Allowance	59	Diversion
		43	SNAP Dependent Care Special Allowance		

MEDICAL ASSISTANCE

50	Damage Claims	53	MAWD - Failure to Report (Client Error Only)	57	MA Deductions/Expenses
51	Mis-utilization of MAID Card	54	MAWD - Administrative Error	58	MA Administrative Error
52	Third Party Liability	55	MAWD - Failure to Report - Incorrect Premium (Client Error Only)		

CONDITIONS OF ELIGIBILITY

06	Standard of Need Exceeded	73	Untimely Action of Decreasing or Closing	88	Time Limit (Cash and GA-Related MA Only)
25	Income Exceeds Net Limit (SNAP Only)	75	Dependent Child Care Costs	89	Able-Bodied (SNAP Only)
26	Client Error	80	Fleeing Felon	91	Minor Parent (Cash Only)
60	Intra/Inter State Fraud	81	Probation/Parole Violator	92	Unpaid Court Costs or Fines
61	Unreported Marriage	82	Summons for Court Proceeding (Cash and GA-Related MA Only)	94	Terminating/Reducing Earnings (Cash Only)
62	Failure to Furnish Required Information	83	Fraud Conviction	95	Non-Cooperation of Child Support/Paternity (Cash Only)
63	Failure to Apply for a Federal Benefit (Cash and MA)	84	Failure to Sign AMR (Cash Only)	96	Gambling Establishment (Cash Only)
64	Expiration of Transitionally Needy Time Limit	86	Conviction for Trafficking SNAP Benefits (SNAP Only)	97	Citizenship
65	Expiration of Work Incentive	87	Misrepresentation of Identity/Residence (SNAP Only); Misrepresentation of Residence (Cash and MA Only)		
66	Exceeds Gross Income Test				
68	Students				
69	Employment Sanctions				

OTHER

49	Appeal Lost – Overpayment of Benefits During Appeal	71	Duplicate EBT Issuance (SNAP Only)	98	SNAP Trafficking Intentional Program Violation (IPV)
70	Administrative Error	72	Duplicate Issuance - Systems Error		
		74	SNAP Deductions (SNAP Only)		