

OVERPAYMENT REFERRAL

(ATTACH REQUIRED DOCUMENTATION)

INDIVIDUAL NUMBER FOR CLAIM NAME:

CLIENT IDENTIFICATION

1. TYPE OF REFERRAL <input type="checkbox"/> Cash <input type="checkbox"/> SNAP <input type="checkbox"/> MA <input type="checkbox"/> LIHEAP <input type="checkbox"/> Disaster <input type="checkbox"/> SU <input type="checkbox"/> SSP <input type="checkbox"/> LTC		2. CO	3. RECORD NUMBER	4. CAT.	GG	5. CTR. DIG.	6. SUF	7. SNAP CTR. DIG	8. DIS.
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 <input type="checkbox"/> -1 <input type="checkbox"/> -6	21. MONTHLY APPLICATION CODE <input type="checkbox"/> -A <input type="checkbox"/> -R <input type="checkbox"/> -W <input type="checkbox"/> -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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No				
25. Was the CAO aware of potential resource or change causing overpayment? If yes, explain in item 41. <input type="checkbox"/> Yes <input type="checkbox"/> No			26. Categorically Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Was the overissuance caused by client error? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was work <input type="checkbox"/> part time <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the incentive in item 41.		32. Was any portion of the resource causing the overpayment adjusted to the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach the CAF income computation pages.

USE FOR SNAP OVERISSUANCE

33. Non-Participating household? <input type="checkbox"/> Yes <input type="checkbox"/> No	34. PERIOD OF OVERISSUANCE FROM MO. / DAY / YR. TO MO. / DAY / YR.	35. SNAP AMOUNT FROM OIG 711-C, BLOCK C \$	36A. OVERPAYMENT AMOUNT \$	36B. CHECK DATE MO. / DAY / YR.
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USE FOR MEDICAL ASSISTANCE INELIGIBILITY

37. PERIOD OF INELIGIBILITY FROM MO. / DAY / YR. TO MO. / DAY / YR.	38. LINE NUMBERS	39. MA AMOUNT \$	ENERGY ASSISTANCE	
			40A. HEATING SEASON YR.	40B. OVERPAYMENT AMOUNT \$

41. EXPLANATION/COMMENT:

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

ITEM 17 – CAO RECOMMENDATION CODES

1 Administrative Error. DHS caused the error by acting or failing to act.	2 Individual Error including circumstances beyond an individual's control such as serious illness and death.
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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)	23 Unreported Individual In Household With Unearned Income (SNAP Only)
03 Non-reimbursable Lump Sum Income (Cash and MA)	14 Income of Sponsor	24 Self Employment Income
04 Dividends	15 Lottery Winnings (Cash and MA)	78 Incorrect PA Grant Adjustment For SNAP (SNAP Only)
05 Child/Spousal Support	16 Child Support Pass Through (SNAP Only)	
07 Stepparent Income Available (Cash and MA)	17 VA Benefits	
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)
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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)	