

Appendix A
**FRONT-END FRAUD UNIT
INVESTIGATIVE FINDINGS**

SECTION A: Completed by Front-End Verification Specialist

CASE NAME: Jane Doe

RFA NUMBER: 0000000000

COUNTY: Kanawha

Summary of Investigative Findings:

Allegation of expenses exceeding income. Reports only income is \$300 Cash Assistance from the Department of Health and Human Resources. I verified Doe is employed as a home health caretaker by Laura Smith, 101 Dean Street, Anywhere, WV. She has been employed since January 1999 and average earnings are \$1,400 per month. Ms. Smith pays Doe b check and was able to verify all earnings since beginning of employment. Doe continues to be employed as of this date. She works different shifts, but usually is at the Smith home from 6 p.m. to 6 a.m. , five days per week. I also verified that Doe's only child, Jennifer Doe, DOB: 02/11/86 has been living with her paternal grandmother, Sharon Doe, in Mercer County since August 1997. Jennifer attends Mercer County Junior High, Guardian is Sharon Doe, POB 000, Princeton, WV She has missed only one day of school since September 1997.

IFM-1 completed for CI referral.

SECTION A - Continued on Reverse Side if Needed

Signature of Front-End Verification Specialist

Joe Cool

Date:

03/05/00

SECTION A: Continued

SECTION B: Completed by OFS Staff

ACTION TAKEN ON CASE

| | Food Stamp | Cash Asst. |
|-------------------------------|--------------------------|--------------------------|
| Approved | <input type="checkbox"/> | <input type="checkbox"/> |
| Approved-Benefit Reduction | <input type="checkbox"/> | <input type="checkbox"/> |
| Denied | <input type="checkbox"/> | <input type="checkbox"/> |
| Voluntary Withdrawal | <input type="checkbox"/> | <input type="checkbox"/> |
| Closure | <input type="checkbox"/> | <input type="checkbox"/> |
| No Change | <input type="checkbox"/> | <input type="checkbox"/> |
| Signature of OFS Worker _____ | Date _____ | |

SECTION C: Completed by FEVS

| | Food Stamp | Cash Asst. |
|--|------------|------------|
| Amount of Monthly Allotment or Entitlement-Initial Information _____ | _____ | _____ |
| Corrected Monthly Allotment or Entitlement _____ | _____ | _____ |
| Actual One-Month Savings (Line 1 minus Line 2) _____ | _____ | _____ |
| Estimated Savings _____ | _____ | _____ |
| FS = 6 mos.; | | |
| AFDC = 12 mos. | | |
| FEVS Signature _____ | Date _____ | |

Checklist of Completion

IFM-1 ACCH TO RO

DHS-1 To Whom _____

Date _____