

Appendix B

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES FRAUD REFERRAL FORM IFM-1

CASE NAME: Sue Z Cue CASE NUMBER: 0000000000 COUNTY NUMBER: 17

DATE OF BIRTH: 05/15/66 SOC SEC NUM : 000-00-0000 DATE OF LAST APPLICATION REVIEW: 12/22/99

PROGRAMS OVERPAID: X Cash Assistance X Food Stamps Medicaid Other: _____

ESTIMATED FRAUD PERIOD: From 12/98 (MM/YY) To 01/00 (MM/YY)

UNREPORTED INFORMATION: **(Fill in known details in Summary section)**

X **Household Composition** (Someone in/out of the home? If so, Who?)

X **Income** (Someone with unreported earned/unearned income? Who? From where?)

Assets (Someone with unreported Bank Accounts? C.D.'s? Autos? Who has it? Where is it?)

Residence (Someone living out of State? Who? Where? Incorrect shelter/utility costs?)

SUMMARY OF QUESTIONABLE ELIGIBILITY FACTORS:

Client failed to report during review on December 8, 1998 and December 12, 1999 that she had begun working on November 3, 1998 for Carolyn Country Corner. She works 44 hours per week, \$6.50 per hr and overtime for all hours over 40. Information was discovered when anonymous complaint was made on January 4, 2000 and I verified information by a call to the company. Case closed effective January 2000. Person who made the complaint also stated that Cue's husband, Josh, has always lived with her and works for some construction company.

SOURCE OF INFORMATION: (Person making the original complaint/informing DHHR)

Name: Anonymous Telephone: _____ Address: _____

*Is this person willing to be known and go to court if necessary? Yes No Unknown

*Has the Worker validated the complaint? X Yes No

WORKER SIGNATURE: John Doe DATE: 01/28/00

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AG Error Yes No

Suspect Over Age 69 Yes No

Agency Error Yes No

Vehicle Case Yes No

Terminally Ill or Dead Yes No

Total Over-Issuance Less Than \$1,000 Yes No

Lack of False Statement in Record Yes No

CAF and/or R&R Incomplete Yes No

Fraud Ended More Than Two Years Ago Yes No