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. Number: 000-00-0000 Date of Last Application Review: 12/22/99

Programs Overpaid: ☑ Cash Assistance ☑ 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)

- ☑ **Household Composition** (Someone in / out of the home? If so, Who?)
- ☑ **Income** (Someone with unreported earned / unearned income? Who? From where?
- ☐ **Assets** (Someone with unreported Bank Accounts? CDs? 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 reviews 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 hour 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? ☐ Yes ☐ No

Worker Signature: John Doe Date: 1/28/00

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AG Error ☐ Yes ☐ No

Suspect Over Age 69	☐ Yes ☐ No	Total Over-Issuance Less Than $1,000	☐ Yes ☐ No
Agency Error	☐ Yes ☐ No	Lack of False Statement in Record	☐ Yes ☐ No
Vehicle Case	☐ Yes ☐ No	CAF and/or R & R Incomplete	☐ Yes ☐ No
Terminally Ill or Dead	☐ Yes ☐ No	Fraud Ended More Than Two Years Ago	☐ Yes ☐ No