



Fraud/Overpayment Referral

1. Case/Program/Office Data **Fraud Referral** **Overpayment Referral**

Grantee (Last Name)		(First Name)		SSN		CAN	
Current Address			City/Town		ZIP		Telephone ()
Program/Benefit		TAFDC <input type="checkbox"/>	FS <input type="checkbox"/>	SSFSP <input type="checkbox"/>	EA <input type="checkbox"/>	EAEDC <input type="checkbox"/>	
TAO#	TAO Address			Worker Name		Telephone ()	

2. Sources of Information/Reason for Overpayment

Computer Match(es) *Attach copies of any relevant documentation.*

<input type="checkbox"/> DOR	<input type="checkbox"/> New Hire	<input type="checkbox"/> SSA/Federal	<input type="checkbox"/> BENDEX	<input type="checkbox"/> SDX	<input type="checkbox"/> Location	<input type="checkbox"/> Interstate
<input type="checkbox"/> Bank	<input type="checkbox"/> Wage	<input type="checkbox"/> SVES	<input type="checkbox"/> IRS	<input type="checkbox"/> BEERS		<input type="checkbox"/> Prison
<input type="checkbox"/> Child Support						<input type="checkbox"/> DYS
<input type="checkbox"/> Other	<input type="checkbox"/> DET	<input type="checkbox"/> NH Registry	<input type="checkbox"/> DIA	<input type="checkbox"/> Lottery		<input type="checkbox"/> DSS

Other _____

Name of matched individual _____ Relationship to grantee _____

Other(s) (Non-Computer) _____

Date information became known to worker ____/____/____

Did the recipient report the change(s)? Yes No If yes, when? ____/____/____

Reason for Overpayment Key

A = Department Error	E = Aid Paid pending appeal (include appeal #)	I = Duplicate Benefit (include Benefit Dates)
B = Lump Sum	F = Over Asset	J = Calculation Error
C = Computer Error	G = Unreported Income	K = BSI Case # _____
D = Vendor Payments	H = Changes in Household Size	L = Other _____ (specify)

Explain reason for overpayment (include dates, appeal # check numbers and EBT authorization number if applicable) _____

Overpayment

Key	Date From	Date To	Program: TAFDC, EAEDC, FS, SSFSP	Amount Received	Correct Amount	Overpayment Amount

3. Area(s) of Investigation

<p>A. Financial Circumstances in Question</p> <p><input type="checkbox"/> Earned income</p> <p>Employee Name #1 _____</p> <p>Employer Name _____</p> <p>Employer Address _____</p> <p>_____</p> <p>Type of Income _____</p> <p>Amount of Earnings \$ _____ per _____</p>	<p><input type="checkbox"/> Earned income</p> <p>Employee Name #2 _____</p> <p>Employer Name _____</p> <p>Employer Address _____</p> <p>_____</p> <p>Type of Income _____</p> <p>Amount of Earnings \$ _____ per _____</p>
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Area(s) of Investigation (cont.)

<input type="checkbox"/> Unearned Income Recipient of Income #1 _____ Type of Income _____ Amount of Income \$ _____ per _____	<input type="checkbox"/> Unearned Income Recipient of Income #2 _____ Type of Income _____ Amount of Income \$ _____ per _____
<input type="checkbox"/> Assets Owner of Asset(s) _____ _____ Type of Asset(s) _____ _____ Value of Asset(s) _____ _____ Financial Institution _____ _____ Account #1 _____ Account #2 _____	<input type="checkbox"/> Assets Owner of Asset(s) _____ _____ Type of Asset(s) _____ _____ Value of Asset(s) _____ _____ Financial Institution _____ _____ Account #1 _____ Account #2 _____

B. Categorical Circumstances in Question

Absent Parent (A.P.) in Home _____
Specify Name(s) of A.P. SSN(s)

_____ Specify Name(s) of A.P.'s child(ren) Employer of A.P.(if known)

Source of A.P. info (check all that apply) Registry Postal Verification Landlord

Suspected Living Above Means (S.L.A.M.) _____
Specify

Dependent(s) Not in Home _____
Specify Name(s) Location

Recipient(s) Not Living in Massachusetts _____
Specify Name(s)
Date State moved to

Other _____
Specify

4. Additional Information

Worker Signature _____ Date ____/____/____	Supervisor Signature _____ Date ____/____/____
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