



CHILD CARE FRAUD REFERRAL FORM

Referral Source Information:

Contact Person: _____ Date: _____

Location: _____ CCR&R: _____

Phone Number: _____

Referral for Investigation

Referral for Prosecution Review (overpayment completed).

	CLIENT INFORMATION	PROVIDER INFORMATION
Name:		
Address:		
City, ZIP Code:		
Case Number:		
Case Status:	Active _____ or Date of Cancellation: _____	Active _____ or Date of Cancellation: _____
SSN/FEIN:		
DOB:		

ALLEGATION (Please provide details of allegation in **NARRATIVE** section below.)

- Provider claims they did not provide child care and/or did not receive payments issued by the Comptroller's Office.
- Assistance requested in determining start of overpayment period. Client ineligible for child care because (check all that apply):
 - Client is no longer working. (Provide employer information in narrative.)
 - Client is no longer attending school. (Provide school information in narrative.)
 - Client is no longer attending a TANF work or training activity. (Provide training information in narrative.)
 - Children out of the home. (Provide children's names in narrative.)
- Questionable income level. Allowable Income is \$ _____ for the client's family size which consists of _____ members.
- Provider Billing Discrepancy. (Explain in narrative.)
- Responsible Relative in the Home (Explain in narrative.)
- Other. (Specify in narrative.)

PROSECUTION OVERPAYMENT

(Explain in narrative.)

Amount: \$ _____

Period: From: _____ Through: _____

Was the client/provider notified of the overpayment? Yes No

If yes, period of overpayment: _____

If yes, date of notice: _____

NARRATIVE (Please provide as much information as possible which would be of assistance with this investigation **and** describe what steps were taken to resolve this issue[s] in question.)

Use additional sheets if necessary.

[PLEASE ATTACH COPIES OF APPLICATIONS, CHILD CARE CERTIFICATES, REDETERMINATION FORMS, NOTES, ETC. THAT ARE RELEVANT TO THIS REFERRAL.]