SUSPECTED FRAUD REFERRAL RECORD

Pro.	Case Identification No.	Cat.	Seq.	Dist. Cty.	Unit
R					

R. School Readiness
S. Florida
Z. Other

Last Name	**First Name**	**M.I.**

Referral Category

- A. Recipient
- B. Non-recip.-State Emp
- C. Non-Recip.-Other
- D. Day Care
- Z. Other

Reason for Suspecting Fraud

- A. Non/Under Reported Income
- B. Non/Under Reported Assets
- C. Household Composition
- D. Deprivation
- E. Lost/Stolen/Altered
- F. Forgery
- G. Aiding and Abetting
- H. Illegal Possession
- I. Residence
- J. Trafficking
- N. Misuse of Payments
- Q. Duplicate Benefits
- Z. Other _____

Source of Referral

- A. BRP
- B. SES Program Office
- C. DPAF
- D. Medicaid Program Office
- E. District Administrator
- F. Federal Agency
- G. CSE Office
- H. Informant
- Z. Other _____

☐ Non-Investigative Complaint

RSI Initials _____ Reference No. _____

Allegations: _____

Comments: _____

Signature: _____

Date: ____/____/____

For DPAF Use Only				
Off #	Invoice	Pr	St	Date
Informant Name/Telephone				
Related Case No.	Cat	Seq	MC Code	