

INVESTIGATIVE SUMMARY

Date:

A. IDENTIFYING INFORMATION:

NAME:

ADDRESS:

LIST ALL HOUSEHOLD MEMBERS (Names & DOB):

B. BENEFIT CASE(S):

FNS PDC:

MA PDC:

SA PDC:

WFFA PDC:

C. PROGRAM INTEGRITY CASE(S):

PROGRAM INTEGRITY IC:

PROGRAM INTEGRITY PLC:

D. OVERPAYMENT INFORMATION:

REASON FOR OVERPAYMENT:

AMOUNT OF ERRONEOUS PAYMENT:

FNS \$

MA \$

SA \$

WFFA \$

PERIOD OF ERRONEOUS PAYMENT:

FNS

MA

SA

WFFA

APPLICABLE MANUAL SECTIONS:

FNS

MA

SA

WFFA

E. PRIOR ERRONEOUS PAYMENTS (Period and amount):

REASON FOR ERRONEOUS PAYMENT:

F. SUMMARY OF INVESTIGATION (If additional space is needed, attach a separate sheet):

G. EVIDENCE COLLECTED DURING INVESTIGATION: See Exhibits (List exhibits)

H. PERSONAL HISTORY OF A/R:

I. CLIENT INTERVIEW (If additional space is needed, attach a separate sheet):

J. RECOMMENDATION:

K. ACTION TAKEN:

INCOME MAINTENANCE INVESTIGATOR

DATE