



### Locating the Fraud Referral Form

The WT and SNAP E&T teams have created a fraud reporting form for the RWBs to use when fraud is suspected. If there is suspected fraud among participants and/or program staff, this form should be completed and turned in with all other documentation to the regional designee.

1. The Fraud Referral Form can be found here [DEO Website: Form Section](#).
2. Once you have located the link, the Fraud Referral Form will appear as shown below.

The screenshot shows a web-based form titled "Fraud Referral" with the DEO logo at the top. The form is divided into several sections:

- Participant Information:** Includes fields for Name, FLORIDA Case/Category/Sequence, and OSST Case ID.
- Referring Staff:** Includes fields for Referring Staff, Title, Phone, and a dropdown menu for RWB (labeled "Choose one").
- Address:** Includes fields for Street Address, Suite #, City, State, and ZIP Code.
- Reason for Fraud Investigation Referral:** Includes a question "Is fraud suspected?" with Yes/No radio buttons, and "When?" with START DATE and DISCOVERY DATE fields (each with a calendar icon).
- Explanation:** A large text area with the instruction: "Please explain why you are referring this case for fraud in the section below."
- Support Services:** A question "Did the participant receive support services?" with Yes/No radio buttons.



## Completing the Fraud Referral Form

Fraud Referral Template  
Page 2

Check all that apply.

Support Service	Start Date	End Date	Estimated Total
<input type="checkbox"/> Transportation			
<input type="checkbox"/> Childcare			
<input type="checkbox"/> Books			
<input type="checkbox"/> Tools			
<input type="checkbox"/> Fees			
<input type="checkbox"/> Participation Incentive			
<input type="checkbox"/> Other			

Total estimate for all services received: 0

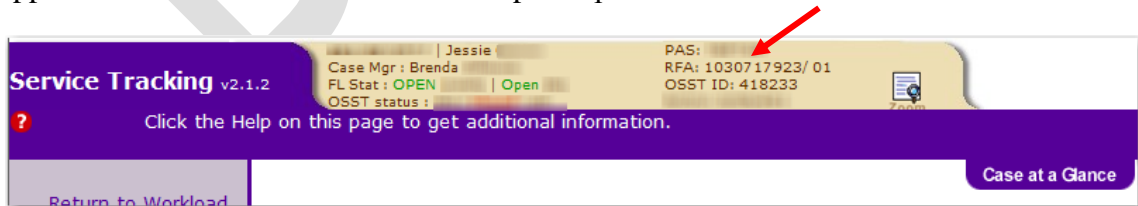
Do you have documentation that supports potential fraud?  Yes  No

Please describe.

Workforce Staff Signature \_\_\_\_\_

### Completing the Fraud Referral Form

- The **Participant Information** section asks for the individual making the fraud referral to enter the participant's name, FLORIDA **Case number, category, sequence, and OSST ID**. The FLORIDA case number, sequence, and OSST ID may be found in OSST on the upper left-hand manila tab found on the participant's case.



The customer's category can be found by going to the participant's Benefit Info page in OSST. To access the Benefit Info page, click on the Benefit Info hyperlink located on the left-hand navigation menu.



## Completing the Fraud Referral Form

**Current Benefit Information**

Last Case Update: 09/07/2012  
 Last FLORIDA Update: 09/07/2012  
 Last FLORIDA Registration Status: 03 - MN-Head of Household  
 FLORIDA Site Code: 37 301  
 Last FLORIDA case number from interface: 1281296481  
 Date the FLORIDA case number from interface was generated: 10/22/2010  
 Language: English

**Temporary Cash Information**

Category: ADCR  
 Sequence Number: 01  
 Short List Number: 02  
 Service Site: 37081  
 Category Status: Open(O)  
 Eligibility Status: Pass(P)  
 Individual Status: Eligible or Potentially Eligible Adult(EA)  
 Recurring Benefit Date: 09/01/2012  
 Eligibility End Date:  
 Recurring Benefit Amount:  
 Earned Income Amount: \$0.00  
 Unearned Income Amount: \$0.00  
 Community Service: The max hours a family can be assigned each month = (Cash Benefit + FS Benefit) / the higher of the State or Federal minimum wage  
 Work Experience: The max hours a family can be assigned each month = (Cash Benefit + FS Benefit) / the higher of the State or Federal minimum wage

Once you have gotten all of the required information for this section of the form, the completed **Participant Information** section should appear as illustrated below.

Fraud Referral	
Participant Information	
Name:	Jessie Participant
FLORIDA Case/Category/Sequence:	1030717923/ADCU/01
OSST Case ID:	418233

- The next section requires the name, title, and phone number of the **referring staff**. Also, in this section, the person making the referral will select their Regional Workforce Board (RWB) from the dropdown list. The dropdown shows the RWB's number as well as the board's name.



## Completing the Fraud Referral Form

Referring Staff:

Title:  Phone:

RWB: Choose one

Choose one

- 1 - Workforce Escarosa
- 2 - Jobs Plus
- 3 - Chipola Workforce
- 4 - Gulf Coast Workforce
- 5 - Workforce Plus
- 6 - North Florida Workforce Development Board
- 7 - Florida Crown
- 8 - Work Source
- 9 - Florida Works
- 10 - CLM Workforce Connection
- 11 - Workforce Development Board of Flagler and Volusia Counties
- 12 - Workforce Central Florida
- 13 - Brevard Workforce
- 14 - Worknet Pinellas
- 15 - Tampa Bay Workforce Alliance
- 16 - Pasco-Hernando Workforce Board
- 17 - Polk Works
- 18 - Suncoast Workforce
- 19 - Heartland Workforce
- 20 - Workforce Solutions
- 21 - Workforce Alliance
- 22 - Workforce One
- 23 - South Florida Workforce
- 24 - Southwest Florida Works

- Once the RWB has been selected, enter the address with city, state, and zip code where the RWB is located.

Address:

*Street Address* *Suite #*


*City* *State* *ZIP Code*



## Completing the Fraud Referral Form

Referring Staff:	Brenda Manager		
Title:	Case Manager	Phone:	850-333-3331
RWB:	3 - Chipola Workforce		
Address:	680 2nd Street		7
	<i>Street Address</i>		<i>Suite #</i>
	Chipley	Florida	32428
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>

- The **Reason for Fraud Referral** section requires you to describe the reason why you suspect a participant has committed fraud. This section asks if fraud is suspected, the **start date** and **discovery date** of the suspected fraudulent activity, a box for you to fully explain why you believe the participant has attempted to commit fraud, and a check box asking if the participant received supportive services.
- To record dates of the suspected fraudulent activity, you may select the calendar icon to the right of the text box to view a virtual calendar, in which you may select specific dates. This feature may be used wherever the **calendar icon** appears throughout the form.

When?      START DATE:  

**\*The start date is the date you believe the date that you learned of the potential**

**Please explain why you are referring**

December - 2012						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					



Reason for Fraud Investigation Referral	
Is fraud suspected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
When?	START DATE: 11/2/2012 <input type="text"/> DISCOVERY DATE: 11/16/2012 <input type="text"/>
<b>*The start date is the date you believe the suspected fraudulent activity started. The Discovery Date is the date that you learned of the potentially fraudulent activity.</b>	
<b>Please explain why you are referring this case for fraud in the section below.</b>	
<p>The participant returned signed time sheets from her work experience site on 11/16/2012. Upon verification of participation, the work site advisor informed the case manager that the participant had not been to the work site in 2 weeks, stating that the last date of attendance was 11/2/2012.</p>	
Did the participant receive support services?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

- If the participant received support services during the suspected fraudulent period, the second page will require you to select the services issued during the fraudulent time period and how much you estimate the participant received during that time period. The form will automatically calculate the total estimate for all services received automatically. You are also required to enter the *start date* and *end date* of each service used during the suspected fraud period. For an example, see below.



## Completing the Fraud Referral Form

Check all that apply.

Support Service	Start Date	End Date	Estimated Total
<input checked="" type="checkbox"/> Transportation	11/2/2012	11/16/2012	50
<input checked="" type="checkbox"/> Childcare	11/2/2012	11/16/2012	300
<input type="checkbox"/> Books			
<input type="checkbox"/> Tools			
<input type="checkbox"/> Fees			
<input type="checkbox"/> Participation Incentive			
<input type="checkbox"/> Other			

Total estimate for all services received 350

Do you have documentation that supports potential fraud?  Yes  No

Please describe.

The participant received 25 per week for transportation. There are case notes and gas receipts that reflect this number. Childcare provided to the participant costs 600 per month, as stated by the Early Learning Coalition. This means childcare costs 150 per week. The suspected fraudulent time period is 2 weeks so childcare costs 300.

\_\_\_\_\_  
Workforce Staff Signature

- The final step requires a signature of the staff member. This form will be turned in to the **Regional Designee** along with copies of all supporting documentation.