FLORIDA COMMERCE

Fraud Referral

Participant Information

Name: [   ]

FLORIDA
Case/Category/Sequence: [   ]

OSST Case ID: [   ]

Referring Staff: [   ]

Title: [   ] Phone: [   ]

LWDB: Choose one

Address: [   ] [   ]

Street Address   *Suite #*

[   ] [   ] [   ]

City   *State*   *ZIP Code*

Reason for Fraud Investigation Referral

Is fraud suspected? ☐ **Yes** ☐ **No**

When?   START DATE [   ] 📅   DISCOVERY DATE: [   ] 📅

*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.

Please explain why you are referring this case for fraud in the section below.

[   ]
[   ]
[   ]
[   ]
[   ]
[   ]

Did the participant receive support services? ☐ Yes ☐ No

Check all that apply.

Supportive Service	Start Date		End Date		Estimated Total
☐Transportation		🗓		🗓	
☐Childcare		🗓		🗓	
☐Books		🗓		🗓	
☐Tools		🗓		🗓	
☐Fees		🗓		🗓	
☐Participation Incentive		🗓		🗓	
☐Other		🗓		🗓	

Total estimate for all services received	

Do you have documentation that supports potential fraud?　☐ **Yes**　☐ **No**

Please describe.

_____
Workforce Staff Signature