



**BUREAU OF FRAUD INVESTIGATION**

**FEDERAL IPV MATCH PROCEDURE**  
**(PROJECT 476)**

**Revision 1**

**January 5, 2016**

**Prepared by:**

**Management Analysis, Policy &  
Data Division**

**Investigation, Revenue and  
Enforcement Administration**

**PROCEDURE NOTE:**

**This procedure manual (including any modifications) is prepared for informational purposes only. The purpose of this procedure manual is to provide support and guidance to the management and staff of the NYC/HRA Investigations, Revenue, and Enforcement Administration (IREA). Nothing in this manual is intended to create nor does it create any enforceable rights, remedies, entitlements, or obligations. IREA reserves its right to change or suspend any or all parts of this manual at any time.**

**The following (or preceding) is intended to be a confidential document shared only with HRA employees handling investigation into IREA/BFI matters. The purpose of the aforementioned material is to facilitate the workflow and establish guidelines that can be applied fairly to all our clients. Be advised, that real life cases dictate the procession of investigations and it is expected that there will be reasonable deviations from the printed guidelines. Given the nature of the work performed by HRA, any two cases will not be identical. We have to be responsive to individuals who seek our services and take into account individual circumstances. Accordingly, the investigators under the supervision of the superiors may have to exercise discretion in order to ensure that proper determinations are made. Similarly, these guidelines do not prevent review of individual cases, limit discussion or predetermine the path of investigation.**

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## BUREAU OF FRAUD INVESTIGATION FEDERAL INTENTIONAL PROGRAM VIOLATION MATCH PROCEDURE

### Audience

This procedure is intended for Bureau of Fraud Investigation (BFI) staff.

### Purpose

This procedure will assist employees in BFI to properly implement the Federal Intentional Program Violation (IPV) Match (Project 476).

### Background and Overview

The Investigation, Revenue, and Enforcement Administration (IREA) receives the Federal IPV Match Report quarterly, which is compared to the Welfare Management System (WMS). The cases are loaded into the Investigative Reporting Information System (IRIS). The Supervisor assigns cases to the investigators for review and action. The investigation is conducted and the disposition can be District Attorney (DA) Referral, Intentional Program Violation (IPV), Recoupment, Rebudgeting, Line Closing, or Case Closing.

### Initial Steps

IREA Systems and the BFI Project 476 Supervisor receive the Federal IPV Match Report quarterly. Systems loads the cases into the Active Federal IPV Clients Match HRA System. Systems will receive a call or get an email from BFI requesting the Federal Match IPV cases be uploaded into IRIS. Systems will then log into the Active Federal IPV Clients Match HRA System and collect information showing active Federal IPV Match case information and active NY State IPV Match cases for both Cash Assistance (CA) and Supplemental Nutrition Assistance Program (SNAP) in the Electronic Data Warehouse (EDW) and load the cases into IRIS. See **Figures 1** and **2**. The Supervisor receives an email from Systems informing them that the cases are in IRIS. The Supervisor will determine case assignment to the Investigators.

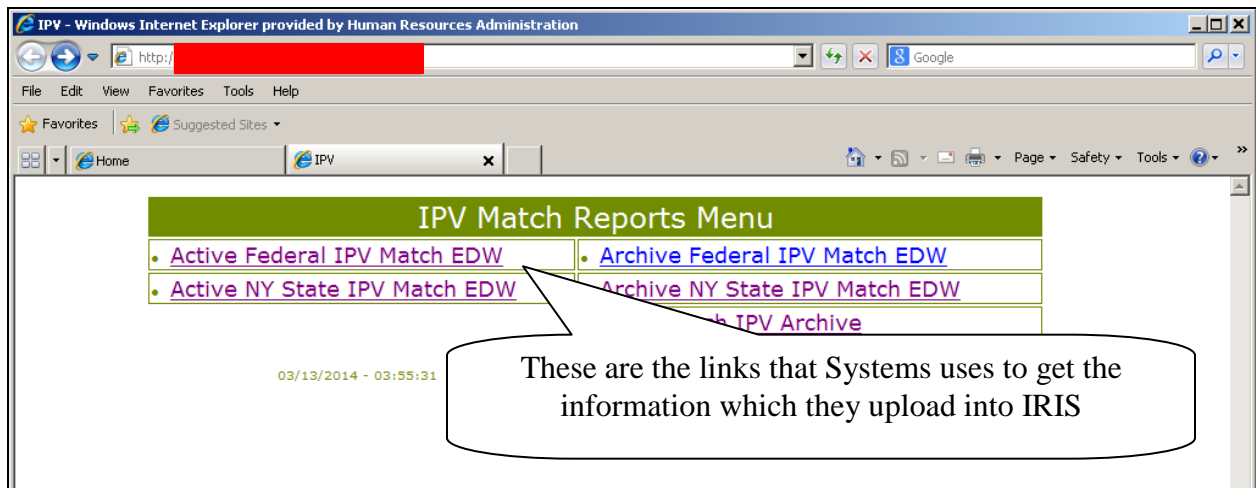


Figure 1 – IPV Match Report Menu Screen

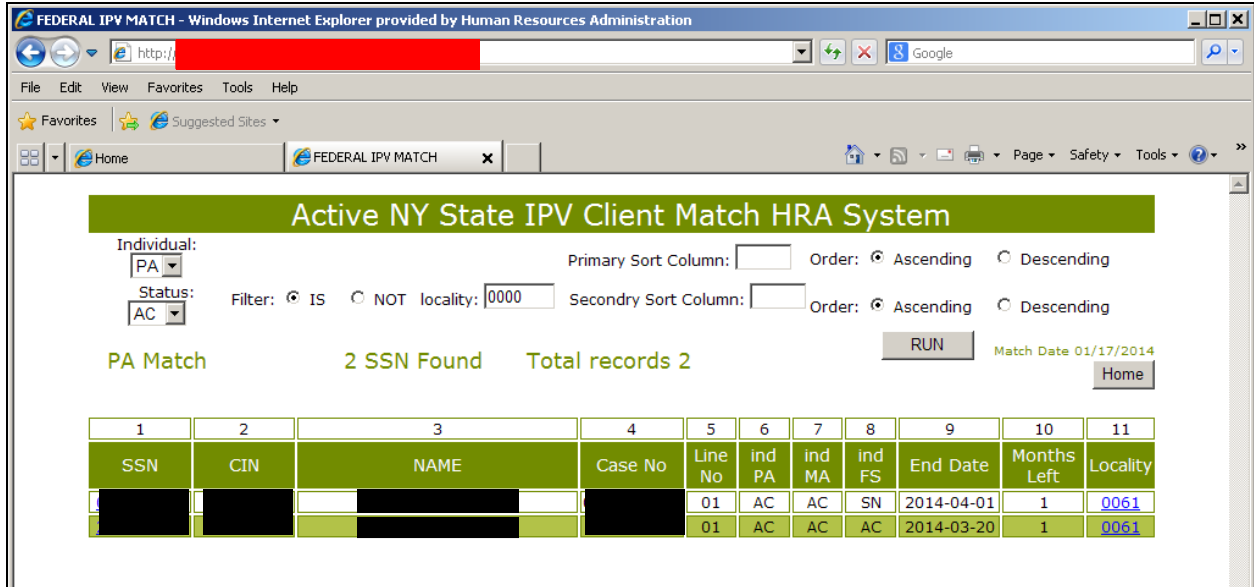


Figure 2 – Active NY State IPV Client Match HRA System Screen

**Investigative Process**

After the cases are uploaded into IRIS, the Supervisor will check *WMS Client Information Screen* to confirm that the names and social security numbers (SSN) match, as well as to determine if the case is CA/SNAP or a SNAP-only case. See **Figure 3**.

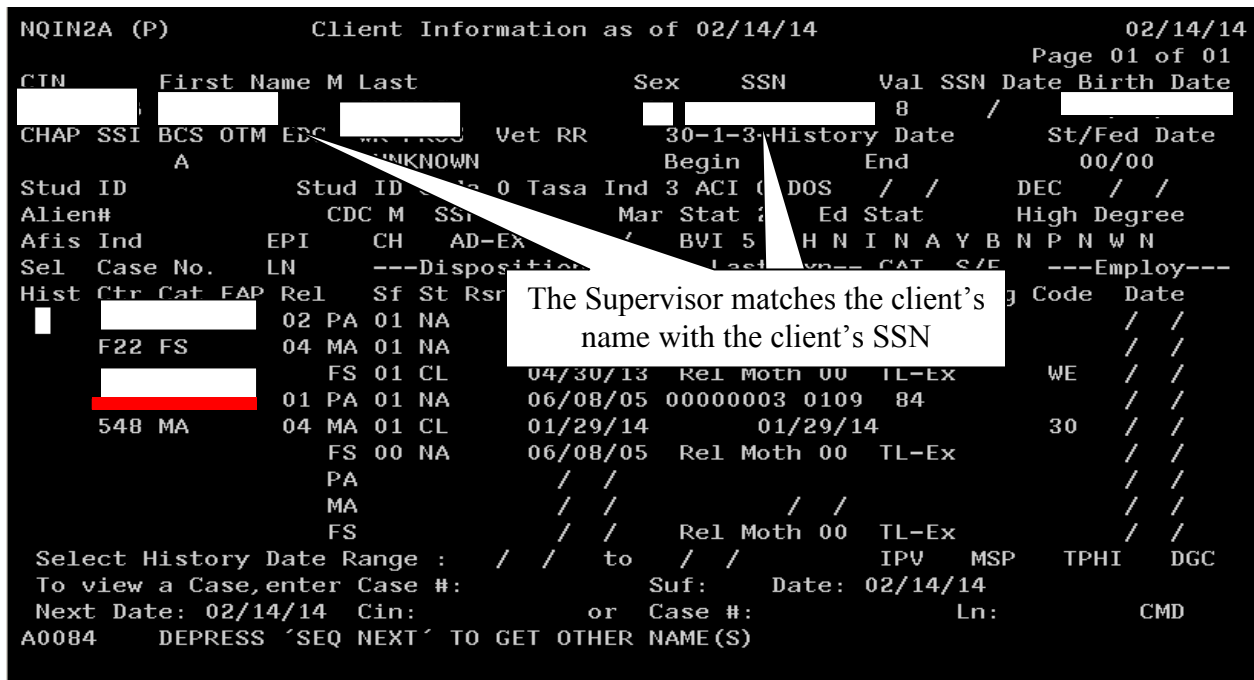


Figure 3 – WMS Client Information Screen

If the SSN and the name do not match, the Supervisor will cross off the line on the IRIS list and within three business days enter the disposition, “Rejected for Error” in IRIS.

For the cases where the SSN and the name match, the Supervisor will have clerical staff prepare the case folders and return them to the Supervisor's office. The Supervisor or Designee will then print out the Electronic Disqualified Recipient System (eDRS) information which will be given to the Investigators. The eDRS information consists of:

- SSN
- last name, first name, and middle initial
- disqualification status
- date of birth
- gender
- number of disqualifications
- decision date
- start date
- penalty length
- location code
- location name
- state code
- state information
- offense code
- offense description

The Supervisor will have an initial meeting with the Investigator to discuss the case assigned with the following:

- case folders;
- eDRS information;
- link to the Federal IPV Match Report.

**A. Initial clearances**

Project 476 Investigators search the Paperless Office System (POS) and the HRA One Viewer for documentation including a completed and signed *Application/Recertification (LDSS-4826)* or *Mail-in (FIA M-327h)* form, which is submitted by the client during the disqualification period to be used as evidence. The Investigator will also search *WMS Case Composition–Suffix/Individual Summary – Screen 22 (Figure 4)* and *WMS Client Information (also known as “Screen 22X”)* (**Figure 5**) for information that is considered evidence to substantiate a claim and to search for any overlapping cases. Investigators must contact the jurisdiction in which the IPV occurred and request a copy of their IPV evidentiary packet.

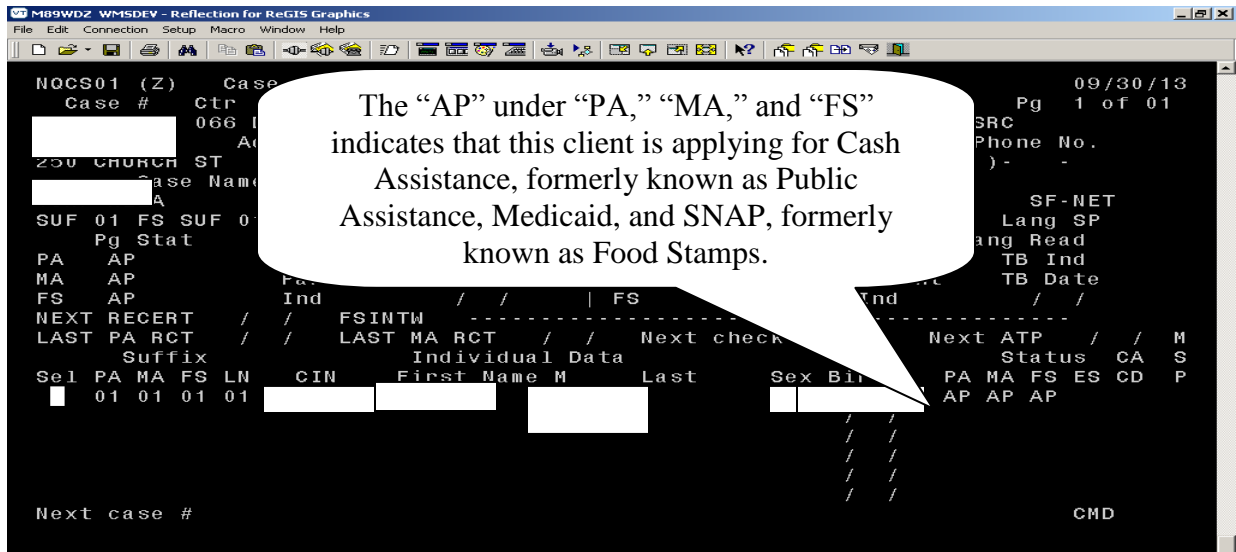


Figure 4 – WMS Case Composition – Suffix/Individual Summary – Screen 22

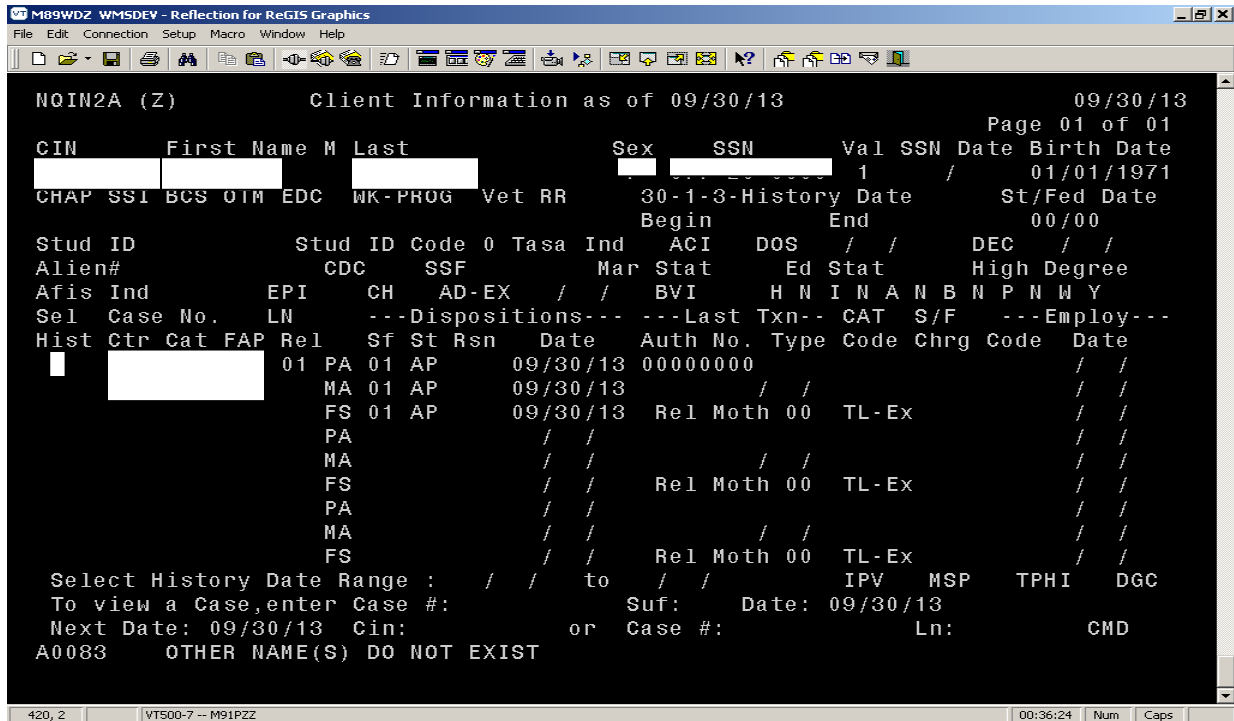


Figure 5 – WMS Client Information – Also Known As “Screen 22X”

**B. CA/SNAP or SNAP-only Applications, Recertifications, and Mail-ins**

The Investigator must review the benefits history against the client’s most recent CA/SNAP or SNAP-only application, recertification, and mail-in. The Investigator must search for a completed and signed document in POS or HRA One Viewer. However, the client may be currently listed as receiving benefits in New York City.



If the Investigator does not find a completed and signed application, recertification, or mail-in in POS or HRA One Viewer and the client was receiving benefits in New York City before BFI received the Federal IPV Match Report, the client must be called in for an interview.

**C. Initial Meeting with Supervisor to Discuss Case**

Whether or not a completed application, recertification, or mail-in form is found in POS or HRA One Viewer, the Investigator must investigate the case and prepare a budget. When the Investigator has the data necessary to prove the case and has completed a budget for the case, the Supervisor sends the *Active Case with a Federal IPV (BFI-145A)* form (**Attachment 1**) to the Investigator to schedule a meeting. The case status and disposition is discussed and the evidence the Investigator has gathered is reviewed at the meeting.

If the Investigator finds a completed application or recertification in POS or HRA One Viewer, but there is no signature page, the course of the investigation changes. There is no substantial evidence that the client did anything wrong. In this situation, the Investigator needs to determine if this case is considered an administrative overpayment or deferred recoupment and may result in a case line or entire case being closed. If the case involves a single head of household and children, the case cannot be closed because you cannot deprive the children. However, the Case Head's line can be closed.

**D. Call In Letter**

The *SNAP Call In Letter (IREA-125)* form (**Attachment 2**), is sent to individuals showing the date and time scheduled for them to come in for an interview and the reason they are being called. For example, they were receiving benefits in New York City and at the same time were listed on the current quarterly Federal IPV Match Report received by BFI.

**E. Interview**

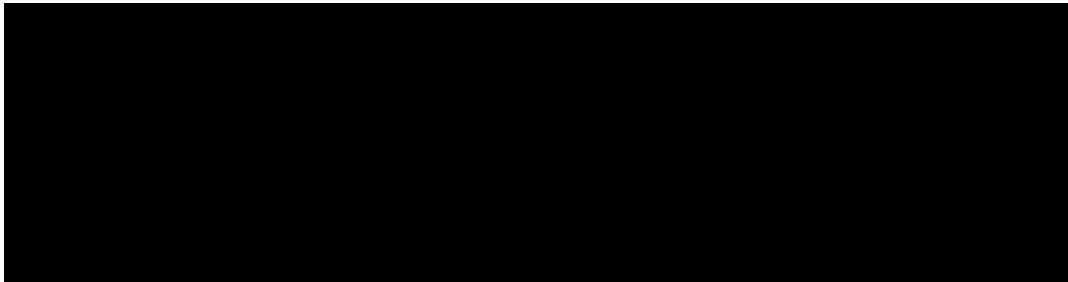
If the client comes in to meet with the Investigator as indicated on the call in letter, the investigator must ascertain whether or not the client had knowledge of her/his SNAP disqualification in another jurisdiction. The investigator should inquire if the client received any evidentiary information (i.e., IPV packet, IPV hearing decision, Disqualification Notice) from the other jurisdiction. If none or incomplete, a second interview may be scheduled in order to provide such documentation. The Investigator will give the client the opportunity to give a voluntary statement by having them complete the *Voluntary Statement BFI-44* form (**Attachment 3**). The voluntary statement should include the client's knowledge of the previous SNAP Disqualification. Once the interview is concluded, the Investigator must complete the *Report of Interview BFI-45* form (**Attachment 4**).

**F. Referral for Criminal Prosecution**

When clients conceal their SNAP disqualification and complete an application, recertification, or mail-in recertification, they have committed a crime. When BFI has the completed and signed application, recertification, or mail-in recertification, the Investigator must determine whether or not to refer the case for criminal prosecution. [REDACTED]

[REDACTED] is subject to change. If the dollar amount of the fraud meets the criteria, the Investigator will complete the *Investigator Affidavit BFI-132R (Attachment 5)* and *Referral to District Attorney BFI-206a forms (Attachment 6)*, which will be sent to the Criminal Remedies Unit of the Prosecutions and Administrative Hearings Division for processing, upon completion of the investigation.

If the Investigator is requested to consider a case for DA referral, the Investigator must reach out to the jurisdiction in which the prior IPV occurred and obtain a copy of the evidence that was presented in the prior IPV to prove the client’s knowledge of the prior judgment.



**G. Referral for Intentional Program Violation**

An IPV is the penalty received from an Administrative Disqualification Hearing (ADH). An IPV does not require a monetary claim whereas a DA does. Thus, the burden of proof is lower with the IPV than with the DA (beyond a reasonable doubt).

When the client failed to indicate on their application that they were disqualified from receiving benefits in another locality, the Investigator must consider referring the case for another ADH. To request an ADH, the Investigator must complete the form *Investigator Affidavit BFI-132R* and the Intentional Program Violation Packet, which consists of forms:

- *Transmittal of Request for Administrative Disqualification Hearing DSS-4422 (BFI-217) (Attachment 7)*
- *Legal Aid Society Listing BFI-109 (Attachment 8)*
- *Summary of IPV Activity and Exhibits BFI-107 (Attachment 9)*

It is determined at an ADH whether a client committed an IPV. A client that is not the “case head” cannot be charged with an IPV unless their signature is on the application.

If the Investigator is requested to consider a case for IPV referral, the Investigator must also reach out to the jurisdiction in which the prior IPV occurred and obtain a copy of the evidence that was presented in the prior IPV to prove the client's knowledge of their prior judgment.

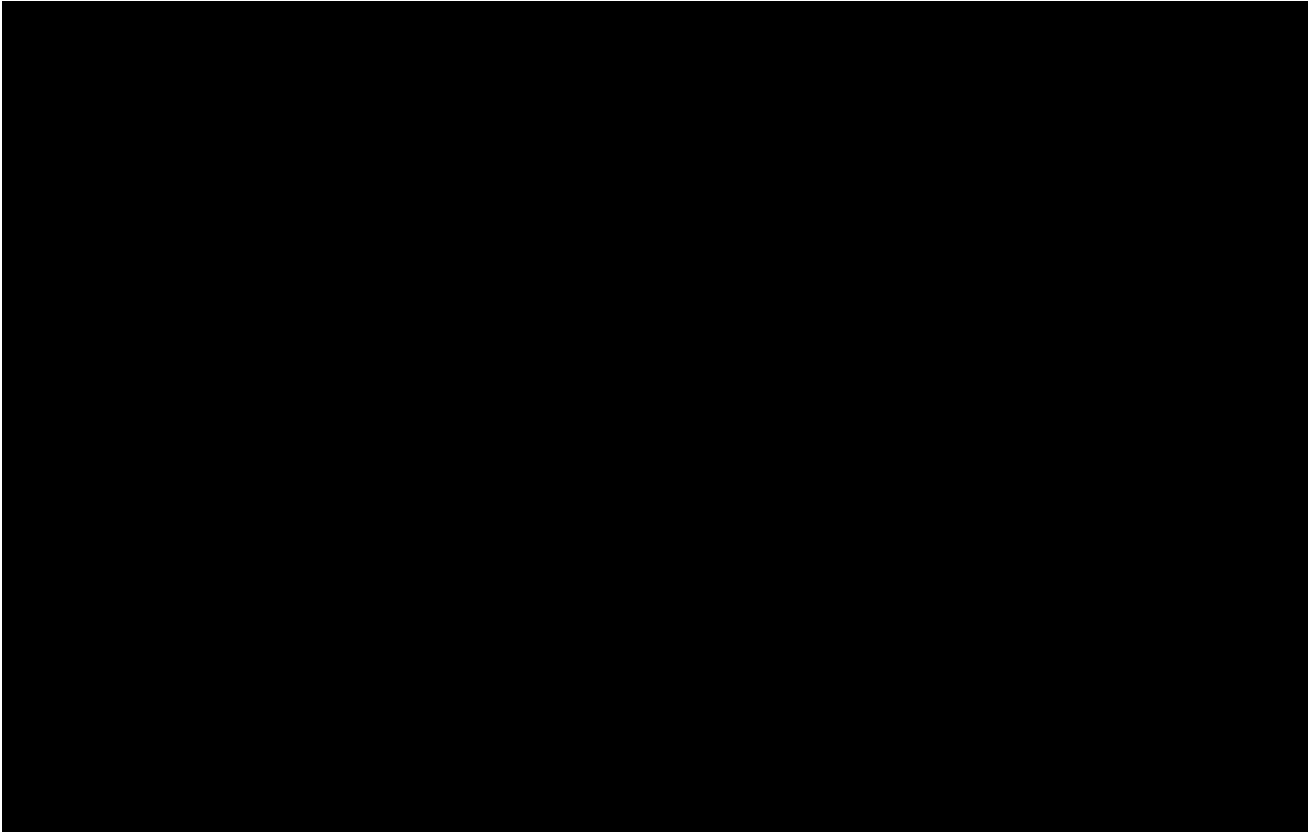
**H. Referral for Rebudgeting, Recoupment, or Civil Litigation**

In instances where there is no possibility of obtaining a DA Referral or an IPV, the overpayment amount can be recovered through a recoupment.

**I. Case Disposition**

After the investigation is completed, the Investigator must enter a case disposition in IRIS. See **Figure 7**. Once the disposition is entered, s/he also must complete the *Report of Investigation BFI-21B* form (**Attachment 10**), which is created in IRIS. The report will include the Investigator's findings and the outcome of the case (DA referral, IPV referral, recoupment, case closing). The *Report of Investigation BFI-21B* form is given to the Supervisor who will review it.

If the Supervisor feels the report needs correction or adjustment, it will be returned to the Investigator for correction. Once the Investigator completes the correction, it is returned to the Supervisor for approval. After the *Report of Investigation BFI-21B* form is approved, the case disposition is entered into IRIS.



**REFERENCES**

1. 18 NYCRR 359.2 (a); 359.5 (a); 359.9 (c); 359.9 (e); 399.1 (c-d); 399.5; 399.7
2. NYS Office of Temporary and Disability Assistance 93 ADM-08
3. NYS SNAP Source Book, Sections 5 and 6
4. NYS Temporary Assistance Source Book (TASB), Ch. 6, Section D, Disqualification for Intended Program Violation

**RELATED ITEMS**

1. Application/ Recertification (LDSS-4826)
2. Mail-in (FIA M-327h)

**ATTACHMENTS**

- |               |   |
|---------------|---|
| Attachment 1  | Active Case with a Federal IPV (BFI-145A)   |
| Attachment 2  | SNAP Call in Letter (IREA-125)  |
| Attachment 3  | Voluntary Statement (BFI-44)  |
| Attachment 4  | Report of Interview (BFI-45)  |
| Attachment 5  | Investigator Affidavit (BFI-132R)   |
| Attachment 6  | Referral to District Attorney (BFI-206a)  |
| Attachment 7  | Transmittal of Request for Administrative Disqualification Hearing (DSS-4422) (BFI-217) |
| Attachment 8  | Legal Aid Society Listing (BFI-109)   |
| Attachment 9  | Summary of IPV Activity and Exhibits (BFI-107)  |
| Attachment 10 | Report of Investigation (BFI-21B)   |

**Attachment 1  
Active Case with a Federal IPV (BFI-145A)**

BFI-145A (E) 01/22/2014



**INVESTIGATION, REVENUE AND ENFORCEMENT ADMINISTRATION  
BUREAU OF FRAUD INVESTIGATION  
250 CHURCH STREET, 4th FLOOR  
NEW YORK, NY 10013**

**MEMORANDUM**

**DATE:** \_\_\_\_\_

**TO:** \_\_\_\_\_

**FROM:** \_\_\_\_\_, Director

**SUBJECT:** Active Case With A Federal IPV

**CASE NAME:** \_\_\_\_\_

**CASE NUMBER:** \_\_\_\_\_

**CASE TYPE:** Select...

.....  
The above-named client was disqualified from the SNAP program due to an Intentional Program Violation (IPV) from another social service jurisdiction. Below, the offense code and description are cited for the period listed.

State That Issued the IPV:

Offense Code #: \_\_\_\_\_

Offense Description: \_\_\_\_\_

IPV START DATE:

IPV END DATE:

Please take the statistical action requested below pursuant to 18 NYCRR 359.9.

CLOSE:  CASE  LINE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER:

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The disqualification document from the Electronic Disqualified Recipient System (eDRS) will be forwarded upon completion of the case

Thank you for your cooperation, regarding this matter.

Attachment 2  
SNAP Call in Letter (IREA-125)

IREA-125 (E) 11/18/2015



INVESTIGATION, REVENUE AND ENFORCEMENT ADMINISTRATION

NEW YORK, NY 10013

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case No. \_\_\_\_\_

Dear \_\_\_\_\_:

This office is conducting an investigation concerning your \_\_\_\_\_. The allegation is based on information sent to us that, between \_\_\_\_\_ and \_\_\_\_\_, you or someone in your household:

We scheduled an interview for you to discuss this matter with us:

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Address: \_\_\_\_\_

Please bring your Photo ID card, this letter, and the following document(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you need more time to find these documents or need to reschedule your interview, call Investigator \_\_\_\_\_ at 929-252-\_\_\_\_\_ before \_\_\_\_\_.

**IMPORTANT NOTICE**

You can bring an attorney or other representative to assist you in resolving this matter. You can contact your local bar association or a legal services organization to seek free legal representation. You are entitled to interpretation assistance; please let us know if you would like us to provide an interpreter in the language that you request.

You may answer questions or choose not to say anything. If you do not answer questions, your \_\_\_\_\_ cannot be stopped or reduced just because you do not answer.

If our investigation finds that you were ineligible for benefits received, we may ask you to repay them.

You do not have to sign a repayment agreement. However, if we do not come to an agreement, we may sue you in civil court to recover the amount due or, in some cases, refer you for criminal prosecution.

You may still be eligible for certain benefits now even if you were not eligible in the past. If you would like to discuss your current eligibility for Medicaid, you can go to your local Medicaid office.

**TRAVEL INSTRUCTIONS**

250 Church St. (Train): 1 to Franklin Street; A, C, E, to Canal Street; A, E, 2 & 3 to Chambers St. Office located between Leonard and Franklin Sts.

Do you have a disability or health condition that makes it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? Call us at 212-331-4640 and we can help you. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.







**Attachment 5  
Investigator Affidavit (BFI-132R)**

BFI-132R (E) 10/23/2013



**INVESTIGATION REVENUE AND ENFORCEMENT ADMINISTRATION  
BUREAU OF FRAUD INVESTIGATION  
250 CHURCH STREET  
NEW YORK, NY 10013**

**INVESTIGATOR AFFIDAVIT**

I, Investigator Name, being duly sworn, depose and state under the penalties of perjury:

1. I am an Agency Investigator within the New York City Human Resources Administration/Department of Social Services (HRA) Investigation, Revenue & Enforcement Administration (IREA) Bureau of Fraud Investigation (BFI).

2. I conducted and reviewed the investigation of public assistance applicant/participant Client Name, Case # Case Number, and submit this Affidavit based on the attached HRA IREA BFI investigation report only after personally verifying the truth of the information contained therein.

3. HRA policy and procedures require that public assistance applicants or participants sign an application (LDSS-2921 or LDSS-4826) or recertification (LDSS-3174 or LDSS-4826) form as a precondition of eligibility. HRA retains an electronic copy of the form in the applicant's or participant's case record. By signing the application or recertification form, the applicant or participant acknowledges that s/he read and understood the notice of penalties and/or "SNAP PENALTY WARNING," which states that administrative penalties and criminal prosecution may be imposed for any violation of public assistance laws and rules.

4. I have interviewed and/or conducted the investigation of the applicant/participant, reviewed his/her case record(s) and documents submitted, and have determined that s/he knowingly provided false or misleading statement(s), or misrepresented, concealed or withheld facts in his/her application or recertification for public assistance benefits for purposes of public assistance eligibility.

5. I base my determination set forth in ¶ 4 of this Affidavit upon my investigation, the individual's case record, the attached documents, and the HRA IREA BFI investigation report.

6. I respectfully submit this Affidavit to support HRA's determination to impose an Intentional Program Violation (IPV) of the Select... program against the above-named applicant/participant.

**NAME** \_\_\_\_\_

**TITLE** \_\_\_\_\_

**DATE** \_\_\_\_\_

*(Signature)*

Sworn and subscribed to before me on this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**Attachment 6  
Referral to District Attorney (BFI-206a)**

BFI-206a (E) 11/27/2013



**INVESTIGATION REVENUE AND ENFORCEMENT ADMINISTRATION  
BUREAU OF FRAUD INVESTIGATION  
250 CHURCH STREET  
NEW YORK, NY 10013**

**REFERRAL TO DISTRICT ATTORNEY**

District Attorney's Office: Select...

Date:

Borough DA Liaison : Select...

Listed below are cases of criminal actions which are being referred to your office for prosecution. Should you require further information, please contact me at (212) 274-Select... or at e-mail address: Select...

		CHECK ONE SECTION BELOW			
	NAME: LAST, FIRST	CASE#	ACCEPT	REJECT	CONDITIONAL REJECTION
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECEIVED BY: \_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Signature) (Date)



TO BE COMPLETED BY NYS/DSS						
CATEGORY	SUB-CAT	ACTION INAD	ISSUE #1	ISSUE #2	FAIR HEARING NUMBER	DATE ENTERED

**Attachment 8  
Legal Aid Society Listing (BFI-109)**

BFI-109 (E) 04/23/2015



**INVESTIGATION REVENUE AND ENFORCEMENT ADMINISTRATION  
BUREAU OF FRAUD INVESTIGATION  
250 CHURCH STREET  
NEW YORK, NY 10013**

In the event that you and/or your attorney desire to review the original evidentiary packet, you may contact:

**Bureau of Fraud Investigation  
250 Church Street – 3<sup>rd</sup> Floor  
New York, NY 10013  
(718) 722-8001**

**Please call in advance for an appointment.**

Pursuant to New York State Department of Social Services guidelines, below is a listing of local Legal Aid Society Offices:

**MANHATTAN**

Legal Aid Society (Harlem)  
230 East 106<sup>th</sup> Street  
New York, NY 10029  
Tel. (212) 426-3000

**BRONX**

Legal Aid Society  
260 E 161<sup>st</sup> Street, 8<sup>th</sup> Floor  
Bronx, NY 10451  
Tel. (718) 991-4600

**BROOKLYN**

Legal Aid Society  
111 Livingston Street, 7<sup>th</sup> Floor  
Brooklyn, NY 11201  
Tel. (718) 722-3100

**QUEENS**

Legal Aid Society  
Queens Neighborhood Office  
120-46 Queens Boulevard, 3<sup>rd</sup> Floor  
Kew Gardens, NY 11415  
Tel. (718) 286-2450

**RICHMOND (STATEN ISLAND)**

Legal Aid Society  
60 Bay Street, 3<sup>rd</sup> Floor  
Staten Island, NY 10301  
Tel. (718) 273-6677

**Attachment 9  
Summary of IPV Activity and Exhibits (BFI-107)**

BFI-107 (E) 03/30/2011



INVESTIGATION REVENUE AND  
ENFORCEMENT ADMINISTRATION  
BUREAU OF FRAUD INVESTIGATION

**SUMMARY OF IPV ACTIVITY & EXHIBITS**

**NAME:** \_\_\_\_\_

**BFI CONTROL#:** \_\_\_\_\_

**CASE NUMBER:** \_\_\_\_\_

**SUMMARY:**

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**Summary of Claim:**

- Attempted Fraud No Benefit
- Agency not pursuing Dollar Claim
- PA and/or FS Claim Amount and Period on Transmittal Sheet

<b>EXHIBIT</b>	<b>PAGE #</b>
Summary of Fraudulent Activity	1
Investigator Affidavit	2
Agency Witness List	3

**Attachment 9  
Summary of IPV Activity and Exhibits (BFI-107)**

BFI-107 (E) 04/12/2013



INVESTIGATION REVENUE AND  
ENFORCEMENT ADMINISTRATION  
BUREAU OF FRAUD INVESTIGATION

**SUPERVISORY APPROVAL SHEET**

**INVESTIGATOR**

**I compared the copies of all attached exhibits with the originals and certify that they are true copies of the same. Investigation completed by:**

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature, Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPERVISOR**

“As the supervisor of Investigator \_\_\_\_\_, I reviewed the case packet for the IPV referral for case # \_\_\_\_\_ and I hereby certify that the information contained is complete, accurate, and of the quality necessary to be an IPV referral.”

Print Name: \_\_\_\_\_

Signature, Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Attachment 10**  
**Report of Investigation (BFI-21B)**

Form BFI-21B  
Rev.5/98

Human Resources Administration  
BUREAU OF FRAUD INVESTIGATION

**REPORT OF INVESTIGATION**

TYPE OF REPORT	Status	X	Final	1/1/2000
				Unit [Number]
CONTROL NUMBER	YYYY/MM/DD/XXXX		PROJECT NUMBER [NUMBER]	
CASE NAME	[CASE NAME]		Case Number	[CASE NUMBER]
SOC.SEC.NUMBER	XXX-KX-XXXX		Type of case	[CASE TYPE]
CURRENT ADDRESS	[ADDRESS LINE 1]			
	[ADDRESS LINE 2]			
PHONE #	AAAPPPXXXX			

INVESTIGATION PREDICATED ON AN ALLEGATION BY: [SOURCE]

**RESULT OF INVESTIGATION:**

PREPARED BY: [INVESTIGATOR NAME]	Date: 1/1/2000
REVIEWED BY: [SUPERVISOR NAME]	Date: 1/1/2000
APPROVED BY: [MANAGER NAME]	Date: 1/1/2000