



DEPARTMENT OF PUBLIC SOCIAL SERVICES

WELFARE FRAUD PREVENTION & INVESTIGATIONS SECTION

Number:

04-20

Date:

08/03/2004

Administrative Memorandum

SUBJECT: ADVISING THE ELIGIBILITY WORKER (EW) TO TAKE APPROPRIATE ACTION

REFERENCE:

CANCELS:

FILE IN: WFP&I Handbook, Section

20-100

SPECIAL ATTENTION: All WFP&I Investigative Staff

I PURPOSE

This Administrative Memorandum (AM) provides revised procedures for notifying the Eligibility Worker (EW) to take appropriate action on information discovered by the Welfare Fraud Investigator (WFI) as a result of an investigation.

This AM also releases the revised WFP&I 23, Fraud Investigation Interim Report (Attachment I) and the revised EFD/P 2, Early Fraud Detection/Prevention Investigative Findings Report.

II POLICY

Investigative staff shall advise the EW to "Take Appropriate Action" when information requiring immediate action to prevent a cash overpayment and/or Food Stamp overissuance is identified.

The **LEADER Future Action Control (FAC)** system was designed for this purpose, however WFP&I has been advised by Program Staff that the **FAC** system alone is not adequate for advising the EW of information requiring immediate action.

Therefore effective immediately, the WFI is to complete the WFP&I 23 (Rev. 08/04), Fraud Investigation Interim Report, to advise the EW of investigation findings. Early Fraud staff are to use the EFD/P 2, Early Fraud Detection/Prevention Investigative Findings Report, for this purpose (Attachment II).

III PROCEDURES

A. Welfare Fraud Investigator (WFI) or Early Fraud Investigator (EFI)

Upon discovery of information that affects the participant's eligibility for cash and/or Food Stamp benefits, the WFI or EFI shall immediately advise the EW to take

III PROCEDURES (Continued)

appropriate action.

1. Access the **LEADER, Future Action Control (FAC) system, User Control Request** screen.
 - a. Input a message advising the EW to "See Case Comments dated xx/xx/200x."
 - b. Print a copy of the **FAC**.
2. Access the **Data Collection** system, **Case Comments** screen.
 - a. Choose "General Comments" and input a concise summary of the information discovered during the investigation.
 - b. Advise the EW to "Take Appropriate Action."
 - c. Print a copy of the **Case Comments** screen.
3. Complete either a WFP&I 23, Fraud Investigation Interim Report or an EFD/P 2, Early Fraud Detection/Prevention Investigative Report.
 - a. Make photocopies of the WFP&I 23 or EFD/P 2, **FAC** and **Case Comments** screen.
 - b. Attach a copy of the **FAC** and the **Case Comments** screen to the WFP&I 23 or the EFD/P 2 and forward to the EW.
 - c. File the original WFP&I 23 or EFD/P 2 along with a copy of the **FAC** and the **Case Comments** screen in the CFF.
 - d. Control for a response from the EW within 10 days.
 - e. If a response from the EW has not been received within 10 days, look in the LEADER case record to see if the appropriate action has been taken.
 - f. If no action has been taken forward a second copy of the WFP&I 23 or the EFD/P 2 along with the copy of the **FAC** and the **Case Comments** screen to the EW along with a copy to the District Fraud Liaison/Deputy.
 - g. Follow existing procedures for notifying the District Director if a response to the second request is not received.

Questions regarding this Administrative Memorandum should be directed to your immediate supervisor.

Luther Evans /am

Luther Evans, Director
Welfare Fraud Prevention & Investigations Section

LE:MH:mh

Admin. memo advising ew

c: Deputy Directors
Chief Clerk

FRAUD INVESTIGATION INTERIM REPORT

TO:	DISTRICT NAME	DISTRICT NUMBER	EW FILE NUMBER
DISTRICT FRAUD LIAISON			
CASE NAME	CASE NUMBER	INVESTIGATION NO.	DATE

Report: WFP&I has uncovered information that affects current eligibility. See LEADER case comments dated _____. Please take appropriate action.

Welfare Fraud Investigator (WFI)	WFI File Number	Telephone Number
Supervising Welfare Fraud Investigator (SWFI)	Unit Number	Telephone Number

FRAUD INVESTIGATION INTERIM REPORT – DISTRICT RESPONSE
(PLEASE COMPLETE SECTION BELOW AND RETURN WITHIN 10 DAYS)

To: WELFARE FRAUD PREVENT. & INVEST. SECTION 12000 S. Hawthorne Blvd. Hawthorne, CA 90250	From: (District Name and District Number)		
Attention: (WFI)	WFI File No.	EW File Number:	Date
Case Name	Case Number	LEADER Investigation Number	

Was Action Taken: Yes NO
If NO, reason? _____
If Yes, what was the effective date? _____. Please Provide information requested below:

<input type="checkbox"/> Cash Aid <input type="checkbox"/> Termination Effective Date: <table border="1"> <tr> <td>Amount of Final Month of Aid: \$ _____</td> </tr> </table> <input type="checkbox"/> Reduction Effective Date: <table border="1"> <tr> <td>Amt of Aid Before Reduction: \$ _____</td> </tr> <tr> <td>Amt. of Aid After Reduction: \$ _____</td> </tr> </table> <input type="checkbox"/> Denial Effective Date: <table border="1"> <tr> <td>Number of Persons Denied: _____</td> </tr> </table>	Amount of Final Month of Aid: \$ _____	Amt of Aid Before Reduction: \$ _____	Amt. of Aid After Reduction: \$ _____	Number of Persons Denied: _____	<input type="checkbox"/> Food Stamps <input type="checkbox"/> Termination Effective Date: <table border="1"> <tr> <td>Amount of Final Month of Aid: \$ _____</td> </tr> </table> <input type="checkbox"/> Reduction Effective Date: <table border="1"> <tr> <td>Amt of Aid Before Reduction: \$ _____</td> </tr> <tr> <td>Amt. of Aid After Reduction: \$ _____</td> </tr> </table> <input type="checkbox"/> Denial Effective Date: <table border="1"> <tr> <td>Number of Persons Denied: _____</td> </tr> </table>	Amount of Final Month of Aid: \$ _____	Amt of Aid Before Reduction: \$ _____	Amt. of Aid After Reduction: \$ _____	Number of Persons Denied: _____
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Amt. of Aid After Reduction: \$ _____									
Number of Persons Denied: _____									



DEPARTMENT OF PUBLIC SOCIAL SERVICES
WELFARE FRAUD PREVENTION & INVESTIGATIONS SECTION
EARLY FRAUD DETECTION / PREVENTION INVESTIGATIVE FINDINGS REPORT

TO: EW/ES _____ File No.: _____ District No.: _____

FROM: WFI: _____ Telephone No.: _____

Re: _____ Case Name LEADER Case Number

Attached is a copy of the Future Action Control (FAC) and the LEADER case comments documenting the findings of the Early Fraud Investigation. Please take appropriate Eligibility Action.

- NO FRAUD DETECTED
FRAUD DETECTED (See Below)
Applicant / Participant not at reported address.
Unreported Absent parent residing in the home.
Applicant requested or received aid for a person out of the home.
Unreported Income.
Unreported Assets / Property.
Other: _____

TO BE COMPLETED BY ELIGIBILITY WORKER OR ELIGIBILITY SUPERVISOR

Please indicate the action taken below:

- Application Denied Effective Date of Denial: _____
Case Terminated Effective Date of Termination: _____
Eligibility Re-Evaluated
Assistance Reduced Amount before reduction Amount after reduction
Cash (CalWORKs/GR) _____
Food Stamps _____
No Eligibility Action Required
A copy of the Case Comments screen describing the appropriate Case Action taken is attached.

Eligibility Worker: _____ File No.: _____ Date: _____

Eligibility Supervisor: _____ Date: _____