



Fraud Referral

Participant Information

Name: _____

FLORIDA
Case/Category/Sequence: _____

OSST Case ID: _____

Referring Staff

Referring Staff: _____

Title: _____ Phone: _____

LWDB: _____

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.

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	
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Do you have documentation that supports potential fraud? Yes No

Please describe.

Workforce Staff Signature