



DHS Investigative Referral Follow-Up to DIA

Date		DIA Case Number	
Worker Number		State ID/CIN	
Client First Name	Client Last Name		IABC Case Number
ELIAS Case Number	KT Case Number: Client		KT Case Number: Provider

Referral Type (Based on DIA Investigative Report):

Application
 Review/Recertification
 Ongoing Case
 Closed Case

Application or Review/Recertification changed to Ongoing Investigation:

Yes (If Yes, Stop and Submit to DIA)
 No (If No, Continue)

Was this referral related to an EBT trafficking or misuse:

Yes (If Yes, Stop and Submit to DIA)
 No (If No, Continue)

[View Calculation Sheet](#)
 [Submit to DIA/ECF](#)

Case Action – Based on DHS Benefits/Eligibility determination:

Approved
 Denied
 Canceled
 Change in Benefits
 No Change in Benefits

Were benefits or eligibility increased?

Yes No
 \$_____ Increase
 Medical \$ _____
 SNAP \$ _____
 FIP \$ _____
 CCA - Client \$ _____
 CCA - Provider \$ _____

Were benefits or eligibility decreased?

Yes No
 \$_____ Decrease
 Medical \$ _____
 SNAP \$ _____
 FIP \$ _____
 CCA - Client \$ _____
 CCA - Provider \$ _____

Is an IPV being pursued? Yes No

Has a claim been established or do you anticipate a claim being established?

Yes No

Comments:

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Medical

Aid Code	<input type="text"/>	Aid Code	<input type="text"/>
Or Rate Types	<input type="text"/>	Or Rate Types	<input type="text"/>
Capitation Fee	<input type="text" value="\$"/>	Capitation Fee	<input type="text" value="\$"/>
Eligibility Certification Months Counted	<input type="text" value="#"/>	Eligibility Certification Months Counted	<input type="text" value="#"/>
Total Change	<input type="text" value="\$"/>		

SNAP

Current Payment	<input type="text" value="\$"/>
Updated Payment	<input type="text" value="\$"/>
Certification Months Remaining	<input type="text" value="#"/>
Total Change	<input type="text" value="\$"/>

Family Investment Program (FIP)

Current Monthly Payment	<input type="text" value="\$"/>
Current Household Size	<input type="text" value="#"/>
Earned Income	<input type="text" value="\$"/>
Unearned Income	<input type="text" value="\$"/>
Additional Adjustment +/-	<input type="text" value="\$"/>
Updated Monthly Payment	<input type="text" value="\$"/>
Eligible Months Remaining	<input type="text" value="#"/>
Total Change	<input type="text" value="\$"/>

Child Care Assistance (Provider)

Current Bi-Weekly Payment	<input type="text" value="\$"/>
Updated Bi-Weekly Payment	<input type="text" value="\$"/>
Eligible Bi-Weekly Periods Remaining	<input type="text" value="#"/>
Total Change – Provider	<input type="text" value="\$"/>

Child Care Assistance (Client)

Current Bi-Weekly Payment	<input type="text" value="\$"/>
Updated Bi-Weekly Payment	<input type="text" value="\$"/>
Eligible Bi-Weekly Periods Remaining	<input type="text" value="#"/>
Total Change – Client	<input type="text" value="\$"/>