



Iowa Department of Human Services

DHS Investigative Referral to DIA

Date Referred	Worker Name		Worker Number		
Worker Phone Number		Phone Extension	Worker Email		
Client First Name	Client Last Name	Date of Birth	State ID/CIN		
Client Address Line 1		County of Residence	Client Phone		
Client Address Line 2		City	State	Zip	
IABC Case Number	ELIAS Case Number	KT Case Number: Client	KT Case N	L umber: Provider	
Is client in a non-cooperative status with DIA at this time?					
Are there worker safety concerns?		☐ Yes ☐ N	☐ Yes ☐ No		
Programs questioned (select all that apply):					
☐ Family Investment Program (FIP)		Divestiture			
☐ SNAP		☐ EBT – Tracking and/or Misuse			
☐ Child Care Assistand	ce Client (CCA-C)	☐ Electronic Access C	☐ Electronic Access Card (EAC)		
☐ Child Care Assistance Provider (CCA-P)		☐ Multiple Card Replacement			
☐ MAGI		☐ PARIS Match			
□ Non-MAGI					
Complainant request to remain anonymous?		Complainant Name	omplainant Name Complainant Phone		
☐ Yes ☐ No					
Referral Type (Based on current DHS case status)					
☐ Application ☐ Review/Recertification ☐ Ongoing Case ☐ Closed Case Allegation/comments					
Allegation/comments					