**OSAH FORM 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OSAH USE ONLY:** | AGENCY  **OIG** | CASE TYPE | DOCKET NUMBER | COUNTY | JUDGE |

**DEPARTMENT OF HUMAN SERVICES**

**OFFICE OF INSPECTOR GENERAL**

**INTENTIONAL PROGRAM VIOLATIONS**

|  |  |
| --- | --- |
| **Alleged Violator’s County of Residence:** | **Agency Reference Number:** |

|  |  |  |
| --- | --- | --- |
| **Check Only One:** | | |
| **EBTFSF** (Electronic Benefits Transfer Food Stamps Fraud) | **FSF** (Food Stamps Fraud) | **TF** (TANF Fraud) |

**For FSF and EBTFSF cases, check here if Alleged Violator requires notice of hearing in Spanish:**

**ALLEGED VIOLATOR**

|  |  |  |
| --- | --- | --- |
| **NAME:** | TEL #: | FAX #: |
| CURRENT ADDRESS INCLUDING ZIP CODE: | | | EMAIL: |
| **ATTORNEY’S NAME (IF APPLICABLE):** | | TEL #: | FAX #: | |
| ADDRESS INCLUDING ZIP CODE: | | GEORGIA BAR #: | EMAIL: | |
| **HEAD OF HOUSEHOLD (IF DIFFERENT FROM ALLEGED VIOLATOR):** | | TEL #: | FAX #: | |
| CURRENT ADDRESS INCLUDING ZIP CODE: | | RELATIONSHIP TO ALLEGED VIOLATOR: | EMAIL: | |

**OIG AGENT**

|  |  |  |
| --- | --- | --- |
| NAME OF REGIONAL OFFICE: | TEL #: | FAX #: |
| ADDRESS INCLUDING ZIP CODE: | AGENT’S NAME:    AGENT’S DIRECT TEL #:    EMAIL: | SUPERVISOR’S NAME:    SUPERVISOR’S DIRECT TEL #:    EMAIL: |

**DFCS OFFICE INITIATING REFERRAL TO OIG**

|  |  |  |
| --- | --- | --- |
| NAME OF DFCS OFFICE: | TEL #: | FAX #: |
| ADDRESS INCLUDING ZIP CODE: | CASEWORKER’S NAME:    CASEWORKER’S DIRECT TEL #:    EMAIL: | SUPERVISOR’S NAME:    SUPERVISOR’S DIRECT TEL #:    EMAIL: |

**\*\*\*ADMINISTRATIVE DISQUALIFICATION LETTER AND SUMMARY OF EVIDENCE MUST BE ATTACHED**\*\*\*