**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**\*\*\*