

**HOT LINE REFERRAL**

CASE NAME		DATE REFERRED		CASE NUMBER	
ADDRESS (Street, City, State, Zip Code)			SOCIAL SECURITY NUMBER		
INFORMATION RECEIVED: (Who, What, Why, When, Where, How)					
CALLER: _____					

ACTION TAKEN (Return within 45 days of date referred.)

<u>      </u> NOT A VALID REFERRAL	<u>      </u> <u>YES</u>	<u>      </u> <u>NO</u>		AMOUNT	
<u>      </u> CASE CLOSED	<u>      </u>	<u>      </u>	CHANGE IN ASSISTANCE BENEFITS	\$ <u>          </u>	PER MONTH
<u>      </u> FRAUD REFERRAL	<u>      </u>	<u>      </u>	CHANGE IN SPENDDOWN	\$ <u>          </u>	TOTAL
<u>      </u> OTHER	<u>      </u>	<u>      </u>	CHANGE IN FOOD ASSISTANCE	\$ <u>          </u>	PER MONTH

SUMMARY: (Use reverse side if needed.)

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 EES WORKER'S NAME

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 DATE