ES-3120.5

STATE OF KANSAS

DEPARTMENT FOR CHILDREN AND FAMILIES

ECONOMIC AND EMPLOYMENT SERVICES

**AGENCY FRAUD REFERRAL**

05-18

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| CASE NAME |       | DATE REFERRED |       | CASE NO. |       | COUNTY |       |
| ADDRESS Street |       | SOCIAL SECURITY NUMBER |       |
| City, State, Zip Code |       |
| Name of worker making the referral |       | Pending application or open case?(X one) | P | [ ]  |
| O | [ ]  |
| INFORMATION RECEIVED: (Who, What, Why, When, Where, How) |
|       |
| SPECIAL INVESTIGATOR’S RESPONSE: |
|       |

\*Attach a scanned copy of the **Permission to Release Information and Signature** page signed by the applicant (s).

Send to DCF.OnlineHotline@ks.gov