

STATE OF KANSAS  
DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES  
FRAUD SECTION

FRS-1  
12-93

REFERRAL OF ALLEGED CLIENT FRAUD

☐ Forwarded as referral  
for ADH on \_\_\_\_\_

SECTION I. PRELIMINARY REFERRAL INFORMATION: \_\_\_\_\_ SRS Office

1. Case Name \_\_\_\_\_ 2. Case # \_\_\_\_\_

3. Name of individual alleged to have committed fraud \_\_\_\_\_

4. Address \_\_\_\_\_

5. Worker \_\_\_\_\_ 6. Supervisor \_\_\_\_\_

7. Type(s) of assistance: ☐ GA ☐ AFDC ☐ Medical  
☐ FS ☐ Other, Specify \_\_\_\_\_

8. Current case status ☐ Open ☐ Closed, effective \_\_\_\_\_

9. Alleged violation:

☐ Earned Income ☐ Unearned Income, specify \_\_\_\_\_  
☐ Absent parent in home ☐ Other resources, specify \_\_\_\_\_

10 Date(s) of alleged violation(s): From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

11. ☐ Attempt, date \_\_\_\_\_ 12. Estimated overpayment \_\_\_\_\_  
(Attach OVCA, if available)

13. Grant reduction possible ☐ Yes ☐ No

14. Manual section(s) violated \_\_\_\_\_

15. Summary of documentation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

SECTION II FRAUD UNIT INSTRUCTIONS:

- ☐ Refer for Administrative Hearing  
(Attach copy of documentary evidence to be presented at hearing)  
☐ Complete Section III (attached)  
☐ Non Fraud--Pursue recovery in accordance with policy.

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Distribution: White, blue - Fraud Unit; yellow - file