ES-3120.5

STATE OF KANSAS

DEPARTMENT FOR CHILDREN AND FAMILIES

ECONOMIC AND EMPLOYMENT SERVICES

**AGENCY FRAUD REFERRAL**

05-18

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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](mailto:DCF.OnlineHotline@ks.gov)