



LAS ANIMAS COUNTY
DEPARTMENT OF HUMAN SERVICES
Fraud Occurrence Form

Date: _____

Person Reporting

Person Reporting Incident (optional):

Prefix: _____ First Name: _____, Last Name: _____, MI: _____

Street Address: _____, Apt #: _____

City: _____, State: _____, Zip Code: _____

Phone Number: (_____) _____ - _____, Email Address: _____

If you prefer to remain anonymous, please check the box.

Referral Type

- Dual Benefits Income or Assets Trafficking
 Household Composition Residency

Alleged Modified fraud Start Date:

Alleged Modified fraud End Date:

Programs (Select all that apply)

- SNAP/Food Benefits Medicaid Adult Financials TANF Other: _____

Person(s) of Interest

Person 1:

Prefix: _____ First Name: _____, Last Name: _____, MI: _____

Street Address: _____, Apt #: _____

City: _____, State: _____, Zip Code: _____

Phone Number: (_____) _____ - _____, Email Address: _____

Person 2:

Prefix: _____ First Name: _____, Last Name: _____, MI: _____

Street Address: _____, Apt #: _____

City: _____, State: _____, Zip Code: _____

Phone Number: (_____)_____ - _____, Email Address: _____

Person 3:

Prefix: _____ First Name: _____, Last Name: _____, MI: _____

Street Address: _____, Apt #: _____

City: _____, State: _____, Zip Code: _____

Phone Number: (_____)_____ - _____, Email Address: _____

Witnesses (If applicable)

Person 1:

Prefix: _____ First Name: _____, Last Name: _____, MI: _____

Street Address: _____, Apt #: _____

City: _____, State: _____, Zip Code: _____

Phone Number: (_____)_____ - _____, Email Address: _____

Person 2:

Prefix: _____ First Name: _____, Last Name: _____, MI: _____

Street Address: _____, Apt #: _____

City: _____, State: _____, Zip Code: _____

Phone Number: (_____)_____ - _____, Email Address: _____

Person 3:

Prefix: _____ First Name: _____, Last Name: _____, MI: _____

Street Address: _____, Apt #: _____

City: _____, State: _____, Zip Code: _____

Phone Number: (_____) _____ - _____, Email Address: _____

Description

Description of Allegations, Unusual Incident or Complaint: