Georgia Department of Human Services
OFFICE OF INSPECTOR GENERAL
REQUEST FOR CASE REVIEW
Two Peachtree Street, NW. Room 30.449
Atlanta, GA 30303-3142
OIGBRU5667referrals@dhs.ga.gov

1. COUNTY NAME/NUMBER:

2. HOTLINE REFERRAL NUMBER:

HEAD OF HOUSEHOLD INFORMATION

3. SOCIAL SECURITY # | **4. DOB:** | **5. SEX:** M F

6. GATEWAY CLIENT ID# | **7. RACE:** A B H O W

8. FIRST NAME: | **9. INITIAL** | **10. LAST NAME:**

11. ADDRESS 1: | **12. ADDRESS 2:**

13. CITY: | **14. STATE:** | **15. ZIP:** | **16. AREA/PHONE:**

SECONDARY HOUSEHOLD INFORMATION

17. SOCIAL SECURITY NO.	NAME	DOB	RELATIONSHIP	GATEWAY CLIENT ID NO.	REPEAT OFFENDER
					Yes ☐ No ☐
					Yes ☐ No ☐

SUSPECTED OVERPAYMENT

18.CATEGORY	19. STATUS			20. ESTIMATED OVERPAYMENT			21. GATEWAY AU ID
PROGRAM	ACTIVE	CLOSED	FALSE STMT	START DATE	END DATE	AMOUNT	
EBT	EBT Trafficking ONLY						
FS	Active	Closed	Yes No				
TANF	Active	Closed	Yes No				
NON EBT							
FS	Active	Closed	Yes No				
TANF	Active	Closed	Yes No				

22. METHOD OF DISCOVERY:
☐ CLEARINGHOUSE ☐ CLIENT REPORT ☐ CHILD SUPPORT SERVICES ☐ HOTLINE
☐ QUALITY CONTROL ☐ NEW HIRE ALERT ☐ PRISONER ALERT ☐ UNEMPLOYMENT COMPENSATION BENEFITS ☐ OTHER

23. SOURCE OF REFERRAL:

24. OP RESULTED FROM:

☐ **A. UNREPORTED EARNED** (Wages, Self Employment, Etc.)	Employer: / Employer Address: / (Address Continued)
B. UNREPORTED UNEARNED (SS, SSI, WC, UCB, VA, CS, Etc.)	Source: / Date Income Began:
☐ **C. RESOURCES** (Insurance, Property, Bank Accounts, Etc.)	List resources, value, vendor name and location if applicable.
☐ **D. HOUSEHOLD COMPOSITION/RESIDENCY** (Child out of Home, Spouse in Home, Out of State, Etc.)	Name:
☐ **E. EBT TRAFFICKING** (Card #, Store Name & Address)	Name:
☐ **F. OTHER** (i.e. Dual Assistance)	Name:

25. REPEAT OFFENDER: Yes No

26. DATE OF DISCOVERY:

27. Explain: (Describe Violation checked in # 24. Include Names, Addresses, and Telephone Numbers, if known. Include Names of Respondent(s) if other than #17 above. Attach additional sheet if needed.)

28. WORKER/ ORIGINATOR SIGNATURE

29. DATE:

30. TELEPHONE NO.

31. RECIPIENT PHYSICAL DISABILITY Yes No

32. INTERPRETIVE SERVICES Yes No

33. RECIPIENT NON-PHYSICAL DISABILITY Yes No

34. TRANSLATION SERVICES Yes No

Form 5667 (Rev. 10/18)