

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



March 22, 1994

ALL COUNTY INFORMATION NOTICE I-09-94

REASON FOR THIS TRANSMITTAL

TO: ALL COUNTY WELFARE DIRECTORS

State Law Change  
 Federal Law or Regulation  
 Change  
 Court Order or Settlement  
 Agreement  
 Clarification Requested by  
 One or More Counties  
 Initiated by CDSS

SUBJECT: FORMATION OF SPECIAL INVESTIGATION  
 UNIT, FRAUD BUREAU, COSS


The California Department of Social Services (CDSS) is pleased to announce the formation of a special investigation unit within the department's Welfare Programs Division.

The primary responsibility of the unit will be investigating violations of Welfare and Institutions Code, Section 10980, with an emphasis on state-only **programs or providing investigative services where such services are currently limited or unavailable** (such as Supplemental Security Income/State Supplemental Program (SSI/SSP) or In Home Supportive Services (IHSS) in certain regions).

In addition to the above duties, the unit will be available to assist or support the county special investigative units in a number of situations regarding suspicions of welfare fraud. Some of the services we can provide are:

- o Assistance or lead in multiple jurisdiction fraud
- o **Assistance with uncovered case loads. This can occur where a county with, say, a one and two person operation finds the position(s) vacant for an extended period.**
- o Internal affairs
- o Employee fraud
- o **Out-of-your area service of subpoenas and/or warrants**
- o **Depositions from out-of-area witnesses or related evidence gathering**
- o **Assistance in other highly complex or extra sensitive investigations**
- o **Immediate need investigations. These can occur when a situation arises that is so urgent it would be detrimental to use the normal investigation request procedure. In these cases, please call as outlined below and then follow up with the normal referral process.**

Attached for your use is a CDSS-SIL1 n,quest for• investigation referral form, Every effort will be ,mde to assign sLaff lo your request in as expeditious a nunner as rossible. If you have an ".lnnmiC.:t'iat'e n(ed" case, need nore referral forms ur have any questions or concer.n.s, rlease contact Charlie Ma.h.in ul t:hc Fraud Bm-eau at 916-323-4747.



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Request for Investigation-Suspected Criminal

A From District/Region/Agency

B. CASE INFORMATION

Case Name (Last, First)
Aide Code Case Number SFC
Case Address (Number and Street)
City and State (zip code) Case Phone No.

ELIGIBILITY AND GRANT INFORMATION

Evidence of Food Expenditure: Food Stamps AFDC
JHSS JSSP Adult Prog. Jother
Type of Food Stamps Issued On Case
Current Eligibility Determination: Eligible Ineligible Questionable Explain below

Current Grant and Food Stamp Amounts Adverse Actions
Grant Amount are Correctly Determined Amount Questionable-Explain Below Decrease Discontinuance None

D. FRAUD INFORMATION

Types of Allegations Forgery Unreported Personal Property Fictitious Identity Warrant Service
Unreported Earnings
No Deprivation IAFDC Family Composition Attempted Fraud Only Disposition Service
Unreported Nonearned Income unreported Real Property Intermediate; Affiliations Multiple Case Fraud, Non Subpoena Service

Table with 6 columns: Person Who Signed Case Document, Aid During Fraud Period, Mileage, Birthdate, Social Security Number, OMV License or ID Number.

J. Signature

Large empty rectangular box for signature and additional information.

...E. SIGNATURE BLOCK...

Requestor's Signature

Signature line

Signature line

Signature line

Complod

Use reverse side for additional comments

For COSS Use Only-Do Not Write In this Place

1. INTAKE INPUT
Pri. Allegation code File Number
Initials Date

2. ASSIGNMENT INPUT
Pri. code Allegation File Number
Initials Date

Priority Code
Initials Date