

Referral of Suspected Childcare Subsidy Fraud

To ensure we can investigate your referral, include as much of the following information as possible.

Date of Referral: _____

Referral reported by (in-person, phone, hotline etc.): _____

Referral prepared by: _____

Referral Source - Contact Information: _____

Child Case Information

ACCIS Child Case # _____ CACFP # _____

Case Status (select one): Active Inactive

Parent Information

Parent/Guardian Status (Cash Assistance/Reason for Care):

Parent/Guardian Name: _____

Current Address: _____

Last, First _____

Phone: _____ Email: _____

Child(ren)

Names:	Ages:
Last, First	
Last, First	
Last, First	
Last, First	
Last, First	
Last, First	
Last, First	
Last, First	

Number of children: _____

Program/Provider Information

Program/Provider ACCIS ID # _____ Program/Provider EIN/FEIN # _____

Program/Provider is a (select one): Contractor Voucher Both

Program/Provider Type (select one):

- Group Daycare (GDC) Group Family Daycare (GFDC)
- Family Childcare (FCC) Legally Exempt Provider/Group

Program/Provider Status: Active Suspended Pending Closed

If closed, enter effective closed date: _____

Number of Enrollment(s): _____

Program/Provider Name: _____

Current Address: _____

Phone: _____ Email: _____

Incident Report

Problem Reported:

Has the referral source spoken with the Provider and/or Parent/Guardian about the issue? Yes No

Referral source's relationship (if any) to subject of the report: _____

Was childcare service provided? Yes No

If yes, time period provided: _____ from _____

Why was childcare terminated? _____

Were childcare payments made? Yes No

If yes, period provided: _____ from _____ Amount: _____

Documents provided by the referral source (attach photocopies):* Yes No

**Include as much documentation as possible from the referral source or other (attach photocopies)*