

# OSAH FORM 1

<b>OSAH USE ONLY:</b>	<b>AGENCY OIG</b>	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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## DEPARTMENT OF HUMAN SERVICES OFFICE OF INSPECTOR GENERAL INTENTIONAL PROGRAM VIOLATIONS

Alleged Violator's County of Residence:	Agency Reference Number:
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### Check Only One:

<input type="checkbox"/> <b>EBTFSF</b> (Electronic Benefits Transfer Food Stamps Fraud)	<input type="checkbox"/> <b>FSF</b> (Food Stamps Fraud)	<input type="checkbox"/> <b>TF</b> (TANF Fraud)
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For FSF and EBTFSF cases, check here if Alleged Violator requires notice of hearing in Spanish:

#### ALLEGED VIOLATOR

NAME:	TEL #:	FAX #:
CURRENT ADDRESS INCLUDING ZIP CODE:	EMAIL:	
ATTORNEY'S NAME (IF APPLICABLE):	TEL #:	FAX #:
ADDRESS INCLUDING ZIP CODE:	GEORGIA BAR #:	EMAIL:
HEAD OF HOUSEHOLD (IF DIFFERENT FROM ALLEGED VIOLATOR):	TEL #:	FAX #:
CURRENT ADDRESS INCLUDING ZIP CODE:	RELATIONSHIP TO ALLEGED VIOLATOR:	EMAIL:

#### OIG AGENT

NAME OF REGIONAL OFFICE:	TEL #:	FAX #:
ADDRESS INCLUDING ZIP CODE:	AGENT'S NAME:	SUPERVISOR'S NAME:
	AGENT'S DIRECT TEL #:	SUPERVISOR'S DIRECT TEL #:
	EMAIL:	EMAIL:

#### DFCS OFFICE INITIATING REFERRAL TO OIG

NAME OF DFCS OFFICE:	TEL #:	FAX #:
ADDRESS INCLUDING ZIP CODE:	CASEWORKER'S NAME:	SUPERVISOR'S NAME:
	CASEWORKER'S DIRECT TEL #:	SUPERVISOR'S DIRECT TEL #:
	EMAIL:	EMAIL:

**\*\*\*ADMINISTRATIVE DISQUALIFICATION LETTER AND SUMMARY OF EVIDENCE MUST BE ATTACHED\*\*\***