

Client Fraud Report

CLIENT ADSA ID NUMBER (SIX DIGIT) *

CLIENT ACES ID, IF AVAILABLE

* Indicates Required Field.

TYPE OF FRAUD SUSPECTED *

- Client has unreported income
- Client owns unreported assets (vehicles, boats, motor homes, etc.)
- Client is living at a different address, out of state, or out of country
- Client is receiving benefits under false or multiple names
- Client claims coverage for treatments or supplies not received (signs timesheets for hours not provided; submits receipts for items not used for client)
- Other

ALLEGATION SUMMARY *

Describe the nature of suspected fraud. Attach any available supporting documents (timesheets, bills, etc.).

DATES *

Provide date, dates, or date span of suspected fraudulent activity.

OTHER CONTACTS

Provide names and contact information of others who may have information about this allegation.

MONETARY IMPACT

Enter the approximate amount of money involved in the fraudulent activity (if known).

OVERPAYMENT *

Has an overpayment been initiated? Yes No
If yes, please attach a copy of the overpayment paperwork.

OTHER REPORTS

Have you reported this to anyone else? Check all that apply.

- No one
- My supervisor
- Law enforcement
- Residential Care Services
- Adult Protective Services
- Child Protective Services
- Other

REPORTER'S NAME *

DATE FORM COMPLETED *

REPORTER'S EMAIL ADDRESS *

REPORTER'S PHONE NUMBER *

REPORTER'S POSITION *

- Case Manager / Social Worker
- Supervisor
- Manager / Administrator
- Support Staff
- Other

AGENCY *

Choose the agency you (the reporter) work for.

- AAA
- HCS
- DDD

REGION / AAA *

Region where client is served.

- 1N
- 1S
- 2N
- 2S
- 3N
- 3S
- HQ
- AAA; name:

Email completed form to ADSAFraud@dshs.wa.gov.