# Client Fraud Report

**Client ADSA ID Number (Six Digit)**

**Client ACES ID, if Available**

### 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

### 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:

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Email completed form to [ADSAFraud@dshs.wa.gov](mailto:ADSAFraud@dshs.wa.gov).