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| Text  Description automatically generated | **Client Fraud Report**\* Indicates Required Field. | CLIENT PROVIDERONE ID NUMBER (NINE NUMERICAL DIGIT) \***WA** |
| 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 CONTACTSProvide names and contact information of others who may have information about this allegation. |
| MONETARY IMPACTEnter the approximate amount of money involved in the fraudulent activity (if known). |
| OVERPAYMENT \*Has an overpayment been initiated? [ ]  Yes [ ]  NoIf yes, please attach a copy of the overpayment paperwork. |
| OTHER REPORTSHave you reported this to anyone else? Check all that apply.[ ]  No one [ ]  Residential Care Services [ ]  Other[ ]  My supervisor [ ]  Adult Protective Services[ ]  Law enforcement [ ]  Child Protective Services |
| 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 [ ]  DDA |
| REGION / AAA \*Region where client is served.[ ]  1N [ ]  1S [ ]  2N [ ]  2S [ ]  3N [ ]  3S [ ]  HQ [ ]  AAA; name:  |