



FRAUD REPORTING FORM

Ashtabula County Job & Family Services is committed to investigating allegations of fraud. Please complete this form if you suspect fraud is being committed by one or more of the following groups/individuals (select all that apply):

Child Care Provider: Provider not caring for child or children but is billing the county for the care of the child or children

Child Care Recipient: A person is using child care services but is not working or attending school Both parents in the home and one is available to care for the child

Food Assistance Store: A store is allowing customers to purchase non-food items with the Ohio Direction Card A store is buying and/or selling Ohio Direction Cards

Food Assistance Recipient: A person is buying and/or selling Ohio Direction Cards

A person is employed/working or has other income that they aren't reporting Child/ren not in the home, but a person is receiving benefits for them

One or both parents of a child/ren are in the home but not listed on the case

Medicaid Provider: A provider is knowingly allowing patients to fraudulently use other people's Medicaid cards A provider is fraudulently billing Ohio Medicaid or an HMO for services

Medicaid Recipient: A person is letting others use their Medicaid card

A person owns property out-of-state, or local property that they don't live in A person received a lump sum settlement

A person is employed/working or has other income that they aren't reporting Child/ren not in the home, but a person is receiving benefits for them

One or both parents of a child/ren are in the home but not listed on the case

Cash Assistance Recipient: A person is buying and/or selling EPPICards

A person is employed/working or has other income that they aren't reporting Child/ren not in the home, but a person is receiving benefits for them

One or both parents of a child/ren are in the home but not listed on the case

PRC Recipient:

A person is employed/working or has other income that they aren't reporting Child/ren not in the home, but a person is receiving benefits for them

One or both parents of a child/ren are in the home but not listed on the case

- Please provide information about the person or provider that you suspect is committing fraud. Fill in as much information as you can; if any section is incomplete, we can still investigate the claim.

Household Member(s): _____
Address: _____
City: _____
State: _____
Zip Code: _____
Phone Numbers: _____
Birthdate/Age: _____

- Please add any details or other comments regarding the suspected fraud. Be as specific as you can. For example, if someone is employed, list all details known about the employment (name of employer, rate of pay, when the job started, etc). If you have additional documentation of the suspected fraud, you can attach it to this form.

This Section is Optional:

- You may provide your contact information for a county fraud investigator to contact you regarding the suspected fraud. However, your name and contact information are NOT required. Privacy laws prevent us from discussing the results of any investigation that may result from your report, and also prevent us from disclosing who reported the suspected fraud to the agency, therefore you may remain anonymous if you choose.

Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Phone number: _____
Email address: _____