## **Investigative Unit Operations Plan**

County:		
Contact Person:		
Title:		
Phone #:		
E-mail Address:		
1. What unit is responsible for the investigation of client fraud allegations?		
Please provide the name of the unit, # of positions, titles of positions, and how allegations are processed.		
2. What unit is responsible for the prosecution of client fraud allegations?		
Please provide the name of the unit, # of positions, titles of positions, and how allegations are processed.		

3.	What unit is responsible for determining the overpayment amount, establishing the claim, and collection activities?
4.	What are the step by step procedures for the referral of fraud cases for
	administrative hearings, including the notices provided and the timing of providing such notices?
5.	What are the step by step procedures for the referral of fraud cases to your District Attorney, including the notices provided and the timing of providing such notices?

6.	What are your procedures for offering a Disqualification Consent Agreement (DCA)?	
7.	How is it proven that an individual has been advised on the court record of the Public Assistance disqualification penalties?	
Attach a copy of the agreement between your social services district and the District Attorney's Office for the prosecution of welfare fraud.		