

DEPARTMENT OF SOCIAL SERVICES
IEVS/DECEASED PERSONS MATCH

COUNTY RESPONSE DOCUMENT

Please answer **ALL** questions and return this form to the address below.

A. Case: Co. _____ Case Number _____ FBU _____

B. Run Date: Mo. _____ Day _____ Year _____

SECTION 1 *If the match did not result in any case action please specify why.*

Matched data had no effect on case: (Please explain why no action was needed.)

Client not on aid

Person incorrectly reported as deceased

Information already reported to the county

Other (Please explain):

SECTION 2 *Match resulted in case action. Please specify action taken and amount of overpayment/overissuance.*

1. Specify program(s) affected and amount of the overpayment/overissuance?

(Whole dollars only)	
CalWORKs	\$ _____
FS	\$ _____

2. How many months does the overpayment/overissuance represent?

CalWORKs	_____ mos.
FS	_____ mos.

3. Was the entire case discontinued?

Yes "X" ONE: No

4. Was only one individual discontinued?

Yes No

5. Was the case referred to the Special Investigative Unit for investigation?

Yes No

6. Was this match reported to the county prior to this report?

Yes No

Completed By:

Name	Title	Worker Number	Phone No.	Date

When Response Document is complete, mail the original* form to:
California Department of Social Services
Fraud Bureau
744 P Street, MS 19-26
Sacramento, CA 95814

*Maintain copy in the case file.