



DHS Investigative Referral Follow-Up to DIA

Date	DIA Case Number
Worker Number/County Number	State ID/CIN
Case Name	IABC Case Number
ELIAS Case Number	KT Case Number

Referral type:

- Application Review/Recertification Ongoing case Closed case

Application or Review/Recertification changed to ongoing investigation:

- Yes (If Yes, stop and submit to DIA.)
 No (If No, continue.)

Was this referral related to an EBT trafficking or misuse:

- Yes (If Yes, stop and submit to DIA.)
 No (If No, continue.)

**Submit to
DIA/ECF**

View Calculation Sheet

Case action – benefits/eligibility:

- Approved Denied Canceled Change in benefits No change in benefits

Were benefits or eligibility increased?

- Yes No
- \$_____ Increase
- Medical \$_____
- FA \$_____
- FIP \$_____
- CCA \$_____

Were benefits or eligibility decreased?

- Yes No
- \$_____ Decrease
- Medical \$_____
- FA \$_____
- FIP \$_____
- CCA \$_____

Is an IPV being pursued? Yes No

Has a claim been established or do you anticipate a claim being established?

- Yes No

If no, why?

Comments: