Case Number
Current Date

Iowa Department of Human Services

DHS Investigative Referral to DIA

Date Referred	Worker Name	Worker County/Number

Worker Phone Number and Extension	Worker Email

Client First Name	Client Last Name	Date of Birth	State ID/CIN

Client Address	County of Residence	Client Phone

IABC Case Number	ELIAS Case Number	KT Case Number

Is client in a non-cooperative status with DIA at this time? ☐ Yes ☐ No

Are there worker safety concerns? ☐ Yes ☐ No

Programs questioned (select all that apply):

- ☐ Family Investment Program (FIP)
- ☐ Food Assistance (FA)
- ☐ Child Care Assistance Client (CCA-C)
- ☐ Child Care Assistance Provider (CCA-P)
- ☐ MAGI
- ☐ Non-MAGI
- ☐ Divestiture
- ☐ EBT
- ☐ Electronic Access Card (EAC)
- ☐ Multiple Card Replacement (MCR)
- ☐ PARIS Match

Complainant request to remain anonymous? ☐ Yes ☐ No	Complainant Name	Complainant Phone

Referral Type
☐ Application ☐ Review/Recertification ☐ Ongoing case ☐ Closed case

Allegation/Comments