

To: Office of Inspector General (OIG), Mail Code 1362

From: \_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone No. (including area code)

**Section I – Identification**

Facility Name	Date Notification Letter Sent
Facility Address (street number and name)	Facility ZIP Code
Location of Facility File (street, city, ZIP)	Mail Code
Region	County Code

**Section II – Basis of Suspected Fraud** (check all that apply):

- The treatment facility accessed food stamp benefits after the client left.  
 The treatment facility accessed more than half of the food stamp benefits before the 16th of the month.

Client Name	Case Number	Date of Exit	Date Accessed	Reason Code	Benefit Amount

Code A – Benefits accessed after the client left the center  
Code B – More than half of the benefits accessed before the 16th of the month

**Total Amount Owed to HHSC: \$** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date