

FRAUD FORM PERTAINING TO CAREGIVER OR PROVIDER UNDER REVIEW

1. Name(s) of parents: _____
2. Name(s) of child(ren): _____
3. Household ID Number: _____
4. Name of Provider: _____
 - a. Provider ID Number: _____
 - b. Provider Address: _____
5. Name of person bringing accusation: _____
 - a. Phone Number: _____
 - b. E-mail: _____
6. Please provide a detailed summary of the situation: _____

7. Attach applicable documented evidence, including:
- unreported second job or additional income stream
 - unreported child support
 - other parent lives in the household
 - duplicate services for the same children
 - any other activity that evidences child care paid by ELC in error

IMPORTANT: The information contained in this form is subject to the Early Learning Coalition of the Big Bend Region, Inc. (ELC) rules regarding client confidentiality and should not be shared with any other persons beyond the submitter and members of ELC's Internal Fraud Team. This includes all persons or entities named above nor their employees. This form does not constitute an official action against the named party(ies), but merely serves as the initial step for gathering information for review and discussion by the Fraud Team. Your signature below signifies that you have read this statement, understood, and will comply with this request.

Submitter's Printed Name

Submitter's Signature

Date

END OF FORM