Dual Participation Investigation Form

Participant Identification

☐ Verify participant name(s).
☐ Confirm all FID numbers involved.
☐ Confirm all Participant ID numbers.

Screenshot(s) of Search Panel(s)

Screenshot(s) of Family Panel(s)

Living Situation & Foster Status

☐ Confirm current residence when address is unknown or more than one address in records.
☐ Verify foster care status for all household members, when needed.
☐ Document date information received from foster care program.

Timeline Verification

☐ Confirm previous residence location.
☐ Verify move date.
☐ Confirm application timeline for each record.

Screenshot of Application Panels

☐ Verify enrollment/certification date into new family.

Screenshots of Certification Panel for each record

Benefit & Participation Review

☐ Check for dual issuance or overlapping benefits.

Year/Months issuance occurred for FID# *insert number*

Year/Months issuance occurred for FID# *insert number*

Year/Months purchases occurred for FID# *insert number* (Highlight months of overlapping benefits)

Year/Months purchases occurred for FID# *insert number* (Highlight months of overlapping benefits)

Value (dollar amount) of duplicate benefits:

For FID# *insert number*:

For FID# *insert number*:

Is value over $1000?

- ☐ No, no further claim action necessary
- ☐ Yes, continue with claim process

☐ Verify correct foster designation status.

☐ Review evidence supporting benefit determination.

Screenshots of Archive panel showing issuance, purchases for affected months for all participants.

Screenshots of Appointment History when necessary.

Determination

- ☐ Finalize determination
  - ☐ Dual
  - ☐ Not Dual
- ☐ Document rationale supporting determination.

Required Actions

Not Dual Participation:

- ☐ Contact State/Local agency
  - ☐ Review staff training needs.
  - ☐ Review errors found in records.
  - ☐ Retrieve FID(s) when appropriate.
  - ☐ Add or update AR designation as applicable.
  - ☐ Add appropriate alerts to Journey record(s).

    Screenshot of alert(s)

  - ☐ Deactivate eWIC card if required.
  - ☐ Request to help desk to merge files.

Found to be Dual Participation:

Contact Local Agency director(s).

- ☐ Review staff training needs.
- ☐ Review errors found in records.

- ☐ Retrieve FID(s) when appropriate.
- ☐ Add or update AR designation as applicable.
- ☐ Add appropriate alerts to Journey record(s).

  Screenshot of alert(s)

- ☐ Deactivate eWIC card if required.

☐ Request to help desk to merge files.
☐ Send a disqualification letter by certified, return receipt.
    ☐ Scan letter into Journey record and send to the local agency.

Completed By:

Date: