

1. MAIL DROP <i>(Required)</i>
2. SITE CODE <i>(Required)</i>
3. TODAY'S DATE

POTENTIAL OVERPAYMENT (OP) REFERRAL

Visual Accommodation Requested _____

SECTION I – TO BE COMPLETED BY PERSON MAKING REFERRAL

4. Case Name *(Last, First, M.I.)* _____

5. Social Security Number _____ 6. AZTECS Number _____

7. Date Change Reported _____

8. Program Overpayment *(Check applicable boxes)*: NA CA/TPEP TCC SPP RCA

9. How Discovered *(Check applicable box)*: QC Report (QC) Change Report (CR) Case Read (CR)
Anonymous Call (AC) Appeals (AP) Worker Fraud Hotline (FR) OSI Report (OS)
Other (OT) *(Specify)*: _____

10. APPROXIMATE PERIOD OF OVERPAYMENT/OVERISSUANCE:

NA from *(Mo/Yr)* _____ to *(Mo/Yr)* _____ Program Status: Active (AC) Closed (CL)

CA from *(Mo/Yr)* _____ to *(Mo/Yr)* _____ Program Status: Active (AC) Closed (CL)
(CA includes CA/TPEP, TCC, SPP and RCA)

11. VERIFICATION: Date Requested _____ Date Due _____ Date Received _____
2nd Request _____ Date Received _____

12. Error Type:

Earned Income Unearned Income Budgetary Unit Drug Conviction Expenses Not Reported Change
Agency Procedure/Keying Duplicate Benefits

13. Summary of Overpayment *(Explain in detail, cause of overpayment)*:

14. Worker's PCN _____

15. Date _____

SECTION II – TO BE COMPLETED BY OP WRITER

16. Date Referral Received By OP Unit/Writer _____

17. CLAIM STATUS *(Check applicable boxes)*:

Completed OP attached *(If partial, explain)*: _____

18. OP AMOUNT: NA \$ _____ Error Collection Code: _____

CA \$ _____ Error Collection Code: _____

No OP *(Explain)*: _____

19. NOPE Reason *(Code/Type)*: _____

20. NA underissuance identified: Yes No CA underpayment identified: Yes No

21. OP Writer PCN _____

22. Completion Date _____

Completion Instructions for FA-526-FF
POTENTIAL OVERPAYMENT (OP) REFERRAL

A. Purpose. To refer potential overpayments to the Overpayment Unit.

B. Completion.

Section I. Items 1-15 are to be completed by the person making the referral.

Section II. Items 16 - 22 are to be completed by OP Writer.
Original – Retained in case file.

C. Retention. Retain in case file until destroyed.

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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