

1. MAIL DROP (Required)
2. SITE CODE (Required)
3. TODAY'S DATE

# POTENTIAL OVERPAYMENT (OP) REFERRAL

## 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 of Discovery \_\_\_\_\_ 8. Date Change Reported \_\_\_\_\_

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

10. How Discovered (Check applicable box):      QC Report (QC)      Change Report (CR)      Case Read (CR)  
Anonymous Call (AC)      Appeals (AP)      EI Routine (EI)      Fraud Hotline (FR)      OSI Report (OS)  
Other (OT) (Specify): \_\_\_\_\_

### 11. 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)

12. VERIFICATION:      Date Requested \_\_\_\_\_      Date Due \_\_\_\_\_      Date Received \_\_\_\_\_  
2nd Request \_\_\_\_\_      Date Received \_\_\_\_\_

### 13. Error Type:

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

### 14. Summary of Overpayment (Explain in detail, cause of overpayment):

15. EI's PCN \_\_\_\_\_

16. Date \_\_\_\_\_

## SECTION II – TO BE COMPLETED BY SUPERVISOR

17. Date of Discovery \_\_\_\_\_ 18. Supervisor's PCN \_\_\_\_\_ 19. Date \_\_\_\_\_

## SECTION III – TO BE COMPLETED BY OP WRITER

20. Date Referral Received By OP Unit/Writer \_\_\_\_\_

### 21. CLAIM STATUS (Check applicable boxes):

Completed OP attached (If partial, explain): \_\_\_\_\_

22. OP AMOUNT:      NA \$ \_\_\_\_\_      Error Collection Code: \_\_\_\_\_

CA \$ \_\_\_\_\_      Error Collection Code: \_\_\_\_\_

No OP (Explain): \_\_\_\_\_

23. NOPE Reason (Code/Type): \_\_\_\_\_

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

25. OP Writer PCN \_\_\_\_\_

26. 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 1-16 are to be completed by the person making the referral.

Section II. Items 17 –Date of Discovery is the date the supervisor enters their PCN on this form  
Items 17-19 are to be completed by the Supervisor.

Section III. Items 20 - 26 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](mailto:program.intake@usda.gov).

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