

# 90-170 APPENDIX A. FORM PAFD/RRC-1

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## PUBLIC ASSISTANCE FRAUD DIVISION RESOLVED REFERRAL CORRESPONDENCES

DATE: \_\_\_\_\_

RE:

CASE NAME:	CASE NO.:	SIU NO.:
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TO:

ET OF RECORD:	WKR. NO.:	MAIL STOP:
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FROM:

HOTLINE WORKER:	WKR. NO.:	MAIL STOP: W-413	PHONE NO.:
QUESTIONS/ISSUES:			

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SECTION 2 (To be completed by ET of record. **Response due within 10 calendar days from receipt.**):

FROM:	PHONE NO.:	DATE:
RESPONSE:		

ATTACHMENTS: YES / NO

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SECTION 3 (To be completed by Hotline Worker)

DATE RECEIVED:	DISPOSITION:
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HOTLINE/RESPONSE.FRM