

ALERT-HIGH RISK
REFERRAL: POSSIBLE FRAUD OR SIMILAR FAULT

Claimant Name: _____ **SSN:** _____

Factors that suggest fraud or similar fault/high risk:

Related Folders Attached: Yes No

Requested Folders: Yes No

If some folders not requested, explain:

Social Security numbers and relationship to claimant for attached folders:

SSN	Relationship	Folder attached	
		Yes	No
_____	_____		
_____	_____	Yes	No
_____	_____	Yes	No

Other Information:

RETURN FOLDER TO:

SSA Office:

Address: _____

Name: _____ **E-Mail:** _____ **Number:**

() _____ Fax Number: () _____