

COUNTY OF MADERA OFFICE OF THE DISTRICT ATTORNEY

Reporting Welfare Fraud Committed in Madera County

*Please use this form to report fraud in Madera County for only these programs: CalWORKs (Public/Cash Assistance), CalFresh (Supplemental Nutrition Assistance Program (SNAP), formerly called Food Stamps) and General Assistance (G/A). For Medi-Cal, IHSS, SSI Disability or SNAP vendor fraud, please refer to the previous Reporting Welfare Fraud page for contact information.

	MATION:					
First Name:	t Name: Last Name:					
Street Address:	1/2	City:			State:	
Zip Code:	Phone (area co	de first):		Gender:	☐ Male	☐ Female
Date of Birth (MM/DD/	YYYY):	Socia	al Security No. (9	numbers onl	y):	
ALLEGATION INFO	RMATION:					
<mark>Case</mark> Number (if knowr	i):					
Case Type (Please chec	k all that apply):	☐ CalWORKS	☐ CalFresh (S	NAP (Food Sta	imp)) \square	General Assistance (G/A)



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YOUR CONTACT INFORMATION:						
Your contact information is optional but it would be helpful to us in case we need any additional clarification.						
First Name:	Middle Initial:	Last Name:				
Street Address:		Apt No.:				
City:		State:				
Phone (area code first):	E-mail:					

Because of confidentiality laws we are **NOT** able to inform or respond to you as to the outcome or specifics of a case

