

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.

CUSTOMER INFORMATION			
First Name:	<input type="text"/>	Middle Initial:	<input type="text"/>
Last Name:	<input type="text"/>		
Street Address:	<input type="text"/>	City:	<input type="text"/>
		State:	<input type="text"/>
Zip Code:	<input type="text"/>	Phone (area code first):	<input type="text"/>
		Gender:	<input type="radio"/> Male <input type="radio"/> Female
Date of Birth (MM/DD/YYYY):	<input type="text"/>	Social Security No. (9 numbers only):	<input type="text"/>

ALLEGATION INFORMATION
Case Number (if known): <input type="text"/>
Case Type (Please check all that apply): <input type="checkbox"/> CalWORKs <input type="checkbox"/> CalFresh (SNAP (Food Stamp)) <input type="checkbox"/> General Assistance (G/A)
Comment (Required): Please enter details regarding the allegation. If allegation involves children or unreported income, include children's names and/or employer's name and address.
<div style="border: 1px solid black; height: 400px; width: 100%;"></div>

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.