

Office of Inspector General (OIG) Match Action Alert

To	From (OIG Staff Name)	Date Forwarded
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Section I. Identifying Information

Match Report	Run Date	Date Form H1020 Sent
TIERS Case Name	TIERS Case No.	
Individual Name	Individual Client No.	
SNAP EDG No.	TANF EDG No.	
Medicaid EDG No.	Medicaid EDG No.	Medicaid EDG No.

Section II. To be completed by OIG staff

OIG staff has attempted to obtain verification concerning the match listed above.

The household did not provide the following verification as requested:

- Household Composition/Domicile
- Residence

Take appropriate action. Document in TIERS case comments action taken as a result of the Match Action Alert.

On _____, OIG verified with TDCJ the above-named individual is incarcerated and has been incarcerated as of _____.

Comments _____

Take appropriate action to remove this individual from ALL EDGs even if disqualified/non-member.

Other action needed _____

