



# TOWN OF CONWAY

23 MAIN STREET • P.O. BOX 2680 • CONWAY, NEW HAMPSHIRE 03818

(603) 447-3811  
WWW.CONWAYNH.ORG

## Reporting Fraud

Welfare Fraud happens when a person(s), by words or by conduct, intentionally makes false statements, misrepresents facts or circumstances, and/or conceals information for the purpose of receiving benefits that the person(s) may not be otherwise entitled to receive.

There seems to be an increase in the number of fraud reports being filed so agencies are creating fraud reporting forms and/or adding buttons/links to websites in order to manage the information coming in and address the reports more efficiently. Please know that while fraud is against the law so is making false reports of fraud.

It is not necessary to provide proof, however, any documentation available is appreciated.

**To report suspected fraud to the Town of Conway**, please mail, fax, or email the information to:

Town of Conway  
Attention BJ Parker  
1634 East Main Street  
Center Conway, NH 03813  
Phone: 603-447-3811 Ext 14  
Fax: 603-447-1348 or 603-447-5012  
Email: [bjparker1@conwaynh.org](mailto:bjparker1@conwaynh.org)

**You may also file reports:** NH DHHS Fraud hotline: 1-800-852-3345 Ext 9258 or 603-271-9258

**Or send information to:**

NH DHHS mailing address:  
Office of Special Investigations,  
129 Pleasant Street  
Concord, NH 03301  
Fx: 603-271-4472

or

[NHDHHS.gov](http://NHDHHS.gov); Select Contact and send email.

**We appreciate your help in protecting the integrity of our community programs!**



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## Fraud Reporting Form

**Do you wish to remain anonymous?** Yes or No (Please circle)

**Information for direct contact with reporter:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone/email: \_\_\_\_\_

**Information to contact you through someone else:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone/email: \_\_\_\_\_

**There are many types of fraud.** Please check all that apply:

- Misrepresentation of residence
- Unreported earned Income, unearned income, benefits
- Unreported "in kind" work, gifts, loans or other assets
- Misrepresented needs
- Misrepresented expenses such as shelter costs and/or payments
- Failure to report child support received
- Falsely reporting household members
- Unreported bank accounts
- Failure to report home ownership
- Transfer or sale of benefits /assets
- Collecting or attempting to collect benefits in more than one state/town
- False billing
- Failing to report sale/proceeds from sale of personal property
- Failing to report liquidated assets/assets they don't want to liquidate
- Insurance fraud
- Fabricating documents/forgery
- Income earned from illicit activity
- Failed to report legally liable relatives
- Misrepresentation of disability
- Works under the table while collecting benefits
- Collecting unemployment benefits while disabled, working under the table...
- Theft of Service
- Collecting benefits for unoccupied dwelling

- Helping someone to commit fraud
- Other: Please describe \_\_\_\_\_  
\_\_\_\_\_

**Who is being fraudulent?** Check all that apply:

- Applicant/Recipient of welfare
- Friends / Relatives of recipient
- Business: \_\_\_\_\_
- Landlord: \_\_\_\_\_
- Provider: \_\_\_\_\_
- Agency: \_\_\_\_\_
- Other

## Suspect Information

**Suspect's Current Name:** \_\_\_\_\_

- Maiden name: \_\_\_\_\_
- Married Name: \_\_\_\_\_
- Nickname: \_\_\_\_\_
- Adopted Name: \_\_\_\_\_
- Alias names: \_\_\_\_\_

**Suspect's Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Current Physical Address:** \_\_\_\_\_

**Previous Physical Address:** \_\_\_\_\_

**Current Mailing Address:** \_\_\_\_\_

**Former Mailing Address:** \_\_\_\_\_

**Phone and/or email contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Does the individual hold special licenses for work or driving?** Yes or NO or Unknown

**What type of license?**

- RN, LNA write in: \_\_\_\_\_
- CDL A, B, C Write in: \_\_\_\_\_
- Other: \_\_\_\_\_

**Suspect's vehicle color/year/make/model:** \_\_\_\_\_

**Other identifying information (stickers/dents...):** \_\_\_\_\_  
\_\_\_\_\_

**License plate number/state:** \_\_\_\_\_

**Driver's license/state ID number:** \_\_\_\_\_

**Current place of employment:** \_\_\_\_\_

**Former employer address, phone:** \_\_\_\_\_

\*IRS also has a form for reporting fraud.

**If student, name and location of school:** \_\_\_\_\_

**Where does the suspect receive medical/psychiatric...treatment?** \_\_\_\_\_

**Name of provider?** \_\_\_\_\_

**List banks the suspect may be affiliated with:** \_\_\_\_\_

**Who lives with the suspect?:**

- Parents' Names: \_\_\_\_\_
- Children's' Names and age: \_\_\_\_\_
- Spouse or other adults: \_\_\_\_\_
- Roommates: \_\_\_\_\_
- Other: \_\_\_\_\_

**If children are in school/daycare, where do they go?** \_\_\_\_\_

**Does the suspect own or rent?** (Circle-Can be both)

**What is the mortgage lender/landlord's name and contact information?** \_\_\_\_\_

**Does the individual have criminal history?** Yes or No or Unknown

**What was the conviction for?** \*Eligibility for some programs is affected by criminal history so details, if known, are appreciated. \_\_\_\_\_

**Are you able to provide a photo or general description of the individual you are trying to report?** \_\_\_\_\_

**Please describe the event(s) that led you to your suspicion of fraud?** Include **who was involved, where, when** and **how long** it happened, **how** it happened, and **why** it happened (if known) \_\_\_\_\_

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**If there were witnesses, please list name and contact information here:** \_\_\_\_\_

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**Please list the names and contact information for others who may have helpful information such as creditors, banks, employers, agencies, doctors, caseworkers:** \_\_\_\_\_

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**How long has alleged fraud been going on?** \_\_\_\_\_

**Has this information been reported before?** \_\_\_\_\_

**Who was it reported to?** \_\_\_\_\_ **When?** \_\_\_\_\_

**Was action taken?** \_\_\_\_\_

**Do you know what benefits the person(s) is receiving? If so, list here.** \_\_\_\_\_

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**If not stated in your description above, how do you know this person?**

- Neighbor
- Co-worker
- Acquaintance
- Relative
- Spouse or former spouse
- Tenant
- Employee
- Other: \_\_\_\_\_

**Please check all that apply: Do you have reason to believe that the individual is experiencing any of the following:**

- Domestic violence
- Physical disability
- Mental disability
- Emotional disability
- Intellectual disability
- Learning disability
- Brain injury
- Illness that may affect behavior and decision-making ability
- Addiction

- Court issues
- Homelessness
- Other: \_\_\_\_\_

**Additional comments:** \_\_\_\_\_  
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**Thank you for helping us stop fraudulent activity!**