COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: MONTGOMERY

Magisterial District Number: 38-1-22
MDJ: Hon. TODD STEPHENS
Address: [redacted]
Horsham, PA 19044
Telephone: [redacted]

POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.

DEFENDANT: *(NAME and ADDRESS):*

Shaquil *First Name* | *Middle Name* | Veney *Last Name* | *Gen.*

[redacted] Philadelphia, PA 19144

NCIC Extradition Code Type

- [x] 1-Felony Full
- [ ] 2-Felony Ltd.
- [ ] 3-Felony Surrounding States
- [ ] 4-Felony No Ext.
- [ ] 5-Felony Pend.
- [ ] 6-Felony Pend. Extradition Determ.
- [ ] A-Misdemeanor Full
- [ ] B-Misdemeanor Limited
- [ ] C-Misdemeanor Surrounding States
- [ ] D-Misdemeanor No Extradition
- [ ] E-Misdemeanor Pending
- [ ] F-Misdemeanor Pending Extradition Determ.
- [ ] Distance: _____

DEFENDANT IDENTIFICATION INFORMATION

Docket Number	Date Filed	OTN/LiveScan Number	Complaint Number	Incident Number	Request Lab Services?
CR-93-26	6/18/26	52020074-6		MFI230321116F	☐ YES ☐ NO

GENDER	DOB	POB	Add'l DOB	Co-Defendant(s)
[x] Male [ ] Female	[redacted]		/ /	☐

First Name | Middle Name | Last Name | Gen.

AKA

RACE: ☐ White ☐ Asian [x] Black ☐ Native American ☐ Unknown

ETHNICITY: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

HAIR COLOR: ☐ GRY (Gray) ☐ RED (Red/Aubn.) ☐ SDY (Sandy) ☐ BLU (Blue) ☐ PLE (Purple) ☐ BRO (Brown) [x] BLK (Black) ☐ ONG (Orange) ☐ WHI (White) ☐ XXX (Unk./Bald) ☐ GRN (Green) ☐ PNK (Pink) ☐ BLN (Blonde / Strawberry)

EYE COLOR: ☐ BLK (Black) ☐ BLU (Blue) [x] BRO (Brown) ☐ GRN (Green) ☐ GRY (Gray) ☐ HAZ (Hazel) ☐ MAR (Maroon) ☐ PNK (Pink) ☐ MUL (Multicolored) ☐ XXX (Unknown)

DNA	DNA Location	WEIGHT (lbs.)
☐ YES ☐ NO		205

FBI Number	MNU Number	Ft. HEIGHT	In.
		5	9

Defendant Fingerprinted: ☐ YES ☐ NO

Fingerprint Classification:

DEFENDANT VEHICLE INFORMATION

Plate #	State	Hazmat	Registration Sticker (MM/YY)	Comm'l Veh. Ind.	School Veh.	Oth. NCIC Veh. Code	Reg. same as Def.
		☐	/	☐	☐		☐

VIN	Year	Make	Model	Style	Color

Office of the attorney for the Commonwealth ☐ Approved ☐ Disapproved because: _____

(The attorney for the Commonwealth may require that the complaint, arrest warrant affidavit, or both be approved by the attorney for the Commonwealth prior to filing. See Pa.R.Crim.P. 507).

Benjamin McKenna, SDAG
(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

6/17/2026
(Date)

I, Special Agent Haylea Dellolio
(Name of the Affiant)

#888
(PSP/MPOETC -Assigned Affiant ID Number & Badge #)

of PA DAG
(Identify Department or Agency Represented and Political Subdivision)

PA0222400
(Police Agency ORI Number)

do hereby state: (check appropriate box)

1. [x] I accuse the above named defendant who lives at the address set forth above
   ☐ I accuse the defendant whose name is unknown to me but who is described as _____
   ☐ I accuse the defendant whose name and popular designation or nickname are unknown to me and whom I have therefore designated as John Doe or Jane Doe
   with violating the penal laws of the Commonwealth of Pennsylvania at [204] [redacted]
   (Subdivision Code) (Place-Political Subdivision)
   in TGON County [46] on or about August 26, 2022 through June 4, 2023
   (County Code) (Offense Date)

POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number	Complaint Number	Incident Number
	1 1	SL02007Y-6		MFI230321116F

Defendant Name	First:	Middle:	Last:
	Shaquil		Veney

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically.
(Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated.)

Inchoate Offense	☐ Attempt 18 901 A	☐ Solicitation 18 902 A	☐ Conspiracy 18 903	Number of Victims Age 60 or Older ____

Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
☒	1	1407	A(1)	of the	62 P.S.	1	F-3	2699	

PennDOT Data (if applicable)	Accident Number		☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance):
MEDICAID FRAUD - SUBMISSION OF FALSE INFORMATION

Acts of the accused associated with this Offense:
One continuous count of knowingly or intentionally submitting false information for the purpose of receiving greater compensation than entitled to receive under the Medical Assistance Program.

Inchoate Offense	☐ Attempt 18 901 A	☐ Solicitation 18 902 A	☐ Conspiracy 18 903	Number of Victims Age 60 or Older ____

Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
☐	2	1407	A(4)	of the	62 P.S.	1	F-3	2699	

PennDOT Data (if applicable)	Accident Number		☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance):
MEDICAID FRAUD - SERVICES NOT RENDERED

Acts of the accused associated with this Offense:
One continuous count of knowingly or intentionally submitting, or causing to be submitted, a claim for services which were not rendered to a recipient under the Medical Assistance Program.

Inchoate Offense	☐ Attempt 18 901 A	☐ Solicitation 18 902 A	☐ Conspiracy 18 903	Number of Victims Age 60 or Older ____

Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
☐	3	1407	A(7)	of the	62 P.S.	1	F-3	2699	

PennDOT Data (if applicable)	Accident Number		☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance):
MEDICAID FRAUD - MISREPRESENTATION

Acts of the accused associated with this Offense:
One continuous count of knowingly or intentionally submitting, or causing to be submitted, a claim which misrepresented the description of services provided; the dates of services, the identity of the recipient or the actual provider under the Medical Assistance Program.

POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint Number	Incident Number MFI230321116F
Defendant Name	First: Shaquil	Middle:	Last: Veney	

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically.
(Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated.)

Inchoate Offense	☐ Attempt *18 901 A*	☐ Solicitation *18 902 A*	☐ Conspiracy *18 903*	Number of Victims Age 60 or Older ____

Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
☐	4	1407	A(9)	of the	62 P.S.	1	F-3	2699	

PennDOT Data (if applicable)	Accident Number		☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance):
MEDICAID FRAUD - SERVICES NOT RENDERED BY THE PROVIDER

Acts of the accused associated with this Offense:
One continuous count of knowingly or intentionally submitting a claim for services not rendered by the provider under the Medical Assistance Program.

Inchoate Offense	☐ Attempt *18 901 A*	☐ Solicitation *18 902 A*	☐ Conspiracy *18 903*	Number of Victims Age 60 or Older ____

Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
☐	5	3922	A(1)	of the	Title 18	1	F-3	2399	

PennDOT Data (if applicable)	Accident Number		☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance):
THEFT BY DECEPTION

Acts of the accused associated with this Offense:
One continuous count of intentionally obtaining or withholding property of another by creating or reinforcing a false impression, including false impressions as to law, value, intention, or other state of mind causing theft of Medical Assistance funds of greater than $2,000.

Inchoate Offense	☐ Attempt *18 901 A*	☐ Solicitation *18 902 A*	☐ Conspiracy *18 903*	Number of Victims Age 60 or Older ____

Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
☐	6	4911	A(1)	of the	18 PA C.S.A	1	F-3	2699	

PennDOT Data (if applicable)	Accident Number		☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance):
TAMPERING WITH PUBLIC RECORD

Acts of the accused associated with this Offense:
1 count of knowingly making a false entry in, or false alteration of, any record, document or thing belonging to, or received or kept by, the government for information or record, or required by law to be kept by others for information of the government

POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number	Complaint Number	Incident Number
	/ /			MFI230321116F

Defendant Name	First:	Middle:	Last:
	Shaquil		Veney

2. I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.

3. I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.

4. This complaint consists of the preceding page(s) numbered ___ through ___.

5. I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of the Assembly, or in violation of the statutes cited.
(Before a warrant of arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)

6/18 (Date) 2026 (Year) (Signature of Affiant)

AND NOW, on this date June 18, 2026 I certify that the complaint has been properly completed and verified.

An affidavit of probable cause must be completed before a warrant can be issued.

38-1-21 (Magisterial District Court Number) Susan Leonard (Issuing Authority)

SEAL

POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint Number	Incident Number MFI230321116F
Defendant Name	First: SHAQUIL	Middle:	Last: VENEY	

AFFIDAVIT of PROBABLE CAUSE

Your Affiant, Haylea Dellolio, Badge #888, is a Special Agent with the Pennsylvania Office of Attorney General, Bureau of Criminal Investigations, Medicaid Fraud Control Section, located at 1000 Madison Avenue, Suite 310, Norristown, Pennsylvania 19403.

Your Affiant was assigned to investigate allegations of Medicaid fraud committed by Shaquil Veney (Veney). The Pennsylvania Office of Attorney General received the initial complaint from the Bureau of Program Integrity (BPI) alleging Veney was clocking in and out from locations other than the assigned service location for consumer (HEREIN AFTER REFERRED TO AS L.I. 1) BPI conducted a review of Veney's time submissions and revealed 171 dates of service where he clocked in and out from his personal residence. During the course of the investigation, your Affiant discovered Veney also billed for services for a separate consumer (HEREIN AFTER REFERRED TO AS L.I. 2).

L.I. 1 and L.I. 2 received services under the Department of Human Services, Community Health Choices (CHC) Waiver program. The CHC Waiver program is a Medical Assistance (MA) funded home and community-based waiver program that provides a variety of services to eligible individuals. One of the services available under the waiver is a Personal Care Attendant (PCA) to provide assistance with activities of daily living. The CHC Waiver requires MA recipients to select a Managed Care Organization (MCO) to administer their MA benefits. Agencies hire PCAs to provide the services and submit claims to these MCOs where the claims are reviewed, and payments are issued to the agencies using MA funds. Both L.I 1 and L.I. 2's CHC MCO of choice was AmeriHealth.

Your Affiant reviewed claims data from AmeriHealth which showed from March 1, 2019 through June 4, 2023, L.I. 1 received services through Help at Home, located at 400 Horsham Road, Suite 130, Horsham PA, 19044. Your Affiant reviewed documents received from Help at Home, including applications for employment, Electronic Visit Verification (EVV) data, payroll, as well as L.I. 1's client documents confirming her enrollment to receive PCA services at Help at Home. Help at Home used an EVV method known as Mobile Visit Verification (MVV) to document the times and GPS locations Veney reported providing services. Upon clocking in and out, the application would log the GPS location of the device being used to perform the submission time. An analysis was conducted to determine the clock in's and out's that occur outside of a .25 mile radius of L.I. 1's residence. Your Affiant determined that from November 26, 2019 through June 4, 2023 Veney clocked in 407 times and clocked out 723 times with a GPS location that was at least .25 miles away from L.I 1's residence. Veney's scheduled hours with L.I. 1 were 8:00 a.m. to 8:00 p.m. five days a week, and 9:00 a.m. to 7:00 p.m. two days a week from August 26, 2022 to June 4, 2023.

Your Affiant reviewed claims data from AmeriHealth which showed from August 26, 2022 through October 15, 2023, L.I. 2 received services through Angels Are Us Home Health Agency (Angels Are Us), located at 868 N 44th Street, Philadelphia, PA 19104. Your Affiant reviewed documents received from Angels Are Us, including applications for employment, payroll, as well as L.I.2's client documents confirming her enrollment to receive PCA services at Angels Are Us, At the time Veney was hired, Angels Are Us utilized EVV to document caregiver hours. Your Affiant obtained EVV data from AmeriHealth and determined Veney was using the Mobile App to document his hours with L.I.2. Veney's scheduled hours with L.I. 2 were Monday through Sunday, 12:00 p.m. to 8:00 p.m. from August 26, 2022 through June 4, 2023.

POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint Number	Incident Number MFI230321116F
Defendant Name	First: SHAQUIL	Middle:	Last: VENEY	

AFFIDAVIT of PROBABLE CAUSE

Your Affiant performed an analysis of the data documented above by comparing EVV submitted to Help at Home and Angels Are Us using the mobile application. Your Affiant determined Veney submitted approximately **2,069:30 hours** of overlapping services between L.I. 1 and L.I. 2 from August 26, 2022 through June 4, 2023. This caused MA to pay out a total of approximately **$41,051.54** for services that could not have been provided because L.I. 1 and L.I. 2 do not live together.

Your Affiant interviewed Veney on May 13, 2026. Veney stated, among other things, that he provided services to L.I.1 and L.I.2. Veney used the app to clock in and out for both agencies. Veney also said he was the only one who had access to the app on his phone and no other individual was clocking in and out for him. He confirmed both consumers lived at different addresses as well. Veney was shown documentation from each agency and confirmed it was his application and bank account for both.

I, SPECIAL AGENT HAYLEA DELLOLIO, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE *CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA* THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

(Signature of Affiant)

Sworn to me and subscribed before me this June 18 day of 2026

Date Suzan Lenard, Magisterial District Judge

My commission expires first Monday of January, 2030

SEAL

CONFIDENTIAL

Confidential Information Form
Criminal Complaint

Complete the defendant's SSN information if known. If this form is submitted as part of a Police Criminal Complaint, the NCIC Cautions/Medical Conditions and Scars/Marks/Tattoos sections should also be completed if known.

Docket Number:	Date Filed:	OTN/LiveScan Number	Complaint Number	Incident Number
	6/18/2026			MFI230321116F
Defendant Name	First: Shaquill	Middle:	Last: Veney	

NCIC Cautions and Medical Conditions *(check up to 9)*				
☐ 00	☐ 20	☐ 50	☐ 70	☐ 01
☐ 05	☐ 25	☐ 55	☐ 80	
☐ 10	☐ 30	☐ 60	☐ 85	
☐ 15	☐ 40	☐ 65	☐ 90	

Scars, Marks, Tattoos (NCIC Codes)	

Pursuant to the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, the Confidential Information Form shall accompany a filing where confidential information is required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter. This form, and any additional pages, shall remain confidential, except that it shall be available to the parties, counsel of record, the court, and the custodian. This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

This Information Pertains to:	Confidential Information:	Reference in Filing:
Shaquill Veney (full name of adult) OR This information pertains to a minor with the initials of _____ and the full name of _____ (full name of minor), and date of birth: [redacted]	Social Security Number (SSN): [redacted] Financial Account Number (FAN): Driver License Number (DLN): State of Issuance (DLN): Expires (DLN): State Identification Number (SID):	Alternate Reference: SSN1 Alternate Reference: FAN1 Alternate Reference: DLN1 Alternate Reference: SID1

Additional page(s) attached. 6 total pages are attached to this filing.

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

Signature of Attorney or Affiant

6/18/2026
Date

Name: Haylea Dellolio

Attorney Number: (if applicable) _____

Address: [redacted]
Norristown PA 19403

Telephone: [redacted]

Email: [redacted]

***NOTE:* Parties and attorney of record in a case will have access to this Confidential Information Form. Confidentiality of this information must be maintained.**