



# FAMILY INDEPENDENCE ADMINISTRATION

Matthew Brune, Executive Deputy Commissioner




James K. Whelan, Deputy Commissioner  
Policy, Procedures, and Training

Stephen Fisher, Assistant Deputy Commissioner  
Office of Procedures

## POLICY BULLETIN #12-97-OPE

(This Policy Bulletin Obsoletes PB #10-90-OPE)

### REVISIONS TO FIA’S REFERRAL PROCESS TO THE OFFICE OF CHILD SUPPORT ENFORCEMENT (OCSE)

Date: October 11, 2012	Subtopic(s): Forms, Child Support
<p> This procedure can now be accessed on the FIAweb.</p> <p>Obsolete Forms</p>	<p>The purpose of this policy bulletin is to advise staff at Job Centers of revisions to the Family Independence Administration’s (FIA’s) in person referral to the Office of Child Support Enforcement (OCSE) process. This policy bulletin serves as information for all other staff.</p> <p>The Office of Temporary and Disability Assistance introduced the Information about Child Support Services and Application/Referral for Child Support Services (<b>LDSS-4882</b>). With the introduction of the <b>LDSS-4882</b>, the referral process for child support services between FIA and OCSE has been revised. The <b>LDSS-4882</b> will serve as the child support application for <u>all</u> individuals applying for child support services.</p> <p>The full <b>LDSS-4882</b> bundle includes the following:</p> <ul style="list-style-type: none"> <li>Information about Child Support Services (<b>LDSS-4882A</b>)</li> <li>Information for an Additional Noncustodial Parent (NCP)/Putative Father (PF) (<b>LDSS-4882B</b>)</li> <li>Information for an Additional Child (<b>LDSS-4882C</b>)</li> </ul> <p>As a result of the new child support application, the following FIA forms, currently used when referring applicants/participants to OCSE are now obsolete:</p> <ul style="list-style-type: none"> <li>The Absent Parent Questionnaire (<b>M-384k</b>) and</li> <li>The Recertification Absent Parent Questionnaire (<b>M-384d</b>).</li> </ul>

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
Call 718-557-1313 then press 3 at the prompt followed by 1 or  
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

Updates to the Cash Assistance Application Kit Forms form **M-90c** and the Cash Assistance Recertification Kit Forms form **M-90d** to reflect the removal of the **M-384k** and **M-384d** will be forthcoming.

Revised Forms

As a result of the new child support application, the following forms have been revised:

Revised **M-384**

- The Office of Child Support Enforcement (OCSE) Appointment Notice (**M-384**) - to include the following information required by OCSE:
  - Noncustodial Parent's (NCP) name
  - Child's first name
  - Child's CIN
  - Child's WMS Line Number

The revised **M-384** contains a maximum number of three (3) children. If there are more children in the household, additional forms will print out.

Revised **W-205A**

- The Desk Guide for Referrals to the Office of Child Support Enforcement (OCSE) (**W-205A**) form to:
  - Reference the **LDSS-4882** form
  - Update the bonus payment amounts to indicate that when the absent parent is paying the current support obligation, up to \$200 per month is provided to the custodial parent/guardian with two or more children.

Revised **M-384t**

- The Your Interview with the Office of Child Support Enforcement (**M-384t**) flyer to:
  - Instruct the custodial parent/guardian to bring the completed **LDSS-4882** to the OCSE interview
  - Provide the current title of the **M-384** form.

Staff must begin using the new **LDSS-4882** effective *October 22, 2012*. The **LDSS-4882** booklet functions as the simple application/referral for child support services form for Cash Assistance (CA), Medical Assistance (MA), and Foster Care (FC) programs throughout New York State to refer applicants/participants to their local Child Support Enforcement Unit (CSEU).

OCSE is New York City's local CSEU

To make an OCSE appointment through POS, JOS/Workers must:

- Enter information concerning the NCP(s) in the **Noncustodial Parent Information** window.
- Click OK. If an appointment is required, POS will open the **OCSE Referral** window.

If there is an appointment already existing, POS will display the appointment information and allow the rescheduling of the appointment date, if necessary.

- To make a new appointment, the JOS/Worker must click the **Make a New Appointment** button. POS will open the **Schedule the Appointment** window and display all available dates received from NYCWAY.
- Select the desired date and click the **Schedule the Appointment** button. This generates and prints the revised **M-384** form.

The JOS/Worker refers the CA applicant/participant to OCSE prior to determining CA eligibility

The JOS/Worker must give the **M-384** along with **LDSS-4882** to the applicant/participant to complete. The JOS/Worker must instruct the applicant/participant to provide as much information as possible and take the completed and signed **LDSS-4882**, and any supporting documentation to OCSE at the scheduled interview.

See [PD #10-08-ELI](#), Domestic Violence Program, pages 14 and 15

If the applicant/recipient claims good cause for refusing to cooperate or the existence of a situation requiring referral to the Domestic Violence Liaison (DVL), the JOS/Worker must not provide the **LDSS-4882** to him/her. The determination of the good cause claim, or the domestic violence waiver decision, must be made prior to providing the **LDSS-4882** to the applicant/participant for completion.

The JOS/Worker refers the applicant/participant's claim of domestic violence to the Domestic Violence Unit as per current procedure (refer to PD #10-08-ELI, Domestic Violence Program) for investigation and decision.

If it has been determined that there is no good cause for refusal to cooperate or the DVL does not grant a full child support waiver, the JOS/Worker must provide the **LDSS-4882** packet to the parent/guardian to complete along with the **M-384** appointment notice and advise the him/her to appear at the scheduled OCSE interview.

Prior to providing the **LDSS-4882** booklet, the JOS/Worker must perform the following actions:

*Child support sought from more than one NCP*

- If a child support referral is required for more than one NCP at a time or the applicant/participant provides several possible putative fathers (PF)s for the child, provide an **LDSS-4882B** to complete for each additional NCP/PF. Alternatively, a blank *Part II – Noncustodial Parent (NCP)/Putative Father (PF) Information* (pages A-3 and A-4) of the **LDSS-4882** may be provided to the applicant/participant for each additional NCP/PF.

*Child support services sought for more than one child*

- Space on the **LDSS-4882** is provided to accommodate a referral for only one child. If the referral is for a CA case involving more than one child, provide the applicant/participant with an **LDSS-4882C** to complete for each additional child. Alternatively, an additional blank *Part III – Child Information* (page A-5 of the **LDSS-4882**) may be provided for each additional child from the same NCP for the applicant/participant to complete.

Listed below are examples of when to use the **LDSS-4882**, **LDSS-4882B** and the **LDSS-4882C**.

1. One custodial parent pursuing child support from one noncustodial parent:

Custodial parent completes the **LDSS-4882**.

2. One custodial parent pursuing child support from two or more possible non-custodial parents (not sure who is the non-custodial parent):

Custodial parent completes the **LDSS-4882** and the **LDSS-4882B** for every additional non-custodial parent.

3. One custodial parent/guardian pursuing child support for more than one child with the same noncustodial parent(s):

Custodial parent/guardian completes the **LDSS-4882** and the **LDSS-4882C** for every additional child in the household from the same exact parent.

4. One custodial parent/guardian of multiple children pursuing child support from multiple non-custodial parents:

Custodial parent/guardian completes the **LDSS-4882** (all parts), an **LDSS-4882B** for every additional parent and an **LDSS-4882C** for every additional child in the household from the same non-custodial parent.

CA applicants/participants must cooperate with OCSE to establish paternity, and establish, modify, and enforce orders of support. To satisfy this requirement, all CA applicants/participants must complete the **LDSS-4882** and provide any needed supporting documentation to OCSE. If determined necessary, the applicant/participant must appear at OCSE for an interview. Failure to do so will result in a sanction request from OCSE to FIA for non-cooperation unless there is a claim of good cause, domestic violence, or the applicant/participant has filed a completed and signed Attestation to Lack of Information (**LDSS-4281**) at OCSE.

See [PD #08-34-ELI](#)

Applicants/participants who fail to report to or comply, without good cause, with the requirement to provide information on the non-custodial parent/putative father or to cooperate with OCSE are subject to sanction, as per current agency procedure (refer to PD #08-34-ELI, Office of Child Support Enforcement Sanction Processing).

When completing the **LDSS-4882**, all CA applicants/participants, (including SNA applicants/participants) must check *Box 2* in *Section C – Application/Affirmation for Child Support Services*, sign and print his/her name, and enter the date on page A-8 of the **LDSS-4882**. By doing so, the applicant/participant affirms that the information provided in the **LDSS-4882**, as well as any supporting documentation provided to OCSE, is true and correct.

A new **LDSS-4882** form must be submitted to OCSE if an individual reapplies for CA and the CA case that was originally referred to OCSE has been closed for more than thirty days.

See [PD #11-33-OPE](#)  
and [PD# 08-20-OPE](#)

For persons with Limited English Proficiency (LEP), on site translation services will be offered, and *reference only* translations of the **LDSS-4882** will be made available. However, the English version of the **LDSS-4882** must be completed and submitted at OCSE.

Center Directors must ensure that all previous versions of revised forms **M-384k/M-384d**, **W-205A**, and **M-384t** are removed from circulation and recycled.

*Effective Immediately*

#### References:

[12-ADM-03](#), Information about Child Support Services and Application/Referral for Child Support Enforcement Services (**LDSS-4882**)

[99-ADM-05](#)

**Related Items:**

[12-ADM-03](#)

[Child Support Enforcement Manual](#)

[PD #10-08-ELI](#), Domestic Violence Program

[PD #08-34-ELI](#), Office of Child Support Enforcement Sanction Processing

**Attachments:**

**W-205A**

Desk Guide for Referrals to the Office of Child Support Enforcement (OCSE) (Rev. 10/9/12)

**M-384t**

Your Interview with the Office of Child Support Enforcement (Rev. 10/3/12)

**LDSS-4281**

Attestation to Lack of Information (10/01)

**LDSS-4882**

Information about Child Support Services and Application/Referral for Child Support Services (4/12)

**LDSS-4882A**

Information About Child Support Services (4/12)

**LDSS-4882B**

Information for an Additional Noncustodial Parent (NCP)/Putative Father (PF) (4/12)

**LDSS-4882C**

Information for an Additional Child (4/12)

**M-384k**

Absent Parent Questionnaire

**M-384d**

Recertification Absent Parent Questionnaire

☞ Please use Print on Demand to obtain copies of forms.

**OBSOLETE FORMS**

## Desk Guide for Referrals to the Office of Child Support Enforcement (OCSE)

### In-person Interview Referrals (LDSS-4882)

#### OCSE in-person interviews are required in the following situations:

- All new cases with at least one child under the age of 21 that have an absent parent or in which paternity has not been established
- At least one absent parent is unknown to OCSE (this includes child-only cases and situations in which a child joins the household or case)
- The applicant/participant has given birth to a child and the father is in the household but there is no legal marriage and paternity has not been established
- Cases in which there is no proof that the absent parent is deceased
- There is an unmarried emancipated minor (through age 20), living separate from his/her parents
- A parent leaves the household
- A minor child's father has entered the household and paternity has not been acknowledged or adjudicated
- Cases with an OCSE sanction in place

#### When referring an applicant/participant to OCSE for an in-person interview the following information must be available prior to scheduling the appointment:

- The correct spelling of the applicant's/participant's name and whether or not it is a payee situation
- The applicant's/participant's Social Security number
- The Job Center number
- The correct case number, Client Identification Number (CIN) and suffix
- A telephone number where the applicant/participant can be reached
- The wedlock status: in or out of wedlock
- Whether there is an existing court order for child or spousal support
- The correct spelling of the absent parent's name
- The absent parent's Social Security number, if available
- Whether the interview is for an applicant or participant

Job Center staff must advise the applicant/participant to bring the completed **LDSS-4882** form to the interview.

### POS and Paper Referrals (LDSS-4882)

#### A POS referral will suffice when the JOS/Worker obtains one or more of the following pieces of new or changed information about an absent parent already known to OCSE:

- Name of employer (e.g., Macy's, Sears) and, if possible, the employer's address and/or telephone number
- Social Security number
- Receipt of employment-related income (UIB, Workers Compensation, etc.)
- Residential address and telephone number (if available) of the absent parent
- Name, address and/or telephone number where a friend or relative of the absent parent can be reached
- Date and place of birth (county, city or state) of the absent parent, with either or both of the following:
  - Maiden name of the absent parent's mother
  - Name of the absent parent's father
- Current enlistment or prior service in any branch of the military
- Prior or current Cash Assistance, Medical Assistance and/or Food Stamp case
- Current or prior incarceration

**Note:** The referral must be generated through NYCWAY for multi-suffix cases.

The above information is to be entered in NYCWAY or onto **POS**. **This information is critical to OCSE efforts to obtain court orders for child support.** The participant will receive a bonus payment up to \$200 per month, provided the absent parent meets the support obligation. If the current support received exceeds the Cash Assistance grant, the participant's case will be closed and he/she will receive the full support payment.

The JOS must compare the information on the **latest M-384** form with the information previously captured in the POS case record and will forward the new information to OCSE through a paper referral.

#### No OCSE referrals are required for:

- Cases when POS indicates that an OCSE referral is not needed
- One-Shot deals
- Cases in which both parents are in the household and paternity has been legally established
- Pregnant women
- Cases when the minor child is not in receipt of or applying for Cash Assistance
- Cases when good cause (including pending legal adoption) has been established
- Cases when there is verification that the absent parent is deceased

## Desk Guide for Referrals to the Office of Child Support Enforcement (OCSE)

### In-person Interview Referrals (LDSS-4882)

#### OCSE in-person interviews are required in the following situations:

- All new cases with at least one child under the age of 21 that have an absent parent or in which paternity has not been established
- At least one absent parent is unknown to OCSE (this includes child-only cases and situations in which a child joins the household or case)
- The applicant/participant has given birth to a child and the father is in the household but there is no legal marriage and paternity has not been established
- Cases in which there is no proof that the absent parent is deceased
- There is an unmarried emancipated minor (through age 20), living separate from his/her parents
- A parent leaves the household
- A minor child's father has entered the household and paternity has not been acknowledged or adjudicated
- Cases with an OCSE sanction in place

#### When referring an applicant/participant to OCSE for an in-person interview the following information must be available prior to scheduling the appointment:

- The correct spelling of the applicant's/participant's name and whether or not it is a payee situation
- The applicant's/participant's Social Security number
- The Job Center number
- The correct case number, Client Identification Number (CIN) and suffix
- A telephone number where the applicant/participant can be reached
- The wedlock status: in or out of wedlock
- Whether there is an existing court order for child or spousal support
- The correct spelling of the absent parent's name
- The absent parent's Social Security number, if available
- Whether the interview is for an applicant or participant

Job Center staff must advise the applicant/participant to bring the completed **LDSS-4882** form to the interview.

### POS and Paper Referrals (LDSS-4882)

#### A POS referral will suffice when the JOS/Worker obtains one or more of the following pieces of new or changed information about an absent parent already known to OCSE:

- Name of employer (e.g., Macy's, Sears) and, if possible, the employer's address and/or telephone number
- Social Security number
- Receipt of employment-related income (UIB, Workers Compensation, etc.)
- Residential address and telephone number (if available) of the absent parent
- Name, address and/or telephone number where a friend or relative of the absent parent can be reached
- Date and place of birth (county, city or state) of the absent parent, with either or both of the following:
  - Maiden name of the absent parent's mother
  - Name of the absent parent's father
- Current enlistment or prior service in any branch of the military
- Prior or current Cash Assistance, Medical Assistance and/or Food Stamp case
- Current or prior incarceration

**Note:** The referral must be generated through NYCWAY for multi-suffix cases.

The above information is to be entered in NYCWAY or onto **POS**. **This information is critical to OCSE efforts to obtain court orders for child support.** The participant will receive a bonus payment up to \$200 per month, provided the absent parent meets the support obligation. If the current support received exceeds the Cash Assistance grant, the participant's case will be closed and he/she will receive the full support payment.

The JOS must compare the information on the **latest M-384** form with the information previously captured in the POS case record and will forward the new information to OCSE through a paper referral.

#### No OCSE referrals are required for:

- Cases when POS indicates that an OCSE referral is not needed
- One-Shot deals
- Cases in which both parents are in the household and paternity has been legally established
- Pregnant women
- Cases when the minor child is not in receipt of or applying for Cash Assistance
- Cases when good cause (including pending legal adoption) has been established
- Cases when there is verification that the absent parent is deceased



## Your interview with the Office of Child Support Enforcement

### Responsibilities of Applicants for Cash Assistance When you report to the Office of Child Support Enforcement, bring the items listed below:

- Completed **LDSS-4882** "Application/Referral for Child Support Services"
- Completed **LDSS-4882B** and **LDSS-4882C**, if applicable
- Form **M-384**, "The Office of Child Support Enforcement (OCSE) Appointment Notice"
- Social Security number(s) of absent parent(s)
- Name and address of absent parent's employer
- Birth certificates for children
- Marriage certificate, if applicable
- Divorce or separation papers, if applicable
- Family Court papers, if applicable
- Verification of death of absent parent, if applicable
- The telephone, gas, or electric bill of absent parent(s)

**Note:** If possible, bring the absent parent with you to the interview. He/she should bring proof of current address.

## Su entrevista con la Oficina de Aplicación de Manutención de Niños

### Responsabilidades de los Solicitantes de Asistencia en Efectivo

**Cuando usted se presente en la Oficina de Aplicación de Manutención de Niños, traiga consigo los siguientes artículos:**

- Formulario **LDSS-4882** "Application/Referral for Child Support Services"
- Formulario **LDSS-4882B** y **LDSS-4882C**, si aplica
- Formulario **M-384 (S)**, "Aviso de Cita de OCSE"
- Número(s) del Seguro Social del padre/madre ausente(s)
- Nombre y dirección del empleador del padre/madre ausente
- Certificado de nacimiento de los niño
- Certificado de matrimonio, si corresponde
- Documentos de divorcio o de separación, si corresponde
- Documentos del Tribunal Familiar, si corresponde
- Comprobante de la muerte del padre/madre ausente, si corresponde
- Cuenta de teléfono, gas, o electricidad del padre/madre ausente(s)

**Nota:** si es posible, traiga al padre/madre ausente consigo a la entrevista. Él/Ella debe traer prueba de su dirección actual.

## Attestation to Lack of Information

TA/MA/Services Case Name (Last, First)	Absent Parent Name (Last, First, MI)
TA/MA/Services Case Number	IV-D Case Number

I, \_\_\_\_\_ [*custodial relative*], swear and affirm that, although I have attempted to the best of my ability to find out, I do not know the following information about the parent of \_\_\_\_\_  
 \_\_\_\_\_ [*child(ren)*] because [*state reason(s)*]:

SAMPLE

Information I **do not** know about my child(ren)'s parent: [*check all that apply*]:

- |   |  |
|---|--|
| <input type="checkbox"/> Full name<br><input type="checkbox"/> Social Security Number<br><input type="checkbox"/> Date of birth<br><input type="checkbox"/> Other information [ <i>specify</i> ]: _____ | <input type="checkbox"/> Address<br><input type="checkbox"/> Telephone number<br><input type="checkbox"/> Employer's name and location |
|---|--|

By signing this form, I swear and affirm that my statements herein are true and complete. I understand that Federal and State laws provide for penalties of fine, imprisonment or both if I do not tell the truth about my child(ren)'s absent parent when I apply for or receive Temporary Assistance, Medical Assistance or Services. Penalties also apply if I conceal or fail to disclose facts about the absent parent.

**Signed:**

Applicant/Recipient Signature  <b>X</b>	Date
Witnessed by (Worker Signature)  <b>X</b>	Date

---

# Information about Child Support Services and Application/Referral for Child Support Services

---

SAMPLE

New York State  
Office of Temporary and Disability Assistance  
Center for Child Well-Being  
Division of Child Support Enforcement

**otda**  
otda.ny.gov

*Need additional information  
on child support?*

Visit our website at  
[childsupport.ny.gov](http://childsupport.ny.gov)

# GENERAL INFORMATION

If you need language assistance, please advise the Child Support Enforcement Unit so that translation and/or interpretation services can be provided.

Read the *Information about Child Support Services* (pages 2 – 7) carefully before completing the detachable *Application/Referral for Child Support Services* form (pages A-1 – A-8). It contains important facts and information you will need to know and understand regarding child support enforcement services.

## TABLE OF CONTENTS

<b>INFORMATION ABOUT CHILD SUPPORT SERVICES</b> .....	<b>2</b>
<b>SECTION 1 – ELIGIBILITY, ASSIGNMENT, AND AVAILABLE SERVICES</b> .....	<b>2</b>
<i>ELIGIBILITY FOR CHILD SUPPORT SERVICES</i> .....	2
<i>ASSIGNMENT AND COOPERATION WITH CHILD SUPPORT</i> .....	2
<i>CHILD SUPPORT SERVICES PROVIDED</i> .....	2
<i>INFORMATION ABOUT BASIC CHILD SUPPORT OBLIGATIONS</i> .....	3
<i>UNDERSTANDING THE CHILD SUPPORT SERVICES PROVIDED</i> .....	4
<b>SECTION 2 – RIGHTS AND CONSEQUENCES RESULTING FROM PATERNITY</b>	
<b>ESTABLISHMENT AND RIGHT TO NOTICE OF LEGAL PROCEEDINGS</b> .....	<b>5</b>
<i>RIGHTS AND CONSEQUENCES OF ESTABLISHING PATERNITY</i> .....	5
<i>RIGHTS TO INFORMATION REGARDING LEGAL PROCEEDINGS</i> .....	5
<b>SECTION 3 – CHILD SUPPORT POLICIES</b> .....	<b>5</b>
<i>SAFETY CONCERNS</i> .....	5
<i>SAFEGUARDING AND CONFIDENTIALITY OF PERSONAL INFORMATION</i> .....	6
<i>DISTRIBUTION POLICY</i> .....	6
<b>SECTION 4 – LEGAL SERVICES AND COST RECOVERY</b> .....	<b>6</b>
<i>LEGAL SERVICES</i> .....	6
<i>COST RECOVERY FOR LEGAL SERVICES</i> .....	7
<b>SECTION 5 – ANNUAL SERVICE FEE</b> .....	<b>7</b>
<b>SECTION 6 – PAYMENT AND CONTACT INFORMATION</b> .....	<b>7</b>
<i>PAYMENT OPTIONS</i> .....	7
<i>CUSTOMER SERVICE/ACCOUNT INFORMATION</i> .....	7
<b>APPLICATION/REFERRAL FOR CHILD SUPPORT SERVICES</b> .....	<b>A-1</b>
<b>SECTION A – APPLICANT/RECIPIENT INFORMATION</b> .....	<b>A-1</b>
<i>Part I – Custodial Parent (CP) or Guardian Information</i> .....	A-1
<i>Part II – Noncustodial Parent (NCP)/Putative Father (PF) Information</i> .....	A-3
<i>Part III – Child Information</i> .....	A-5
<i>Part IV – Foster Care Information (Agency Use Only)</i> .....	A-6
<b>SECTION B – SUPPORTING DOCUMENTATION</b> .....	<b>A-7</b>
<b>SECTION C – APPLICATION/AFFIRMATION FOR CHILD SUPPORT SERVICES</b> .....	<b>A-8</b>

## INFORMATION ABOUT CHILD SUPPORT SERVICES

This document provides individuals interested in child support services with important information about the program (**Sections 1-6**) and includes a detachable application/referral for child support services. **Section 1** identifies who is eligible to receive child support services, explains the assignment of support rights and cooperation, and provides a summary of child support services and the basic child support obligation. **Section 2** discusses rights and responsibilities resulting from paternity establishment and right to notice of legal proceedings. **Section 3** provides the State's child support policies. **Section 4** discusses legal services and cost recovery. **Section 5** discusses the annual service fee and **Section 6** provides payment and contact information.

This information must be provided to all applicants for child support services and to applicants and recipients of Temporary Assistance for Needy Families (TANF), Medicaid and Title IV-E Foster Care who are referred to the Child Support Enforcement Unit. If the child is in foster care, the applicant or recipient is the Commissioner or Designee of the social services district or the Commissioner or Designee of the Office of Children and Family Services.

### SECTION 1 – ELIGIBILITY, ASSIGNMENT, AND AVAILABLE SERVICES

#### ELIGIBILITY FOR CHILD SUPPORT SERVICES

Any parent or nonparent caregiver acting as guardian of at least one child under the age of 21 is eligible to apply for child support services. Such person is considered the custodial parent in the child support case. If you are applying for, or receiving, Temporary Assistance (officially termed “Family Assistance” or “Safety Net Assistance”) for the child, child support services may be provided to you based on your application for this program. Child support services may also be provided if you are applying for Medicaid for yourself and the child and you complete an application/referral for child support services. Child support services will continue after you stop receiving Temporary Assistance or Medicaid unless you request your child support case be closed. Child support services are also provided for a child placed in foster care and may continue after the foster care placement ends. If the child returns to you after being discharged from foster care, child support services will continue unless you request otherwise. A child under the age of 21 or a noncustodial parent or putative (alleged) father may also apply or be eligible for child support services.

#### ASSIGNMENT AND COOPERATION WITH CHILD SUPPORT

If you are an applicant/recipient of Temporary Assistance for the child, or Medicaid for yourself and the child, or your child is in Title IV-E Foster Care, you are required to assign to the social services district rights you have to support on your own behalf and any rights to support on behalf of any family member for whom you are applying for, or receiving assistance. For Medicaid applicants/recipients, this assignment is limited to medical support only. When applying for, or receiving Temporary Assistance, your assignment of support rights is limited to support that accrues during the period that you or the family member receives assistance. You are required to assign these support rights and, unless you claim good cause or domestic violence for not doing so, cooperate with the Child Support Enforcement Unit to:

- Locate noncustodial parents and putative fathers, including biological parents or stepparents;
- Establish paternity for each child born out-of-wedlock for whom you are applying for, or receiving Temporary Assistance, Medicaid, or Title IV-E Foster Care;
- Establish, modify, or adjust orders of support; and
- Collect and enforce orders of support through the Support Collection Unit.

If you are receiving Temporary Assistance for the child or Medicaid for yourself and the child, you will be sanctioned for failing to cooperate absent a determination of good cause or domestic violence, if applicable.

#### CHILD SUPPORT SERVICES PROVIDED

The following services are provided by the Child Support Enforcement Unit as appropriate, with your cooperation:

- Establishment of a case record.
- Location of the noncustodial parent or putative father, including obtaining information about addresses, employment, other sources of income and assets, and health care coverage.

- Assistance to establish paternity (legal fatherhood) for a child born to unmarried parents by voluntary acknowledgment of paternity or by filing a petition with the court.
- Assistance with filing court petitions to establish and modify an order of support according to the New York State child support guidelines, including obtaining health insurance benefits, if available, from either parent.
- Assistance in making an order of support payable to the Support Collection Unit.
- Collection and distribution of support payments. This may include collection and distribution of child support; child and spousal support; educational expenses; child care expenses; and cash medical support, if any of these are included in the order of support made payable through the Support Collection Unit.
- Enforcement of support obligations using all available administrative remedies including, but not limited to: income withholding from employment, benefits, or other income; interception of federal and New York State tax refunds; seizure of assets; credit reporting of support debt; suspension of the noncustodial parent’s New York State driving privileges; and referral to the New York State Department of Taxation and Finance for collection. Court ordered health insurance benefits are also enforced by the Child Support Enforcement Unit.
- Filing and prosecuting violation petitions to enforce an order of support through court when administrative remedies are unsuccessful.
- Legal services (optional to the applicant) upon signing a *Right to Recovery Agreement for Legal Services* (LDSS-4920) for court proceedings. Costs will be recovered for legal services.
- Child support services listed above where parents live in other counties, states, or countries.
- Continuation of child support services listed above when a family is no longer eligible for Temporary Assistance, Medicaid, or foster care.
- New York State Child Support Website: [childsupport.ny.gov](http://childsupport.ny.gov)
- New York State Child Support Customer Service Helpline at **888-208-4485**.

**INFORMATION ABOUT BASIC CHILD SUPPORT OBLIGATIONS**

The Child Support Enforcement Unit can help you establish or modify a child support order based on New York State’s child support guidelines. The basic child support obligation (BCSO) includes a percentage-based obligation, a provision for health insurance coverage and/or cash medical support, child care expenses, and educational expenses for the child, if determined by the court (refer to Family Court Act Section 413).

**Percentage-Based Obligation:** The base calculation paid by the noncustodial parent is determined using a fixed percentage of combined parental income, based on the number of children involved.

1 child.....	17%	Example:
2 children.....	25%	The noncustodial parent’s pro rata share of income available
3 children.....	29%	for support is \$25,000. For one child, application of the guidelines
4 children.....	31%	percentage yields an annual percentage-based obligation of \$4,250
5 or more.....	at least 35%	(i.e., 17% of \$25,000).

The percentage guideline is applied to combined parental income up to \$136,000 (minus Medicare, Social Security, New York City or Yonkers tax, certain unreimbursed employee business expenses, certain alimony or maintenance paid or to be paid, and certain child support actually paid). “Income” means such income as reported on the federal income tax return and, to the extent not reported on the tax return, workers’ compensation benefits, disability payments, unemployment benefits, social security benefits, veteran’s benefits, pensions and other forms of income. Above \$136,000 (which will increase in 2014 and every two years thereafter with changes in the Consumer Price Index for All Urban Consumers) the court determines whether or not to use the percentage guidelines. The court may deviate from the percentage-based obligation based on the factors set forth in Family Court Act Section 413(1)(f).

**Low Income Obligation:** When the noncustodial parent’s income is determined by the court to be at or below the federal poverty level for a single person, the presumptive support amount is \$25 per month. When income is at or below the self-support reserve (135% of the federal poverty level), but above the federal poverty level, the presumptive support amount is \$50 per month.

**Additional Elements of Support:** The court must determine the parties’ obligation to provide health insurance benefits, pay cash medical support toward the cost of health insurance or public coverage, and pay for other health



care expenses not covered by insurance. Health care coverage may be provided through a public entity or by a parent through an employer or organization, or through other available health insurance or health care coverage plans. The BCSO must also be increased to cover reasonable child care expenses if the custodial parent is working, in school, or in a vocational training program. If the custodial parent is looking for work and incurs child care expenses, the court may determine the noncustodial parent's share of these expenses. In addition, the court may increase the BCSO to cover the reasonable educational expenses of the child.

**Foster Care and Child Support Obligations:** In foster care cases, both parents are noncustodial parents with an obligation to pay support based on the child support guidelines. However, where the amount of support determined under the guidelines exceeds the costs of foster care, the Child Support Enforcement Unit may argue to the court that the amount of support is unjust or inappropriate and that the amount of support ordered to be paid should not exceed the actual costs of foster care plus any costs attributable to the costs of medical assistance paid on behalf of the child.

**Modification of Orders:** The Child Support Enforcement Unit can assist you in filing a petition to modify your order of support, if needed. Either party has the right to seek a modification of the order of support based upon a showing of a substantial change in circumstances. If the order was effective on or after October 13, 2010, incarceration shall not be a bar to finding a substantial change in circumstances provided such incarceration is not the result of non-payment of a child support order, or an offense against the custodial parent or child who is the subject of the order or judgment. Additionally, under certain conditions pursuant to Family Court Act Section 451(2)(b), an order of support can be modified based upon: (1) the passage of three years since the order was entered, last modified or adjusted; or (2) a change in either party's gross income by fifteen percent or more since the order was entered, last modified or adjusted. Bases (1) and (2) for seeking a modification of the order of support do not apply if the:

- Original order of support was entered prior to October 13, 2010; or
- Parties entered into a validly executed agreement or stipulation prior to October 13, 2010 which was incorporated into the original order of support; or
- Parties have specifically opted out of the bases provided in (1) and/or (2) in a validly executed agreement or stipulation entered into on or after October 13, 2010.

**Cost of Living Adjustment:** Every two years the Child Support Enforcement Unit will review the account to determine whether the account is eligible for a cost of living adjustment (COLA). An order of support is eligible for a COLA if: (1) it has been at least two years since the order was issued or modified by the court, or last received a COLA; and (2) the sum of the annual average changes in the Consumer Price Index for All Urban Consumers is 10% or greater since the entry of the last order. The COLA adjustments are made without going to court. In non-Temporary Assistance cases, a notice is sent to both parties when an account is eligible for a COLA, and either parent may request the adjustment. For cases where the custodial parent or child is on Temporary Assistance, the COLA is automatically made when the account becomes eligible — without either parent requesting the adjustment.

### **UNDERSTANDING THE CHILD SUPPORT SERVICES PROVIDED**

The Child Support Enforcement Unit will provide all child support services considered proper for your case as defined under federal and New York State law and rules. With your assistance and cooperation, services may be provided to you for as long as child support payments are due and owing. However, if the recipient of services is not receiving Temporary Assistance or Medicaid, the child support case may be closed for a number of reasons including:

- Paternity cannot be established;
- The noncustodial parent/putative father cannot be located after diligent effort or is incarcerated with no chance of parole, institutionalized, or permanently disabled with no ability to pay support;
- The recipient of services fails to cooperate or provide information that is essential to the next step in providing services;
- The recipient of services makes a written request to close the case; or
- The Child Support Enforcement Unit is unable to contact the recipient of services by telephone or mail.

In order for the Child Support Enforcement Unit to continue to provide you with effective service, you must contact the Child Support Enforcement Unit to report any change in your address or telephone number, or to report any new information on the other parent of the child for whom you are seeking child support.



## **SECTION 2 – RIGHTS AND CONSEQUENCES RESULTING FROM PATERNITY ESTABLISHMENT AND RIGHT TO NOTICE OF LEGAL PROCEEDINGS**

### **RIGHTS AND CONSEQUENCES OF ESTABLISHING PATERNITY**

Paternity is established when parents sign a voluntary Acknowledgment of Paternity or when the court determines the father of the child and issues an “order of filiation.”

- Under New York State law, the noncustodial parent will be chargeable by the court to pay support until the child is 21 years of age.
- The child gains rights to inheritance from his or her parents. Parents also may have rights of inheritance from their child.
- The child may be entitled to receive death or disability benefits if either parent dies or becomes permanently disabled.
- The noncustodial parent has the right to ask the court for visitation with and/or custody of the child.
- The noncustodial parent will also generally have the right to notice to adoption and foster care proceedings.

### **RIGHTS TO INFORMATION REGARDING LEGAL PROCEEDINGS**

You have the right to be kept informed of the time, date, and place of any court proceedings involving you. You will be provided with a copy of any order establishing, modifying, adjusting, or enforcing an order of support, or any order dismissing the petition.

## **SECTION 3 – CHILD SUPPORT POLICIES**

### **SAFETY CONCERNS**

If you have concerns that seeking to establish or enforce an order of support will create a risk of harm to yourself or the child, contact the Child Support Enforcement Unit to discuss these concerns. The Child Support Enforcement Unit can assist you in preventing your address or other personal identifying information from appearing on court documents or other documents pertaining to your child support case.

The Child Support Enforcement Unit shall prohibit disclosure of location information if requested by any person, where that person provides evidence that:

- The person resides in a domestic violence shelter;
- An order of protection has been entered;
- A court has determined that contact with the noncustodial parent creates a risk of physical or emotional harm to a child or custodial parent;
- A good cause determination has been made by the Temporary Assistance or Medicaid worker; or
- A domestic violence liaison has determined that there is reason to believe that disclosure of location information may result in physical or emotional harm to the custodial parent or child.

If your case is to be referred to the Child Support Enforcement Unit as a requirement for receipt of Temporary Assistance for the child and you fear that you or the child will be at risk of family or domestic violence if paternity or an order of support is established or enforced, you will be referred first to a domestic violence liaison by the Temporary Assistance worker. The domestic violence liaison may grant you a full or partial waiver from the requirement to cooperate with the Child Support Enforcement Unit. If you are applying for Medicaid for yourself and the child, you may claim good cause from cooperating with the Child Support Enforcement Unit to the Medicaid worker if:

- Cooperation is expected to result in physical or emotional harm of a serious nature to the child for whom support is sought;
- Cooperation is expected to result in physical or emotional harm of a serious nature to the parent, caretaker relative, or grantee sufficient to impair the caretaker’s ability to care for the child adequately;
- The child was conceived as a result of incest or forcible rape; or
- Adoption of the child is pending before a court, or the caretaker is receiving pre-adoption counseling services (for up to three months after the child’s birth).

In foster care cases, the foster care worker will determine the appropriateness of making a referral to the Child Support Enforcement Unit. The referral is legally prohibited under specific circumstances, including situations where the health, safety or welfare of the child or other children in the home will be adversely affected.

### **SAFEGUARDING AND CONFIDENTIALITY OF PERSONAL INFORMATION**

The Child Support Enforcement Unit is required to safeguard the privacy, integrity, access to, and use of your personal information. This includes data obtained for a child support case that is kept in the child support program's computer system. Any information given by you can be released only to authorized persons for those reasons authorized by law.

**Use of Social Security Numbers:** Disclosure of the Social Security numbers of the custodial parent, noncustodial parent, putative father, and child are required by federal law (42 USC 666). The Child Support Enforcement Unit will use Social Security numbers only for the purpose of locating parents, establishing paternity, and/or establishing, modifying, and enforcing an order of support; for the administration of certain public benefit programs; or as otherwise permitted by law. In addition, these Social Security numbers will be subject to verification through the Social Security Administration.

### **DISTRIBUTION POLICY**

Support payments are distributed according to federal and New York State distribution rules. The distribution of support payments is based on the payment receipt date and as follows:

- **If the custodial parent is receiving Temporary Assistance**, child support collections received will be paid to the State and to the social services district for reimbursement of up to the total amount of Temporary Assistance that has been paid to the custodial parent. The custodial parent will be paid a child support "pass-through" from the current support collected each month in addition to the Temporary Assistance. The pass-through is an amount up to \$100 per month of current support collected or up to the current support obligation amount, whichever is less, for any household with one individual under the age of 21 active on the Temporary Assistance case. The pass-through paid to the family increases to up to \$200 per month of current support collected or up to the current support obligation amount, whichever is less, for Temporary Assistance families with two or more individuals under the age of 21 active on the Temporary Assistance case. The custodial parent will be paid any support collected after the total Temporary Assistance paid to the custodial parent has been reimbursed.
- **If the custodial parent formerly received Temporary Assistance**, child support collections received will first be used to pay current support to the custodial parent followed by payments for support arrears/past due support owed to the custodial parent and then to support arrears/past due support due to the social services district for reimbursement of past assistance granted. However, collections received from federal tax refund offset will first be paid to satisfy any support arrears/past due support due the social services district for reimbursement of past assistance granted and then to support arrears/past due support owed to the custodial parent. The custodial parent will be paid any support collected after the total Temporary Assistance paid to the custodial parent has been reimbursed.
- **If the custodial parent has never received Temporary Assistance**, the custodial parent will receive all support that is collected and due, with the exception of the annual service fee and the recovery of costs for legal services, if applicable.
- **If the custodial parent is in receipt of Medicaid**, medical support payments will be paid to the State and to the social services district for reimbursement of up to the total amount of Medicaid that has been paid to a provider.
- **If the child is in receipt of foster care**, support collected will be paid to the social services district. Any support collected exceeding the foster care maintenance payments will be paid to the social services district supervising the child's placement and foster care to use in the manner it determines will serve the child's best interests.

## **SECTION 4 – LEGAL SERVICES AND COST RECOVERY**

### **LEGAL SERVICES**

If your child does not receive Temporary Assistance or Medicaid, or your child is not in foster care, you may request legal services to establish paternity or to establish, modify, or enforce a child support order. Please note that the services of an attorney are not necessarily required to proceed with a child support case. However, if you request legal services, you will be advised by the Child Support Enforcement Unit of the cost of such services. The attorney assigned to your case is the legal representative of the Commissioner of the social services district and does not

represent you personally. The attorney's representation in this matter is limited to the establishment of paternity and the establishment, modification, adjustment, and enforcement of support obligations. Matters of custody, visitation, or other issues not related to child support will not be handled by the attorney of the social services district. Any information, written or oral, which you provide to the social services district's attorney or staff may not remain confidential, including information indicating welfare fraud that must be reported to appropriate officials.

If you have any questions concerning legal services, speak to a child support worker. If you wish to have your own legal representation, contact a legal services or legal aid organization for assistance or obtain the services of a private attorney of your own choosing at your own expense.

### **COST RECOVERY FOR LEGAL SERVICES**

Costs will be recovered by the Child Support Enforcement Unit for legal services that are provided upon completion of the *Right to Recovery Agreement for Legal Services* (LDSS-4920).

The Child Support Enforcement Unit will recover the cost at the rate of 25% of your current support obligation from support collected, or if you are the noncustodial parent, the cost will be recovered at the rate of 25% of the current support obligation or payment you are required to make, and will be added to the support obligation that you pay until the cost is reimbursed. Each payment received by the Support Collection Unit will be credited to the account based on the distribution hierarchy described in Section 3 under *Distribution Policy*. This means that all support arrears/past due support will be paid in full before costs for legal services are settled.

### **SECTION 5 – ANNUAL SERVICE FEE**

If the custodial parent is receiving child support services and has never received assistance through the TANF program (formerly Aid to Families with Dependent Children [AFDC]), in New York State or any other state and child support is being paid to the family, an annual service fee of \$25 will be imposed if more than \$500 of support is collected during the federal fiscal year (October 1 – September 30). When \$500 of support has been collected, the Support Collection Unit will automatically withhold the next \$25 received during the federal fiscal year to pay the fee. If the custodial parent has accounts with more than one noncustodial parent and both noncustodial parents have paid in excess of \$500, separate \$25 fees will be imposed for each account. Applicants/recipients do not have to pay the \$25 fee for child support services received in regard to Medicaid or Safety Net Assistance, or for services provided for children placed in foster care, where child support is not paid to the family.

### **SECTION 6 – PAYMENT AND CONTACT INFORMATION**

#### **PAYMENT OPTIONS**

Noncustodial parents primarily make child support payments through income withholding. However, noncustodial parents can make payments directly to the New York State Child Support Processing Center under certain circumstances (e.g., support order is newly established and income withholding has not yet taken effect, or the noncustodial parent is self-employed or does not have an employer). Payments can be made with cashier's checks, certified checks, and money orders. In addition, payments can be made through electronic funds transfer and by credit card. The Processing Center does not accept cash payments. Visit the New York State child support website at [childsupport.ny.gov](http://childsupport.ny.gov) or call the New York State Child Support Customer Service Helpline at 888-208-4485 (TTY: 866-875-9975) for further information on these payment methods. **All payments must include the New York Case Identifier and be made payable to and sent to the: New York State Child Support Processing Center, PO Box 15363, Albany NY 12212-5363.**

#### **CUSTOMER SERVICE/ACCOUNT INFORMATION**

You may obtain answers to general child support related questions or your account information by calling the **New York State Child Support Customer Service Helpline at 888-208-4485** (TTY: 866-875-9975 – **Relay Service** <http://www.fcc.gov/encyclopedia/trs-providers>) or online at [childsupport.ny.gov](http://childsupport.ny.gov). A personal identification number (PIN) is needed for the website and the New York State Child Support Customer Service Helpline. You can request a PIN by contacting the New York State Child Support Customer Service Helpline.

**RETAIN PAGE 1 THROUGH PAGE 7 FOR YOUR RECORDS. SEPARATE THE APPLICATION/REFERRAL FOR CHILD SUPPORT SERVICES, PAGE A-1 THROUGH PAGE A-8, TO COMPLETE AND PROVIDE TO THE CHILD SUPPORT ENFORCEMENT UNIT.**

# APPLICATION/REFERRAL FOR CHILD SUPPORT SERVICES

Retain Page 1 through Page 7 for your records. Separate the *Application/Referral for Child Support Services*, Page A-1 through Page A-8, to complete and provide to the Child Support Enforcement Unit (CSEU).

If you need language assistance to complete this form, please visit the local CSEU so that translation and/or interpretation services can be provided. If you have any disabilities that prevent you from completing this form and/or waiting to be interviewed, please notify the CSEU. The agency will make appropriate efforts to provide reasonable accommodations for you.

## Section A – Applicant/Recipient Information

<b>Primary Language</b>	What is your primary language? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify) _____
<b>Safety Concerns</b>	Do you have reason to believe that by seeking an order for paternity or child support your safety or the safety of the child will be put at risk, or believe you have good cause not to cooperate with the CSEU? <input type="checkbox"/> Yes <input type="checkbox"/> No      If "Yes," <b>STOP</b> here and discuss your concerns with the CSEU.
<b>Relationship of the Applicant/Recipient to the Child</b>	<p>Note: The <b>custodial parent (CP)</b> is the parent who the child lives with the majority (over 50%) of the time. The <b>guardian</b> is an individual who is not the parent, but has physical custody of at least one child under the age of 21. If the child lives with the guardian on a day-to-day basis, the guardian has physical custody of the child. Physical custody is different from legal or court-ordered custody. The <b>noncustodial parent (NCP)</b> is the parent who does not have primary care or custody of the child, but has a responsibility to pay child support. The <b>putative father (PF)</b> is the man who may be the child's father, but who was not married to the child's mother before the child was born and has not established that he is the father in a court proceeding or by an acknowledgment of paternity. The <b>child</b> is an individual under age 21 for whom support is sought. <b>Other</b> is an individual for whom no other listed choice applies.</p> <p>Indicate your relationship to the child of the matter:          I am the (check one):   <input type="checkbox"/> Custodial Parent   <input type="checkbox"/> Guardian   <input type="checkbox"/> Noncustodial Parent   <input type="checkbox"/> Putative Father   <input type="checkbox"/> Child   <input type="checkbox"/> Other _____ (Complete Parts I – III of Section A and Sections B and C)</p> <p>This is the:   <input type="checkbox"/> Social services district (SSD) or Office of Children and Family Services (OCFS) Commissioner's Foster Care (FC) Referral (Complete Section A, Parts II – IV, and Section B only. If support is sought from more than one NCP, a copy of Part II or an LDSS-4882B must also be completed for the other NCP). Go to Part I.</p>

<b>Applicant/Recipient's Child Support History</b>	<input type="checkbox"/> I have never received Child Support Services for the child. <input type="checkbox"/> I have received Child Support Services, but my case was closed on: Month _____, Year _____, in the County of _____, State of _____. <input type="checkbox"/> I am in receipt of Child Support Services. My case is in the County of _____, State of _____, Case Identifier _____
--	--

<b>Applicant/Recipient's Temporary Assistance History</b>	Are you or were you ever in receipt of federal Title IV-A assistance, currently the Temporary Assistance for Needy Families (TANF) program and formerly the Aid to Families with Dependent Children (AFDC) program, in New York State or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Enter the date you were last on assistance. Month/Day/Year _____/_____/_____	Where did you receive assistance? County of _____, State of _____.
	Are you or were you ever in receipt of New York State's Safety Net Assistance (formerly the Home Relief Program)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Enter the date you were last on assistance. Month/Day/Year _____/_____/_____	Where did you receive assistance? County of _____

## Part I – Custodial Parent (CP) or Guardian Information

<b>CP or Guardian Name</b>	First	Middle	Last	Suffix
<b>Social Security Number (SSN)</b>	- - - - -	<b>Individual Taxpayer Identification Number (ITIN)</b>	- - - - -	<b>Date of Birth</b> Month/Day/Year ____/____/____
<b>Gender</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Race/Ethnic Affiliation (Optional)</b>	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic or Latina(o) <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Other	
<b>Primary Language</b>	What is the CP or guardian's primary language? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify) _____			

**Part I – Custodial Parent (CP) or Guardian Information (Cont'd)**

<b>Mail Received in Care of (If other than CP or Guardian)</b>	First	Middle	Last	Suffix		
<b>Mailing Address (Current or last known as of ___ / ___ / ___)</b>	No. Street	Floor/Apt./Suite	City	State	Zip	Country
<b>Residential Address (Current if different from Mailing)</b>	No. Street	Floor/Apt./Suite	City	State	Zip	Country
<b>Phone Numbers</b>	Home ( )	Cell ( )	Work ( )			
	Other ( )	Contact Preference <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		Best Time to Call <input type="checkbox"/> Daytime <input type="checkbox"/> Evening		
<b>Email Addresses</b>	Home		Work	Other		
<b>Emergency Contact</b>	First	Middle	Last	Suffix		
	No. Street	Floor/Apt./Suite	City			
	State	Zip	Phone Number ( )	Email Address		
<b>Marital Status of CP to Noncustodial Parent (NCP)/ Putative Father (PF)</b>	Was the CP ever married to the NCP/PF? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Marriage	____ / ____ / ____		
	Place of Marriage	City	State	Country		
	Is the CP now separated from the NCP/PF? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Separation	____ / ____ / ____		
	Is the CP legally separated from the NCP/PF? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Legal Separation	____ / ____ / ____		
	Is a divorce from the NCP pending? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of the Court			
	Is the CP legally divorced from the NCP/PF? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Divorce	____ / ____ / ____		
<b>Marital Status of CP to Someone Other than the NCP/PF</b>	Has the CP ever been married to someone other than the parent of the child named in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	If "Yes," provide the date(s) of marriage and name(s) of spouse below. From ____ / ____ / ____ to ____ / ____ / ____ Name of Spouse _____ From ____ / ____ / ____ to ____ / ____ / ____ Name of Spouse _____					
	CP's Maiden Name					
<b>CP Employer Information</b>	Employer Name					
	Employer Address	No. Street	Floor/Apt./Suite	City	State	Zip
<b>Health Care Coverage Information</b>	Does the CP's employer/organization offer or provide health insurance benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Is the CP enrolled? <input type="checkbox"/> Yes (specify): <input type="checkbox"/> Individual coverage <input type="checkbox"/> Family coverage <input type="checkbox"/> No <input type="checkbox"/> Unknown		
	Is the CP or guardian enrolled in public health care coverage for a child named in this Application/Referral form? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "Yes," indicate the type of public health care coverage: <input type="checkbox"/> Medicaid <input type="checkbox"/> Family Health Plus <input type="checkbox"/> Child Health Plus (CHPlus) <input type="checkbox"/> Other _____ CP or guardian's CHPlus monthly contribution: \$ _____		



**Part II – Noncustodial Parent (NCP)/Putative Father (PF) Information**

***If support for the child is sought from more than one NCP/PF at this time, an LDSS-4882B or a copy of this Part II must be completed for each additional NCP/PF. See Part III for information on how to obtain an LDSS-4882B.***

**Copy of Part II or LDSS-4882B for additional NCP(s)/PF(s) attached**

<b>NCP/PF Name</b>	First	Middle	Last	Suffix
	Alias or Other Known Name		Maiden Name	
<b>SSN</b>	- -	<b>ITIN</b>	- -	<b>Date of Birth</b> Month/Day/Year ____/____/____
<b>Gender</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Race/Ethnic Affiliation</b>	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic or Latina(o) <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Other	
<b>Primary Language</b>	What is the NCP/PF's primary language? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify) _____			
<b>Description of the NCP/PF</b>	Height __ ft. __ in.	Weight _____ lbs.	Eye Color	Hair Color
				<input type="checkbox"/> Marks Describe: <input type="checkbox"/> Scars <input type="checkbox"/> Tattoos
<b>NCP/PF Father's Full Name</b>	First	Middle	Last	Suffix
<b>NCP/PF Mother's Full Maiden Name</b>	First	Middle	Last	Suffix
<b>NCP/PF's Place of Birth</b>	City	State	Country	
<b>Date of Last Contact</b>	Month/Day/Year ____/____/____	<b>Relationship of NCP/PF to Applicant</b>	Note: This field is not applicable to FC cases.	
<b>Mail Received in Care of (If other than NCP/PF)</b>	First	Middle	Last	Suffix
<b>Mailing Address (Current or last known as of ____/____/____)</b>	No. Street	Floor/Apt./Suite	City	State   Zip   Country
<b>Residential Address (Current if different from Mailing)</b>	No. Street	Floor/Apt./Suite	City	State   Zip   Country
<b>Phone Numbers</b>	Home (   )	Cell (   )	Work (   )	
	Other (   )	<b>Contact Preference</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		<b>Best Time to Call</b> <input type="checkbox"/> Daytime <input type="checkbox"/> Evening
<b>Email Addresses</b>	Home	Work	Other	
<b>Emergency Contact</b>	First	Middle	Last	Suffix
	No. Street	Floor/Apt./Suite	City	
	State	Zip	Phone Number (   )	Email Address

**SAMPLE**

**Part II – Noncustodial Parent (NCP)/Putative Father (PF) Information (Cont'd)**

<b>Incarceration Status</b>	Is the NCP/PF incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Name of Facility			Inmate Number						
	Facility Address	City			State	Zip		Country				
<b>Marital Status of NCP/PF to Someone Other than the Custodial Parent (CP) or Other NCP for Foster Care (FC) case</b>	Was/is the NCP/PF married to someone other than the CP or Other NCP for a FC case? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If "Yes," answer the following "Marital Status of NCP/PF to Someone Other than the Custodial Parent (CP) or Other NCP for Foster Care (FC) case" questions. If "No" or "Unknown," go to "NCP/PF Employment Information" questions below.											
	Name of Spouse	First		Middle		Last		Suffix				
	Address	No.	Street		Floor/Apt./Suite		City	State	Zip	Country		
	Phone Number	( )				Email Address						
	Place of Marriage	City				State	Zip		Country			
	Is the NCP/PF now separated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					Date of Separation ____ / ____ / ____						
	Is the NCP/PF legally separated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					Date of Legal Separation ____ / ____ / ____						
	Is a divorce pending? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
	Is the NCP/PF now divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					Date of Divorce ____ / ____ / ____						
	Court Location	City				State	Zip		Country			
<b>NCP/PF Employment Information</b>	Is the NCP/PF employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Date Last Employed ____ / ____ / ____			Is the NCP/PF a member of a labor union/organization? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
	Name of Employer					Name of Labor Union/Organization						
	No.		Street		Floor/Apt./Suite		No.		Street		Floor/Apt./Suite	
	City			State	Zip		City		State	Zip		
	Country			Phone Number ( )			Country		Phone Number ( )			
	Job Title/Occupation						Job Title/Occupation					
<b>NCP/PF Health Insurance Information</b>	Does the NCP or PF's employer/organization offer or provide health insurance benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						Is the NCP or PF enrolled? <input type="checkbox"/> Yes (specify): <input type="checkbox"/> Individual coverage <input type="checkbox"/> Family coverage <input type="checkbox"/> No <input type="checkbox"/> Unknown					
	<b>Additional Information about the NCP/PF</b>											

**Part III – Child Information**

**If the Custodial Parent (CP), Guardian, or Other Noncustodial Parent (NCP) for foster care (FC) cases has more than one child with this NCP/Putative Father (PF), an LDSS-4882C form or a copy of this Part III must be completed for each additional child. Forms can be downloaded from [childsupport.ny.gov](http://childsupport.ny.gov), requested by calling the New York State Child Support Customer Service Helpline at 888-208-4485, or obtained by visiting the local Child Support Enforcement Unit.**

**CIN \_\_\_\_\_ WMS Line Number \_\_\_\_\_  Copy of Part III or LDSS-4882C for each additional child attached**

<b>Name of Child</b>	First	Middle	Last	Suffix	
<b>SSN</b>	- -	<b>ITIN</b>	- -	<b>Date of Birth</b> Month/Day/Year ____/____/____	
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unborn Due Date ____/____/____	<b>Name of Biological Parent</b>	Mother: First	Middle	Last
			Father: First	Middle	Last
<b>Relationship of the NCP/PF to the Child</b>	<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Putative Father				
<b>Parents' Marital Status</b>	Was the mother married to the father or stepfather of the child at the time of the child's birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If "Yes," go to the "Order of Support Information" questions below. If "No" or "Unknown," go to the "Paternity Establishment" questions below.				
<b>Please note that if paternity was not established for the child, a paternity affidavit must be completed.</b>					
<b>Paternity Establishment</b>	Was paternity established? <input type="checkbox"/> Yes – Go to the "Paternity Establishment" questions below. You <u>do not</u> need to complete the "State of Jurisdiction" questions below. <input type="checkbox"/> No – Go to the "State of Jurisdiction" questions below. <input type="checkbox"/> Unknown – Go to the "State of Jurisdiction" questions below.				
	How was paternity established?				
	<input type="checkbox"/> Established in Court on ____/____/____ Name of Court _____	In what county, state, and country was paternity established? County _____ State _____ Country _____			
<input type="checkbox"/> Acknowledgment of Paternity on ____/____/____					
<b>State of Jurisdiction</b>	Where was the child conceived?   State _____   Country _____				
	Did the PF provide prenatal expenses or support for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
	Did the PF reside with the child in New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
	Does the child reside in New York State as the result of acts or directives of the PF? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
<b>Order of Support Information</b>	Is there an order of support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If "Yes," what is the date of the order?   ____/____/____			Is health insurance ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	<b>Obligation Amount</b>	\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice per month <input type="checkbox"/> Other _____			
	<b>Court that Issued the Order</b>	<input type="checkbox"/> Family Court <input type="checkbox"/> Supreme Court <input type="checkbox"/> Other	County/State/Country _____ Court Docket or Index Number _____		
<b>Health Care Coverage Information</b>	Does the child have health care coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If "Yes," identify the type of coverage: <input type="checkbox"/> Private – Go to "Health Insurance Benefits" questions below. <input type="checkbox"/> Public – Go to "Public Health Care Coverage" questions below. <input type="checkbox"/> Unknown – Go to "Section B – Supporting Documentation" on page A-7.				
	Who provides the child's private health care coverage? <input type="checkbox"/> CP <input type="checkbox"/> Guardian <input type="checkbox"/> NCP/PF <input type="checkbox"/> Stepparent <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____				
	<b>Health Insurance Benefits</b>	Name of Health Insurance Carrier _____		Policy Number _____	Group Number _____
		No.   Street   Floor/Apt./Suite	City	State	Zip
<b>Public Health Care Coverage</b>	Indicate the type of public health care coverage: <input type="checkbox"/> Medicaid <input type="checkbox"/> Family Health Plus <input type="checkbox"/> CHPlus <input type="checkbox"/> Other _____ Parent's CHPlus monthly contribution: \$ _____				



**Part IV – Foster Care Information (Agency Use Only)**

<b>Foster Care Referral</b>	<i>The Commissioner or Designee must complete this section on behalf of the social services district (SSD) or the Office of Children and Family Services (OCFS) Commissioner for a child in Foster Care placement.</i>			
<b>Name of Child</b>	First	Middle	Last	Suffix
<b>Case Information</b>	Case Number	Case Status <input type="checkbox"/> Opening <input type="checkbox"/> Reopening <input type="checkbox"/> Changes or Updates		Date of Referral _____ / _____ / _____
<b>Category</b>	What is the claiming category? <input type="checkbox"/> IV-E Foster Care <input type="checkbox"/> Non-IV-E Foster Care			
<b>Type of Placement</b>	<input type="checkbox"/> Voluntary <input type="checkbox"/> Court Ordered	Placement Date _____ / _____ / _____	Cost of Care \$ _____ Per: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
<b>Name of Agency, Facility, Foster Boarding Home</b>	County	Agency Name	Type of Facility	
<b>Placement Address</b>	No. Street	Floor/Apt./Suite	City	State      Zip
<b>Subsidy Information</b>	Is an adoption subsidy received on behalf of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the subsidy include Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Subsidy Amount and When It Is Paid		\$ _____ Per: <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
<b>Case Manager</b>	Name		Phone Number (      )                      Ext.	
<b>Application for Child Support Services</b>	<input type="checkbox"/> I am applying for Child Support Services as the Commissioner or Designee and this is a Foster Care referral. Signature of Commissioner/Designee _____ Date _____			

SAMPLE

## Section B – Supporting Documentation

**You must provide copies of all available supporting documents to the Child Support Enforcement Unit (CSEU) for examination. CHECK (✓) the boxes indicating which documents you are providing. Copies of documents help the CSEU to establish paternity and establish, modify and/or enforce support. Supporting documentation also helps the court to make determinations regarding the incomes of the noncustodial parent (NCP) and the custodial parent (CP) and the amount of the basic child support obligation. Please do not send original documents in the mail.**

### Documents in Support of Establishing Paternity and Establishing, Modifying and/or Enforcing Support

- |   |  |  |   |   |
|---|--|--|---|---|
| <input type="checkbox"/> Birth Certificate of the Child   | <input type="checkbox"/> Order of Filiation  | <input type="checkbox"/> Marriage Certificate of the<br><input type="checkbox"/> CP and NCP/Putative Father (PF)<br><input type="checkbox"/> NCP/PF and other NCP for Foster Care (FC) cases   | <input type="checkbox"/> Separation Agreement between the<br><input type="checkbox"/> CP and NCP/PF<br><input type="checkbox"/> NCP/PF and other NCP for FC cases | <input type="checkbox"/> Divorce Decree for<br><input type="checkbox"/> CP and NCP/PF<br><input type="checkbox"/> NCP/PF and other NCP for FC cases             |
| <input type="checkbox"/> Paternity Acknowledgment   | <input type="checkbox"/> Affidavit Alleging Paternity  | <input type="checkbox"/> Order of Support  | <input type="checkbox"/> Most recently filed Federal Tax Returns and all Schedules of<br><input type="checkbox"/> CP <input type="checkbox"/> NCP/PF              | <input type="checkbox"/> W-2s of<br><input type="checkbox"/> CP<br><input type="checkbox"/> NCP/PF  |
| <input type="checkbox"/> Adoption Subsidy Agreement   | <input type="checkbox"/> Pay Stubs of<br><input type="checkbox"/> CP<br><input type="checkbox"/> NCP/PF                                    | <input type="checkbox"/> Benefits Notice or Letter regarding<br><input type="checkbox"/> Temporary Assistance for Needy Families (TANF) or<br><input type="checkbox"/> Unemployment Benefits for<br><input type="checkbox"/> CP<br><input type="checkbox"/> NCP/PF | <input type="checkbox"/> Award Letter regarding Social Security Disability for<br><input type="checkbox"/> CP<br><input type="checkbox"/> NCP/PF                  | <input type="checkbox"/> Social Security Card or<br><input type="checkbox"/> IRS letter for Individual Taxpayer Identification Number (ITIN) for CP or Guardian |
| <input type="checkbox"/> Adoption Placement Agreement   | <input type="checkbox"/> Social Security Card or<br><input type="checkbox"/> IRS letter for ITIN for NCP/PF                                | <input type="checkbox"/> Award Letter regarding Supplemental Security Income (SSI) for<br><input type="checkbox"/> CP<br><input type="checkbox"/> NCP/PF   | <input type="checkbox"/> Award Letter regarding Social Security Retirement Income for<br><input type="checkbox"/> CP<br><input type="checkbox"/> NCP/PF           | <input type="checkbox"/> Military Service (DD-214) of NCP/PF  |
| <input type="checkbox"/> Social Security Card or<br><input type="checkbox"/> IRS letter for ITIN for NCP/PF           | <input type="checkbox"/> Information Regarding NCP/PF's Arrests Not Resulting in Incarceration   | <input type="checkbox"/> Information Regarding NCP/PF's Probation or Parole  | <input type="checkbox"/> Information Regarding NCP/PF's Driver License  | <input type="checkbox"/> Social Security Card or<br><input type="checkbox"/> IRS letter for ITIN for Child  |
| <input type="checkbox"/> Attestation to Lack of Information (LDSS-4281)   | <input type="checkbox"/> Proof of Child Care Expenses for the Child  | <input type="checkbox"/> Proof of Educational Expenses for the Child   | <input type="checkbox"/> Proof of Unreimbursed Health Care Expenses for the Child   | <input type="checkbox"/> Order of Protection  |
| <input type="checkbox"/> Information Regarding NCP/PF's Professional, Business, Occupational or Recreational Licenses | <input type="checkbox"/> Health Insurance Benefit Cards<br><input type="checkbox"/> Summary Plan Descriptions of Health Insurance Benefits |  |   |   |

SAMPLE

## Section C – Application/Affirmation for Child Support Services

The Child Support Enforcement Unit (CSEU) will provide paternity establishment, support establishment, modification, review and adjustment, support collection and disbursement, and enforcement services, as appropriate.

Check and sign **Box 1** if you are applying for child support services and you are **not** applying for or in receipt of Temporary Assistance or Medicaid. For Safety Net Assistance referrals, the Commissioner or Designee of the social services district as the applicant for child support services must sign and print his or her name and enter the date under Box 1.

Check and sign **Box 2** if you are applying for or in receipt of Temporary Assistance or Medicaid.

**Box 1**

**I am applying for Child Support Services pursuant to New York State Social Services Law, Section 111-g.**

I hereby apply for child support enforcement services pursuant to New York State's Social Services Law Section 111-g and under Title IV-D of the federal Social Security Act. I hereby subscribe and affirm under penalty of perjury that the information I have provided in the application and any accompanying documents has been examined by me and to the best of my knowledge and belief is true and correct. I agree to tell the Child Support Enforcement Unit immediately of any new or changed information that relates to the information I have provided in this form.

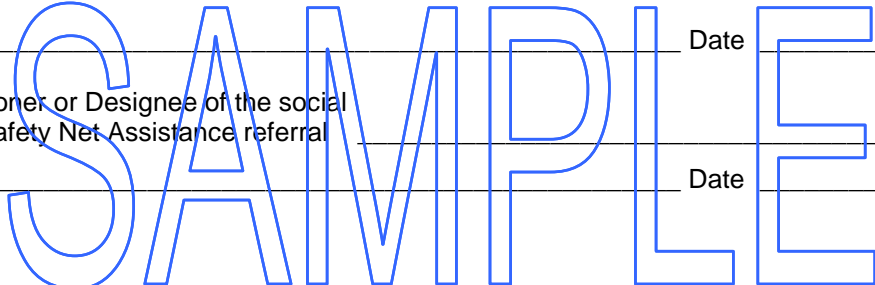
Check this box if you wish to request legal services. A *Right to Recovery Agreement for Legal Services* (LDSS-4920) will be provided to you for completion.

Signature of applicant for Child Support Services \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Commissioner or Designee of the social services district for a Safety Net Assistance referral \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_



**Box 2**

**I am applying for or receiving Temporary Assistance or Medicaid.**

I hereby subscribe and affirm under penalty of perjury that the information I have provided in the referral and any accompanying documents has been examined by me and to the best of my knowledge and belief is true and correct. I agree to tell the Child Support Enforcement Unit immediately of any new or changed information that relates to the information I have provided in this form.

Signature of applicant/recipient for Temporary Assistance or Medicaid \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

### Agency Use Only

Child Support Enforcement Unit/Support Collection Unit Representative (Print name)	Date ____ / ____ / ____
--	----------------------------

New York Case Identifier	Worker Code
--------------------------	-------------

SSD Referral Case Number \_\_\_\_\_ Worker Name \_\_\_\_\_

Worker Location \_\_\_\_\_ Worker Phone Number \_\_\_\_\_

TANF/MA  MA-Only  Safety Net  Child Support Services Application (Non-TA)

Opening  Reopening  Changes or Updates Date of Application/Referral \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## GENERAL INFORMATION

If you need language assistance, please visit the local Child Support Enforcement Unit so that language translation and/or interpretation services can be provided.

### INFORMATION ABOUT CHILD SUPPORT SERVICES

This document provides individuals interested in child support services with important information about the program (**Sections 1-6**) and includes a detachable application/referral for child support services. **Section 1** identifies who is eligible to receive child support services, explains the assignment of support rights and cooperation, and provides a summary of child support services and the basic child support obligation. **Section 2** discusses rights and responsibilities resulting from paternity establishment and right to notice of legal proceedings. **Section 3** provides the State's child support policies. **Section 4** discusses legal services and cost recovery. **Section 5** discusses the annual service fee and **Section 6** provides payment and contact information.

This information must be provided to all applicants for child support services and to applicants and recipients of Temporary Assistance for Needy Families (TANF), Medicaid and Title IV-E Foster Care who are referred to the Child Support Enforcement Unit. If the child is in foster care, the applicant or recipient is the Commissioner or Designee of the social services district or the Commissioner or Designee of the Office of Children and Family Services.

### SECTION 1 – ELIGIBILITY, ASSIGNMENT, AND AVAILABLE SERVICES

#### ELIGIBILITY FOR CHILD SUPPORT SERVICES

Any parent or nonparent caregiver acting as guardian of at least one child under the age of 21 is eligible to apply for child support services. Such person is considered the custodial parent in the child support case. If you are applying for, or receiving, Temporary Assistance (officially termed “Family Assistance” or “Safety Net Assistance”) for the child, child support services may be provided to you based on your application for this program. Child support services may also be provided if you are applying for Medicaid for yourself and the child and you complete an application/referral for child support services. Child support services will continue after you stop receiving Temporary Assistance or Medicaid unless you request your child support case be closed. Child support services are also provided for a child placed in foster care and may continue after the foster care placement ends. If the child returns to you after being discharged from foster care, child support services will continue unless you request otherwise. A child under the age of 21 or a noncustodial parent or putative (alleged) father may also apply or be eligible for child support services.

#### ASSIGNMENT AND COOPERATION WITH CHILD SUPPORT

If you are an applicant/recipient of Temporary Assistance for the child, or Medicaid for yourself and the child, or your child is in Title IV-E Foster Care, you are required to assign to the social services district rights you have to support on your own behalf and any rights to support on behalf of any family member for whom you are applying for, or receiving assistance. For Medicaid applicants/recipients, this assignment is limited to medical support only. When applying for, or receiving Temporary Assistance, your assignment of support rights is limited to support that accrues during the period that you or the family member receives assistance. You are required to assign these support rights and, unless you claim good cause or domestic violence for not doing so, cooperate with the Child Support Enforcement Unit to:

- Locate noncustodial parents and putative fathers, including biological parents or stepparents;
- Establish paternity for each child born out-of-wedlock for whom you are applying for, or receiving Temporary Assistance, Medicaid, or Title IV-E Foster Care;
- Establish, modify, or adjust orders of support; and
- Collect and enforce orders of support through the Support Collection Unit.

If you are receiving Temporary Assistance for the child or Medicaid for yourself and the child, you will be sanctioned for failing to cooperate absent a determination of good cause or domestic violence, if applicable.

#### CHILD SUPPORT SERVICES PROVIDED

The following services are provided by the Child Support Enforcement Unit as appropriate, with your cooperation:

- Establishment of a case record.

- Location of the noncustodial parent or putative father, including obtaining information about addresses, employment, other sources of income and assets, and health care coverage.
- Assistance to establish paternity (legal fatherhood) for a child born to unmarried parents by voluntary acknowledgment of paternity or by filing a petition with the court.
- Assistance with filing court petitions to establish and modify an order of support according to the New York State child support guidelines, including obtaining health insurance benefits, if available, from either parent.
- Assistance in making an order of support payable to the Support Collection Unit.
- Collection and distribution of support payments. This may include collection and distribution of child support; child and spousal support; educational expenses; child care expenses; and cash medical support, if any of these are included in the order of support made payable through the Support Collection Unit.
- Enforcement of support obligations using all available administrative remedies including, but not limited to: income withholding from employment, benefits, or other income; interception of federal and New York State tax refunds; seizure of assets; credit reporting of support debt; suspension of the noncustodial parent’s New York State driving privileges; and referral to the New York State Department of Taxation and Finance for collection. Court ordered health insurance benefits are also enforced by the Child Support Enforcement Unit.
- Filing and prosecuting violation petitions to enforce an order of support through court when administrative remedies are unsuccessful.
- Legal services (optional to the applicant) upon signing a *Right to Recovery Agreement for Legal Services* (LDSS-4920) for court proceedings. Costs will be recovered for legal services.
- Child support services listed above where parents live in other counties, states, or countries.
- Continuation of child support services listed above when a family is no longer eligible for Temporary Assistance, Medicaid, or foster care.
- New York State Child Support Website: [childsupport.ny.gov](http://childsupport.ny.gov)
- New York State Child Support Customer Service Helpline at **888-208-4485**.

**INFORMATION ABOUT BASIC CHILD SUPPORT OBLIGATIONS**

The Child Support Enforcement Unit can help you establish or modify a child support order based on New York State’s child support guidelines. The basic child support obligation (BCSO) includes a percentage-based obligation, a provision for health insurance coverage and/or cash medical support, child care expenses, and educational expenses for the child, if determined by the court (refer to Family Court Act Section 413).

**Percentage-Based Obligation:** The base calculation paid by the noncustodial parent is determined using a fixed percentage of combined parental income, based on the number of children involved.

1 child.....	17%	Example:
2 children.....	25%	The noncustodial parent’s pro rata share of income available
3 children.....	29%	for support is \$25,000. For one child, application of the guidelines
4 children.....	31%	percentage yields an annual percentage-based obligation of \$4,250
5 or more.....	at least 35%	(i.e., 17% of \$25,000).

The percentage guideline is applied to combined parental income up to \$136,000 (minus Medicare, Social Security, New York City or Yonkers tax, certain unreimbursed employee business expenses, certain alimony or maintenance paid or to be paid, and certain child support actually paid). “Income” means such income as reported on the federal income tax return and, to the extent not reported on the tax return, workers’ compensation benefits, disability payments, unemployment benefits, social security benefits, veteran’s benefits, pensions and other forms of income. Above \$136,000 (which will increase in 2014 and every two years thereafter with changes in the Consumer Price Index for All Urban Consumers) the court determines whether or not to use the percentage guidelines. The court may deviate from the percentage-based obligation based on the factors set forth in Family Court Act Section 413(1)(f).

**Low Income Obligation:** When the noncustodial parent’s income is determined by the court to be at or below the federal poverty level for a single person, the presumptive support amount is \$25 per month. When income is at or below the self-support reserve (135% of the federal poverty level), but above the federal poverty level, the presumptive support amount is \$50 per month.



**Additional Elements of Support:** The court must determine the parties' obligation to provide health insurance benefits, pay cash medical support toward the cost of health insurance or public coverage, and pay for other health care expenses not covered by insurance. Health care coverage may be provided through a public entity or by a parent through an employer or organization, or through other available health insurance or health care coverage plans. The BCSO must also be increased to cover reasonable child care expenses if the custodial parent is working, in school, or in a vocational training program. If the custodial parent is looking for work and incurs child care expenses, the court may determine the noncustodial parent's share of these expenses. In addition, the court may increase the BCSO to cover the reasonable educational expenses of the child.

**Foster Care and Child Support Obligations:** In foster care cases, both parents are noncustodial parents with an obligation to pay support based on the child support guidelines. However, where the amount of support determined under the guidelines exceeds the costs of foster care, the Child Support Enforcement Unit may argue to the court that the amount of support is unjust or inappropriate and that the amount of support ordered to be paid should not exceed the actual costs of foster care plus any costs attributable to the costs of medical assistance paid on behalf of the child.

**Modification of Orders:** The Child Support Enforcement Unit can assist you in filing a petition to modify your order of support, if needed. Either party has the right to seek a modification of the order of support based upon a showing of a substantial change in circumstances. If the order was effective on or after October 13, 2010, incarceration shall not be a bar to finding a substantial change in circumstances provided such incarceration is not the result of non-payment of a child support order, or an offense against the custodial parent or child who is the subject of the order or judgment. Additionally, under certain conditions pursuant to Family Court Act Section 451(2)(b), an order of support can be modified based upon: (1) the passage of three years since the order was entered, last modified or adjusted; or (2) a change in either party's gross income by fifteen percent or more since the order was entered, last modified or adjusted. Bases (1) and (2) for seeking a modification of the order of support do not apply if the:

- Original order of support was entered prior to October 13, 2010; or
- Parties entered into a validly executed agreement or stipulation prior to October 13, 2010 which was incorporated into the original order of support; or
- Parties have specifically opted out of the bases provided in (1) and/or (2) in a validly executed agreement or stipulation entered into on or after October 13, 2010.

**Cost of Living Adjustment:** Every two years the Child Support Enforcement Unit will review the account to determine whether the account is eligible for a cost of living adjustment (COLA). An order of support is eligible for a COLA if: (1) it has been at least two years since the order was issued or modified by the court, or last received a COLA; and (2) the sum of the annual average changes in the Consumer Price Index for All Urban Consumers is 10% or greater since the entry of the last order. The COLA adjustments are made without going to court. In non-Temporary Assistance cases, a notice is sent to both parties when an account is eligible for a COLA, and either parent may request the adjustment. For cases where the custodial parent or child is on Temporary Assistance, the COLA is automatically made when the account becomes eligible — without either parent requesting the adjustment.

### **UNDERSTANDING THE CHILD SUPPORT SERVICES PROVIDED**

The Child Support Enforcement Unit will provide all child support services considered proper for your case as defined under federal and New York State law and rules. With your assistance and cooperation, services may be provided to you for as long as child support payments are due and owing. However, if the recipient of services is not receiving Temporary Assistance or Medicaid, the child support case may be closed for a number of reasons including:

- Paternity cannot be established;
- The noncustodial parent/putative father cannot be located after diligent effort or is incarcerated with no chance of parole, institutionalized, or permanently disabled with no ability to pay support;
- The recipient of services fails to cooperate or provide information that is essential to the next step in providing services;
- The recipient of services makes a written request to close the case; or
- The Child Support Enforcement Unit is unable to contact the recipient of services by telephone or mail.

In order for the Child Support Enforcement Unit to continue to provide you with effective service, you must contact the Child Support Enforcement Unit to report any change in your address or telephone number, or to report any new information on the other parent of the child for whom you are seeking child support.

## **SECTION 2 – RIGHTS AND CONSEQUENCES RESULTING FROM PATERNITY ESTABLISHMENT AND RIGHT TO NOTICE OF LEGAL PROCEEDINGS**

### **RIGHTS AND CONSEQUENCES OF ESTABLISHING PATERNITY**

Paternity is established when parents sign a voluntary Acknowledgment of Paternity or when the court determines the father of the child and issues an “order of filiation.”

- Under New York State law, the noncustodial parent will be chargeable by the court to pay support until the child is 21 years of age.
- The child gains rights to inheritance from his or her parents. Parents also may have rights of inheritance from their child.
- The child may be entitled to receive death or disability benefits if either parent dies or becomes permanently disabled.
- The noncustodial parent has the right to ask the court for visitation with and/or custody of the child.
- The noncustodial parent will also generally have the right to notice to adoption and foster care proceedings.

### **RIGHTS TO INFORMATION REGARDING LEGAL PROCEEDINGS**

You have the right to be kept informed of the time, date, and place of any court proceedings involving you. You will be provided with a copy of any order establishing, modifying, adjusting, or enforcing an order of support, or any order dismissing the petition.

## **SECTION 3 – CHILD SUPPORT POLICIES**

### **SAFETY CONCERNS**

If you have concerns that seeking to establish or enforce an order of support will create a risk of harm to yourself or the child, contact the Child Support Enforcement Unit to discuss these concerns. The Child Support Enforcement Unit can assist you in preventing your address or other personal identifying information from appearing on court documents or other documents pertaining to your child support case.

The Child Support Enforcement Unit shall prohibit disclosure of location information if requested by any person, where that person provides evidence that:

- The person resides in a domestic violence shelter;
- An order of protection has been entered;
- A court has determined that contact with the noncustodial parent creates a risk of physical or emotional harm to a child or custodial parent;
- A good cause determination has been made by the Temporary Assistance or Medicaid worker; or
- A domestic violence liaison has determined that there is reason to believe that disclosure of location information may result in physical or emotional harm to the custodial parent or child.

If your case is to be referred to the Child Support Enforcement Unit as a requirement for receipt of Temporary Assistance for the child and you fear that you or the child will be at risk of family or domestic violence if paternity or an order of support is established or enforced, you will be referred first to a domestic violence liaison by the Temporary Assistance worker. The domestic violence liaison may grant you a full or partial waiver from the requirement to cooperate with the Child Support Enforcement Unit. If you are applying for Medicaid for yourself and the child, you may claim good cause from cooperating with the Child Support Enforcement Unit to the Medicaid worker if:

- Cooperation is expected to result in physical or emotional harm of a serious nature to the child for whom support is sought;
- Cooperation is expected to result in physical or emotional harm of a serious nature to the parent, caretaker relative, or grantee sufficient to impair the caretaker’s ability to care for the child adequately;
- The child was conceived as a result of incest or forcible rape; or
- Adoption of the child is pending before a court, or the caretaker is receiving pre-adoption counseling services (for up to three months after the child’s birth).

In foster care cases, the foster care worker will determine the appropriateness of making a referral to the Child Support Enforcement Unit. The referral is legally prohibited under specific circumstances, including situations where the health, safety or welfare of the child or other children in the home will be adversely affected.

### **SAFEGUARDING AND CONFIDENTIALITY OF PERSONAL INFORMATION**

The Child Support Enforcement Unit is required to safeguard the privacy, integrity, access to, and use of your personal information. This includes data obtained for a child support case that is kept in the child support program's computer system. Any information given by you can be released only to authorized persons for those reasons authorized by law.

**Use of Social Security Numbers:** Disclosure of the Social Security numbers of the custodial parent, noncustodial parent, putative father, and child are required by federal law (42 USC 666). The Child Support Enforcement Unit will use Social Security numbers only for the purpose of locating parents, establishing paternity, and/or establishing, modifying, and enforcing an order of support; for the administration of certain public benefit programs; or as otherwise permitted by law. In addition, these Social Security numbers will be subject to verification through the Social Security Administration.

### **DISTRIBUTION POLICY**

Support payments are distributed according to federal and New York State distribution rules. The distribution of support payments is based on the payment receipt date and as follows:

- **If the custodial parent is receiving Temporary Assistance**, child support collections received will be paid to the State and to the social services district for reimbursement of up to the total amount of Temporary Assistance that has been paid to the custodial parent. The custodial parent will be paid a child support "pass-through" from the current support collected each month in addition to the Temporary Assistance. The pass-through is an amount up to \$100 per month of current support collected or up to the current support obligation amount, whichever is less, for any household with one individual under the age of 21 active on the Temporary Assistance case. The pass-through paid to the family increases to up to \$200 per month of current support collected or up to the current support obligation amount, whichever is less, for Temporary Assistance families with two or more individuals under the age of 21 active on the Temporary Assistance case. The custodial parent will be paid any support collected after the total Temporary Assistance paid to the custodial parent has been reimbursed.
- **If the custodial parent formerly received Temporary Assistance**, child support collections received will first be used to pay current support to the custodial parent followed by payments for support arrears/past due support owed to the custodial parent and then to support arrears/past due support due to the social services district for reimbursement of past assistance granted. However, collections received from federal tax refund offset will first be paid to satisfy any support arrears/past due support due the social services district for reimbursement of past assistance granted and then to support arrears/past due support owed to the custodial parent. The custodial parent will be paid any support collected after the total Temporary Assistance paid to the custodial parent has been reimbursed.
- **If the custodial parent has never received Temporary Assistance**, the custodial parent will receive all support that is collected and due, with the exception of the annual service fee and the recovery of costs for legal services, if applicable.
- **If the custodial parent is in receipt of Medicaid**, medical support payments will be paid to the State and to the social services district for reimbursement of up to the total amount of Medicaid that has been paid to a provider.
- **If the child is in receipt of foster care**, support collected will be paid to the social services district. Any support collected exceeding the foster care maintenance payments will be paid to the social services district supervising the child's placement and foster care to use in the manner it determines will serve the child's best interests.

## **SECTION 4 – LEGAL SERVICES AND COST RECOVERY**

### **LEGAL SERVICES**

If your child does not receive Temporary Assistance or Medicaid, or your child is not in foster care, you may request legal services to establish paternity or to establish, modify, or enforce a child support order. Please note that the services of an attorney are not necessarily required to proceed with a child support case. However, if you request legal services, you will be advised by the Child Support Enforcement Unit of the cost of such services. The attorney assigned to your case is the legal representative of the Commissioner of the social services district and does not



represent you personally. The attorney's representation in this matter is limited to the establishment of paternity and the establishment, modification, adjustment, and enforcement of support obligations. Matters of custody, visitation, or other issues not related to child support will not be handled by the attorney of the social services district. Any information, written or oral, which you provide to the social services district's attorney or staff may not remain confidential, including information indicating welfare fraud that must be reported to appropriate officials.

If you have any questions concerning legal services, speak to a child support worker. If you wish to have your own legal representation, contact a legal services or legal aid organization for assistance or obtain the services of a private attorney of your own choosing at your own expense.

### **COST RECOVERY FOR LEGAL SERVICES**

Costs will be recovered by the Child Support Enforcement Unit for legal services that are provided upon completion of the *Right to Recovery Agreement for Legal Services* (LDSS-4920).

The Child Support Enforcement Unit will recover the cost at the rate of 25% of your current support obligation from support collected, or if you are the noncustodial parent, the cost will be recovered at the rate of 25% of the current support obligation or payment you are required to make, and will be added to the support obligation that you pay until the cost is reimbursed. Each payment received by the Support Collection Unit will be credited to the account based on the distribution hierarchy described in Section 3 under *Distribution Policy*. This means that all support arrears/past due support will be paid in full before costs for legal services are settled.

### **SECTION 5 – ANNUAL SERVICE FEE**

If the custodial parent is receiving child support services and has never received assistance through the TANF program (formerly Aid to Families with Dependent Children [AFDC]), in New York State or any other state and child support is being paid to the family, an annual service fee of \$25 will be imposed if more than \$500 of support is collected during the federal fiscal year (October 1 – September 30). When \$500 of support has been collected, the Support Collection Unit will automatically withhold the next \$25 received during the federal fiscal year to pay the fee. If the custodial parent has accounts with more than one noncustodial parent and both noncustodial parents have paid in excess of \$500, separate \$25 fees will be imposed for each account. Applicants/recipients do not have to pay the \$25 fee for child support services received in regard to Medicaid or Safety Net Assistance, or for services provided for children placed in foster care, where child support is not paid to the family.

### **SECTION 6 – PAYMENT AND CONTACT INFORMATION**

#### **PAYMENT OPTIONS**

Noncustodial parents primarily make child support payments through income withholding. However, noncustodial parents can make payments directly to the New York State Child Support Processing Center under certain circumstances (e.g., support order is newly established and income withholding has not yet taken effect, or the noncustodial parent is self-employed or does not have an employer). Payments can be made with cashier's checks, certified checks, and money orders. In addition, payments can be made through electronic funds transfer and by credit card. The Processing Center does not accept cash payments. Visit the New York State child support website at [childsupport.ny.gov](http://childsupport.ny.gov) or call the New York State Child Support Customer Service Helpline at 888-208-4485 (TTY: 866-875-9975) for further information on these payment methods. **All payments must include the New York Case Identifier and be made payable to and sent to the: New York State Child Support Processing Center, PO Box 15363, Albany NY 12212-5363.**

#### **CUSTOMER SERVICE/ACCOUNT INFORMATION**

You may obtain answers to general child support related questions or your account information by calling the **New York State Child Support Customer Service Helpline at 888-208-4485** (TTY: 866-875-9975 – **Relay Service** <http://www.fcc.gov/encyclopedia/trs-providers>) or online at [childsupport.ny.gov](http://childsupport.ny.gov). A personal identification number (PIN) is needed for the website and the New York State Child Support Customer Service Helpline. You can request a PIN by contacting the New York State Child Support Customer Service Helpline.

**RETAIN PAGE 1 THROUGH PAGE 6 FOR YOUR RECORDS.**

Information for an Additional Noncustodial Parent (NCP)/Putative Father (PF)						Page ___ of ___
<b><i>If support for the child is sought from more than one NCP/PF at this time, an LDSS-4882B or a copy of Part II of the LDSS-4882 must be completed for each additional NCP/PF.</i></b>						
<b>NCP/PF Name</b>	First		Middle		Last	Suffix
	Alias or Other Known Name				Maiden Name	
<b>SSN</b>	- -		<b>ITIN</b>	- -		<b>Date of Birth</b> Month/Day/Year ____/____/____
<b>Gender</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Race/Ethnic Affiliation</b>	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic or Latina(o) <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Other			
<b>Primary Language</b>	What is the NCP/PF's primary language? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify) _____					
<b>Description of the NCP/PF</b>	Height __ ft. __ in.	Weight _____ lbs.	Eye Color	Hair Color	<input type="checkbox"/> Marks <input type="checkbox"/> Scars <input type="checkbox"/> Tattoos Describe:	
<b>NCP/PF Father's Full Name</b>	First		Middle		Last	Suffix
<b>NCP/PF Mother's Full Maiden Name</b>	First		Middle		Last	Suffix
<b>NCP/PF's Place of Birth</b>	City		State		Country	
<b>Date of Last Contact</b>	Month/Day/Year ____/____/____		<b>Relationship of NCP/PF to Applicant</b>	Note: This field is not applicable to FC cases.		
<b>Mail Received in Care of (If other than NCP/PF)</b>	First		Middle		Last	Suffix
<b>Mailing Address (Current or last known as of ____/____/____)</b>	No.	Street	Floor/Apt./Suite	City	State	Zip    Country
<b>Residential Address (Current if different from Mailing)</b>	No.	Street	Floor/Apt./Suite	City	State	Zip    Country
<b>Phone Numbers</b>	Home (    )		Cell (    )		Work (    )	
	Other (    )		Contact Preference <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		Best Time to Call <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	
<b>Email Addresses</b>	Home		Work		Other	
<b>Emergency Contact</b>	First		Middle		Last	Suffix
	No. Street		Floor/Apt./Suite		City	
	State	Zip	Phone Number (    )		Email Address	

SAMPLE

Information for an Additional Noncustodial Parent (NCP)/Putative Father (PF) (Cont'd)														
<b>Incarceration Status</b>	Is the NCP/PF incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Name of Facility			Inmate Number							
	Facility Address	City			State	Zip		Country						
<b>Marital Status of NCP/PF to Someone Other than the Custodial Parent (CP) or Other NCP For Foster Care (FC) case</b>	Was/is the NCP/PF married to someone other than the CP or Other NCP for a FC case? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If "Yes," answer the following "Marital Status of NCP/PF to Someone Other than the Custodial Parent (CP) or Other NCP for Foster Care (FC) case" questions. If "No" or "Unknown," go to "NCP/PF Employment Information" questions below.													
	Name of Spouse	First		Middle		Last		Suffix						
	Address	No.	Street		Floor/Apt./Suite		City		State	Zip	Country			
	Phone Number	( )				Email Address								
	Place of Marriage	City				State	Zip		Country					
	Is the NCP/PF now separated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					Date of Separation ____ / ____ / ____								
	Is the NCP/PF legally separated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					Date of Legal Separation ____ / ____ / ____								
	Is a divorce pending? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown													
	Is the NCP/PF now divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					Date of Divorce ____ / ____ / ____								
	Court Location	City				State	Zip		Country					
<b>NCP/PF Employment Information</b>	Is the NCP/PF employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Date Last Employed ____ / ____ / ____			Is the NCP/PF a member of a labor union/organization? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
	Name of Employer					Name of Labor Union/Organization								
	No.			Street		Floor/Apt./Suite		No.			Street		Floor/Apt./Suite	
	City			State	Zip		City			State	Zip			
	Country			Phone Number ( )			Country			Phone Number ( )				
	Job Title/Occupation					Job Title/Occupation								
<b>NCP/PF Health Insurance Information</b>	Does the NCP or PF's employer/organization offer or provide health insurance benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					Is the NCP or PF enrolled? <input type="checkbox"/> Yes (specify): <input type="checkbox"/> Individual coverage <input type="checkbox"/> Family coverage <input type="checkbox"/> No <input type="checkbox"/> Unknown								
	<b>Additional Information about the NCP/PF</b>													

**Information for an Additional Child**

Page      of     

**If the Custodial Parent (CP), Guardian, or Other Noncustodial Parent (NCP) for foster care (FC) cases has more than one child with this NCP/Putative Father (PF), an LDSS-4882C form or a copy of Part III of the LDSS-4882 must be completed for each additional child.**

**CIN** \_\_\_\_\_ **WMS Line Number** \_\_\_\_\_

<b>Name of Child</b>	First	Middle	Last	Suffix	
<b>SSN</b>	- -	<b>ITIN</b>	- -	<b>Date of Birth</b> Month/Day/Year ___/___/___	
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unborn Due Date ___/___/___	<b>Name of Biological Parent</b>	Mother: First	Middle	Last
			Father: First	Middle	Last
<b>Relationship of the NCP/PF to the Child</b>	<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Putative Father				
<b>Parents' Marital Status</b>	Was the mother married to the father or stepfather of the child at the time of the child's birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If "Yes," go to the "Order of Support Information" questions below. If "No" or "Unknown," go to the "Paternity Establishment" questions below.				
<b>Please note that if paternity was not established for the child, a paternity affidavit must be completed.</b>					
<b>Paternity Establishment</b>	Was paternity established? <input type="checkbox"/> Yes – Go to the "Paternity Establishment" questions below. You <u>do not</u> need to complete the "State of Jurisdiction" questions below. <input type="checkbox"/> No – Go to the "State of Jurisdiction" questions below. <input type="checkbox"/> Unknown – Go to the "State of Jurisdiction" questions below.				
	How was paternity established? <input type="checkbox"/> Established in Court on ___/___/___ Name of Court _____ <input type="checkbox"/> Acknowledgment of Paternity on ___/___/___		In what county, state, and country was paternity established? County _____ State _____ Country _____		
	Where was the child conceived?   State _____ Country _____				
<b>State of Jurisdiction</b>	Did the PF provide prenatal expenses or support for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
	Did the PF reside with the child in New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
	Does the child reside in New York State as the result of acts or directives of the PF? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
<b>Order of Support Information (Complete only if different for this child)</b>	Is there an order of support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If "Yes," what is the date of the order?   ___/___/___		Is health insurance ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
	Obligation Amount	\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice per month <input type="checkbox"/> Other _____			
	Court that Issued the Order	<input type="checkbox"/> Family Court <input type="checkbox"/> Supreme Court <input type="checkbox"/> Other	County/State/Country	Court Docket or Index Number	
<b>Health Care Coverage Information (Complete only if different for this child)</b>	Does the child have health care coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If "Yes," identify the type of coverage: <input type="checkbox"/> Private – Go to "Health Insurance Benefits" questions below. <input type="checkbox"/> Public – Go to "Public Health Care Coverage" questions below. <input type="checkbox"/> Unknown – Go to "Section B – Supporting Documentation" on page A-7.				
	Health Insurance Benefits	Who provides the child's private health care coverage? <input type="checkbox"/> CP <input type="checkbox"/> Guardian <input type="checkbox"/> NCP/PF <input type="checkbox"/> Stepparent <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____			
		Name of Health Insurance Carrier		Policy Number	Group Number
		No. Street	Floor/Apt./Suite	City	State   Zip
Public Health Care Coverage	Indicate the type of public health care coverage: <input type="checkbox"/> Medicaid <input type="checkbox"/> Family Health Plus <input type="checkbox"/> CHPlus <input type="checkbox"/> Other _____ Parent's CHPlus monthly contribution: \$ _____				

Part IV – Foster Care Information (Agency Use Only)				
<b>Foster Care Referral</b>	<i>The Commissioner or Designee must complete this section on behalf of the social services district (SSD) or the Office of Children and Family Services (OCFS) Commissioner for a child in Foster Care placement.</i>			
<b>Name of Child</b>	First	Middle	Last	Suffix
<b>Case Information</b>	Case Number	Case Status <input type="checkbox"/> Opening <input type="checkbox"/> Reopening <input type="checkbox"/> Changes or Updates		Date of Referral _____ / _____ / _____
<b>Category</b>	What is the claiming category? <input type="checkbox"/> IV-E Foster Care <input type="checkbox"/> Non-IV-E Foster Care			
<b>Type of Placement</b>	<input type="checkbox"/> Voluntary <input type="checkbox"/> Court Ordered	Placement Date _____ / _____ / _____	Cost of Care \$ _____ Per: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
<b>Name of Agency, Facility, Foster Boarding Home</b>	County	Agency Name	Type of Facility	
<b>Placement Address</b>	No. Street	Floor/Apt./Suite	City	State      Zip
<b>Subsidy Information</b>	Is an adoption subsidy received on behalf of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the subsidy include Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Subsidy Amount and When It Is Paid		\$ _____ Per: <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
<b>Case Manager</b>	Name	Phone Number (      )                      Ext.		
<b>Application for Child Support Services</b>	<input type="checkbox"/> I am applying for Child Support Services as the Commissioner or Designee and this is a Foster Care referral. Signature of Commissioner/Designee _____ Date _____			

SAMPLE

## Absent Parent Questionnaire

### IMPORTANT MESSAGE

Your cooperation is essential in locating the absent parent. We may also need you to participate in the court process of establishing paternity, if necessary, and obtaining a court order for the support of your child(ren).

Under current law, Family Assistance/Safety Net families are entitled to receive up to the first \$100.00 of support money paid in the current month as a bonus. This means that you can receive a Cash Assistance grant and up to \$100.00 monthly of any support money paid by the absent parent to the Office of Child Support Enforcement. If you and the child(ren) stop receiving Cash Assistance, **all** current support money collected will be sent to you.

Your expenses for your child's daily care, education and health care may lead to an increase in the amount of the support order, and it is important that you provide proof of these expenses.

You must complete one of these forms for each absent parent (father and/or mother) of the child(ren) for whom you are applying for or receiving Cash Assistance. You must answer all questions.

If you are scheduled for an appointment at the Office of Child Support Enforcement before your case is accepted, bring this completed questionnaire and the documents listed in the box below to your scheduled appointment.

Please bring the following to the interview at the Office of Child Support Enforcement:		
<p>1. Birth certificates for all your child(ren)</p> <ul style="list-style-type: none"> <li>• Tax returns</li> <li>• Old identification cards (Cash Assistance, medical, military, alien registration)</li> <li>• Bank books (active or closed)</li> <li>• Absent parent's birth certificate or school records</li> </ul>	<p>2. Any documents that can help the Agency locate the absent parent. For example:</p> <ul style="list-style-type: none"> <li>• Absent parent's pay stubs</li> <li>• Military records (discharge papers, VA claims)</li> <li>• Bills (telephone, utilities, etc.)</li> <li>• Installment sales agreements</li> <li>• Driver's license and/or car registration</li> <li>• Your marriage license if you were ever married</li> </ul>	<ul style="list-style-type: none"> <li>• Any divorce decree or separation agreement</li> <li>• Correspondence (from absent parent's employer, union, etc.)</li> <li>• Any document with the absent parent's Social Security number on it</li> </ul>

**If you are NOT scheduled for an appointment at the Office of Child Support Enforcement before your case is accepted, you may be notified at a later date when to come in and what documents to bring.**

<b>Print your name:</b>			<b>Your Social Security number:</b>	
Last	First	Middle Initial		
<p>Affirmation – must be signed. I hereby apply pursuant to Social Services Law 111-g and 111-h for child support services under Title IV-D of the Social Security Act as amended. I subscribe and affirm under penalty of perjury that this application is made for the sole purpose(s) of obtaining assistance in establishing paternity and/or obtaining child support from an individual who is (or may be) legally responsible for the support of dependent children; and that statements made in this application or accompanying document(s) have been examined by me and to the best of my knowledge and belief are true and correct. I understand that the information given by me may be investigated.</p>				
<b>Signature</b>			<b>Date</b>	

1. What is the absent parent's name? \_\_\_\_\_  
Last First Middle Initial

2. What is the absent parent's Social Security number (do not insert your Social Security number) – from his/her pay stubs, tax returns, bank loans, old I.D. cards or official papers? \_\_\_\_\_

3. What is the absent parent's date of birth? \_\_\_\_\_  
Where was the absent parent born? \_\_\_\_\_  
City State/Country

4. What is the absent parent's mother's maiden name? \_\_\_\_\_  
Last First Middle Initial

What is the absent parent's father's name? \_\_\_\_\_  
Last First Middle Initial

5. Have you and the absent parent ever been to court for any reason?  
 No  Yes Reason: \_\_\_\_\_  
Name and Place of Court: \_\_\_\_\_ Date: \_\_\_\_\_

6. Is the absent parent supposed to provide child support under a court order?  
 No  Yes (If Yes, provide the information requested below and bring a copy of the court order to the interview.)  
Amount \$ \_\_\_\_\_ per: \_\_\_\_\_ Date last received: \_\_\_\_\_  
Week/Month  
Name and Place of Court: \_\_\_\_\_ Docket or Index number: \_\_\_\_\_

7. Has the absent parent voluntarily given you child support money (without a court order)?  
 No  Yes (If Yes, provide the information requested below and bring a copy of the court order to the interview.)  
A. Directly to you: Amount \$ \_\_\_\_\_ per: \_\_\_\_\_ Date last received: \_\_\_\_\_  
Week/Month  
For which child(ren)? \_\_\_\_\_

B. To your Landlord: Amount \$ \_\_\_\_\_ per: \_\_\_\_\_ Date last paid: \_\_\_\_\_  
Week/Month

C. Tuition or school expenses: Amount \$ \_\_\_\_\_ per \_\_\_\_\_ Date last paid: \_\_\_\_\_  
Week/Month  
Name and address of school: \_\_\_\_\_  
For which child(ren)? \_\_\_\_\_

D. Other payment? Specify: \_\_\_\_\_ Amount \$ \_\_\_\_\_ per \_\_\_\_\_  
Week/Month  
Date last paid: \_\_\_\_\_ Paid to whom? \_\_\_\_\_ For which child(ren) \_\_\_\_\_

8. Are you, or were you ever married?  No  Yes Date: \_\_\_\_\_ To who(m): \_\_\_\_\_

9. Are you, or were you:  
A. Legally married to this absent parent?  No  Yes Date: \_\_\_\_\_ Where: \_\_\_\_\_  
B. Legally separated from this absent parent?  No  Yes Date: \_\_\_\_\_ Where: \_\_\_\_\_  
C. Legally divorced from this absent parent?  No  Yes Date: \_\_\_\_\_ Where: \_\_\_\_\_

Supreme Court Index Number: \_\_\_\_\_ If in New York City, what borough: \_\_\_\_\_

10. When did you last see the absent parent? \_\_\_\_\_ Where? \_\_\_\_\_

11. Where does the absent parent live now?

Complete Street Address/Apt. Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Telephone Number \_\_\_\_\_

12. Does the absent parent have a mailing address different from the address above?  No  Yes (indicate below)

Complete Street Address/Apt. Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Telephone Number \_\_\_\_\_

13. What is the previous address of the absent parent?

Complete Street Address/Apt. Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Telephone Number \_\_\_\_\_

14. How would you contact the absent parent in an emergency? \_\_\_\_\_

15. How long have you known the absent parent? \_\_\_\_\_ Months \_\_\_\_\_ Years

16. What kind of work does the absent parent do? \_\_\_\_\_

Employer's Name

Name of Union: \_\_\_\_\_ Address: \_\_\_\_\_

17. Do you know where the absent parent works now?  No  Yes

If Yes, what is the employer's name and address? \_\_\_\_\_

Telephone number: \_\_\_\_\_

18. Do you know where the absent parent previously worked?  No  Yes

If Yes, what was the employer's name and address? \_\_\_\_\_

Telephone number: \_\_\_\_\_

19. Does the absent parent provide medical insurance coverage for you and/or his child(ren)?

No  Yes If Yes, insurance company name: \_\_\_\_\_

Don't know Policy number: \_\_\_\_\_ Who is covered? \_\_\_\_\_

20. Has the absent parent ever been:

In the military? Branch: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_

In the hospital? Reason: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_

Arrested? Reason: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_

In prison? Reason: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_

21. Is the absent parent receiving, or has he/she ever received?

Cash Assistance  SSI  Medicaid  Food Stamps  Social Security  UIB

Pension (explain) \_\_\_\_\_

Disability Benefits (explain) \_\_\_\_\_

Worker's Compensation (explain) \_\_\_\_\_



22. Does the absent parent have a driver's license?

No  Yes, in which state \_\_\_\_\_

23. Does the absent parent have any of the following?

A. A car, truck or motorcycle?  A boat?  Specify: Year and make \_\_\_\_\_

B. A house?  A vacation home?

Where? \_\_\_\_\_  
City County State Country

C. Life insurance policy? Name of insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

D. Other assets? Specify: \_\_\_\_\_

24. What are the names and addresses of the absent parent's relatives and friends?

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE

25. Do you pay or do you receive from Cash Assistance any of the following?

A. Child care expenses for the absent parent's child(ren)?

No  Yes (If Yes, provide the information requested below.)

Name and address of child care provider: \_\_\_\_\_

Social Security number of provider: \_\_\_\_\_ Amount \$ \_\_\_\_\_ per \_\_\_\_\_  
Week/Month

Care fare \_\_\_\_\_ Amount \$ \_\_\_\_\_ per \_\_\_\_\_  
Week/Month

B. Special educational expenses for the absent parent's child(ren)?

No  Yes (If Yes, provide the information requested below.)

Amount \$ \_\_\_\_\_ per \_\_\_\_\_ To who(m)? \_\_\_\_\_  
Week/Month

For what purpose? \_\_\_\_\_ For which child(ren)? \_\_\_\_\_

C. Are there special health expenses for the absent parent's child(ren)?

No  Yes (If Yes, provide the information requested below.)

Amount \$ \_\_\_\_\_ per \_\_\_\_\_ To who(m)? \_\_\_\_\_  
Week/Month

For which child(ren)? \_\_\_\_\_

Describe type of expense: \_\_\_\_\_

D. Other expenses? Specify: \_\_\_\_\_ Amount \$ \_\_\_\_\_ per \_\_\_\_\_  
Week/Month

For Office Use – To be Completed by Worker													
1. From Ctr. _____ PPL UC FFR			Absent Parent (AP) is: <input type="checkbox"/> New <input type="checkbox"/> Known			2. To OCSE: _____ Borough Office							
3. Case Name: _____ Last First MI				4. Relationship to Children:		5. Absent parent's name: _____ Last First MI							
6. AP Relationship to Applicant		7. Cat./Case No.:		8. Applicant's CIN:		9. Date referred:		10. Applicant's SSN:		11. Applicant's DOB:			
12. Applicant's complete street address (including apt. number, city, zip code):								13. Applicant's day time telephone number:					
14. AP's SSN:		15. AP's DOB:		16. AP's Mother's maiden name:			17. AP's Father's name:			18. AP's place of birth:			
19. Absent parent's employer (name of company and address, including city and state):					20. AP's phone number:								
21. AP's complete home address (apt., city, state, zip code):					22. AP provides or is under: Check applicable box(es): <input type="checkbox"/> Current court order <input type="checkbox"/> Direct voluntary agreement <input type="checkbox"/> Pays Applicant's excess rent <input type="checkbox"/> Tuition <input type="checkbox"/> Other expenses								
23. Name of children			Date of birth			CIN		SSN		Sex		Wedlock	
										M		F	
										In		Out	

OBSOLETE

Prepared by \_\_\_\_\_ Section \_\_\_\_\_ Date \_\_\_\_\_

Include in CA Application Kit

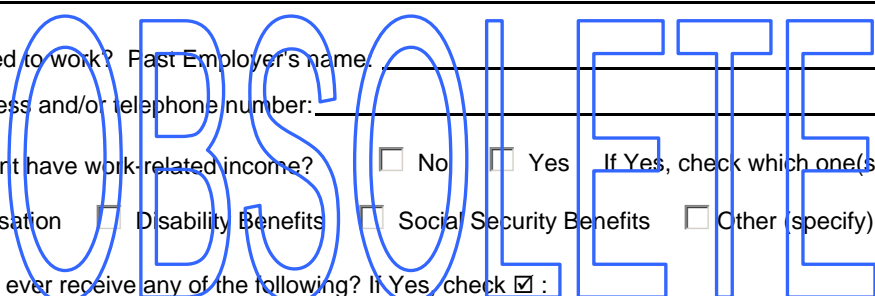
### Recertification Absent Parent Questionnaire

Under current law, Cash Assistance (CA) families are entitled to receive up to the first \$100.00 of support monies collected each month as a bonus. This means that you will continue to receive your Cash Assistance grant plus up to \$100.00 monthly of any support monies paid by the absent parent to the Office of Child Support Enforcement.

As a condition of eligibility for CA, you are required by law to provide information about the absent parent of the children receiving assistance. YOU MUST ANSWER EVERY QUESTION.

<b>FOR AGENCY USE</b>
<b>SSN from CSMS</b>

1. What is the name of the absent parent? \_\_\_\_\_
2. What is the absent parent's Social Security number? \_\_\_\_\_
3. Where does he/she live? \_\_\_\_\_  
Street Number City/State Borough
4. What is his/her telephone number? (\_\_\_\_) \_\_\_\_\_  
 How do you contact the absent parent during an emergency? \_\_\_\_\_
5. Is the absent parent working?  No  Yes If Yes, give employer's name, address and/or phone number.  
 \_\_\_\_\_



6. Where did he/she used to work? Past Employer's name: \_\_\_\_\_  
 Past employer's address and/or telephone number: \_\_\_\_\_
7. Does the absent parent have work-related income?  No  Yes If Yes, check which one(s)  :  UIB  
 Worker's Compensation  Disability Benefits  Social Security Benefits  Other (specify): \_\_\_\_\_
8. Did the absent parent ever receive any of the following? If Yes, check  :  
 Cash Assistance  Medicaid  Food Stamps  
 If Yes, what was the case number? \_\_\_\_\_ Center/Office: \_\_\_\_\_

<b>FOR AGENCY USE</b>
<b>DOB from CSMS</b>

9. What is the absent parent's date of birth? \_\_\_\_\_  
Month Day Year
10. Where was the absent parent born? \_\_\_\_\_  
City State/Country
11. What is the absent parent's mother's full maiden name? \_\_\_\_\_
12. What is the absent parent's father's name? \_\_\_\_\_
13. Have you and the absent parent been to court?  No  Yes  
 If Yes, indicate reason:  a divorce  to establish paternity  to obtain support  an order of protection  
 If Yes, which court? Name of court \_\_\_\_\_ Docket/Index No.: \_\_\_\_\_  
 Location of court \_\_\_\_\_

14. Give names, addresses, and telephone numbers of the absent parent's relatives and/or friends:

Name	Relationship	Complete Address	Telephone Number

15. Has the absent parent ever served in the U.S. military?  No  Yes If Yes, which branch?  
 Army  Navy  Air Force  Marines  Coast Guard  National Guard

If currently in the service, the address is: \_\_\_\_\_

Participant's Signature:	Date:
--------------------------	-------

**TO BE COMPLETED BY THE WORKER**  
(A separate M-384d is to be used for each absent parent)

Case Name:		Case Number:	
Participant's Address:		Absent Parent's Name:	
Center No.:	OCSE Office:	Participant's SSN:	Wedlock Status (circle one): IW      OW
Date of Marriage:	Place of Marriage: City	State	

Names of Dependent Children	Sex	Date of Birth

OBSOLETE

Worker:	Telephone Number:	Date:
---------	-------------------	-------

<b>FOR AGENCY USE</b>
<b>CSMS WORKER-CODE</b>

<b>FOR AGENCY USE</b>
<b>PARTICIPANT'S CSMS CASE NUMBER</b>

<b>For Agency Use:</b>	
<input type="checkbox"/> No record of absent parent on CSMS.	Any one or more of the following questions has/have been completed.
<input type="checkbox"/> Question(s) 9, 10 and 11 or 12 have been completed.	<input type="checkbox"/> 2 through 8 <input type="checkbox"/> 13 through 15
<b>ROUTING INSTRUCTIONS</b> Forward this form to OCSE ONLY in instances in which one or more of the above boxes have been checked, and when information provided by participant/applicant has/have not been previously sent to OCSE. Destroy if NONE of the above has been checked.	