

M E M O R A N D U M

DATE: March 29, 2021

TO: Job Center Directors and Regional Managers

FROM: James K. Whelan, Executive Deputy Commissioner
Office of Policy, Procedures and Training

SUBJECT: OCSS Process for CA Referrals to Borough Offices

This Center Director (CD) Memorandum informs Family Independence Administration (FIA) staff of the need to notify clients who have a referral to the Office of Child Support Services (OCSS) that they will receive from OCSS mailed notification about opening a child support case, and to comply with such notice.

The mailing of notices, which began on March 15, is comprised of the OCSS Application Letter (**OCSS-63**) and the Referral for Child Support Services (**LDSS-5145**) form. Clients are instructed to return the completed and signed **LDSS-5145** to OCSS. An OCSS Application Letter Reminder (**OCSS-63a**) will be sent automatically ten days after the **OCSS-63** is sent. If the client fails to return the **LDSS-5145**, the client may be subject to a child support sanction.

When interviewing applicants and participants with children, Job Center staff must inform the individuals that if they receive the child support documents in the mail, they must follow the instructions on the forms and respond directly to OCSS. A referral to OCSS happens behind the scenes with no action necessary by Job Center staff.

Job Center staff should also know, and are not required to relay to the applicant/participant, that if OCSS receives the **LDSS-5145** and determines the need for an interview with the client, they will send them the OCSS Telephone Interview Notice (**OCSS-63b**). An OCSS Telephone Interview Reminder Notice (**OCSS-63c**) will be sent automatically five days after the **OCSS-63b** is sent. If additional documents are required after the interview, the client will be sent the OCSS Document Return Notice (**OCSS-63d**). Failing to comply with the interview or provide necessary documents may lead to a child support sanction. Prior to any sanction a pre-notice of intent (NOI) review and outreach will be done by Fair Hearing staff.

OCSS will also be reaching out to clients via email, text and robo-calls. Clients may have questions or may not understand why they will receive a notice from OCSS or why they must comply with the child support requirements. They can call **929-221-7656** or visit www.nyc.gov/hra/ocss to learn more about the program and how they can benefit from child support services.

Attachments:

Referral for Child Support Services form (**LDSS-5145**)

OCSS Application Letter (**OCSS-63**)

OCSS Application Letter Reminder (**OCSS-63a**)

OCSS Telephone Interview Notice (**OCSS-63b**)

OCSS Telephone Interview Reminder Notice (**OCSS-63c**)

OCSS Document Return Notice (**OCSS-63d**)

**Referral for
Child Support Services**

SAMPLE



Welcome!

New York's Child Support Program works with parents and guardians to strengthen families and provide children with the financial and medical support they need.

To start the referral process:

1. Review the **Important Information about Child Support Services**, pages 1-4, and keep this document for your records.
2. Complete and sign **Part A – Referral** (pages A-1 through A-4)
3. Complete **Part B – Child Information** (pages B-1 through B-2) for each child (up to two children) with the Other Party named in this referral. If you have more than two (2) children with the Other Party named in this referral, obtain and complete the separate form, **Additional Child Information (LDSS-5145A)** for each additional child or photocopy **page B-1** of **Part B**.
4. Review **Part C – Supporting Documentation** (page C-1) and submit copies of all relevant documents with your referral.

SAMPLE

Important Information about Child Support Services

Please read and keep pages 1-4 for your records.

Definitions

Child – an individual under age 21 for whom support is sought.

Custodial Parent – the parent with primary care and custody of the child. In equal shared custody cases, this is the parent eligible to receive child support.

Guardian – a nonparent caregiver with physical custody of at least one child under age 21. If the child lives with the guardian on a day-to-day basis, the guardian has physical custody of the child.

Noncustodial Parent – the parent obligated to pay child support.

Alleged Parent – the person who may be the child's genetic parent but who has not yet been legally declared to be the parent.

Intended Parent – an individual who intends to be legally bound as the parent of a child resulting from assisted reproduction.

Eligibility

When you apply for or receive public assistance benefits, referred to herein as "Temporary Assistance," child support services may be provided to you based on your referral to the Child Support Program. Child support services may also be provided if you are applying for Medicaid for yourself and the child. 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.

Assignment and Cooperation With Child Support

As an applicant/recipient of Temporary Assistance for the child, or Medicaid for yourself and the child, or if 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 Program to:

- Locate noncustodial parents, alleged parents, and intended parents, including biological parents or stepparents;
- Establish parentage for each child born out of wedlock who is 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.

Safeguarding Confidentiality

The Child Support Program is required to safeguard the privacy, integrity, access to, and use of your personal information (including case data kept in the computer system of the Child Support Program). We share your address and other identifying information with other state and federal agencies only for child support purposes or as otherwise permitted by law. **Information can only be released to authorized persons for reasons authorized by law.**

Use of Social Security Numbers: Title IV-D of the Social Security Act requires that Social Security numbers be used only for locating parents, establishing paternity or parentage, and/or establishing, modifying, and enforcing an order of support; the administration of certain public benefit programs; or as otherwise permitted by law. In addition, Social Security numbers will be subject to verification through the Social Security Administration.

Safety Concerns

Please be sure to read and answer the Safety Concerns question on page A-1 of Part A - Referral. If you check YES to the question, your local Child Support Program office will discuss your concerns with you and can assist you with filing an Address Confidentiality Affidavit with the court. We can also assist in preventing your address from appearing on documents we send to the court. We will prohibit disclosure of location information **at your request**, or if we learn:

- You are residing in a domestic violence shelter;
- You have an order of protection involving the Other Party;
- You have a domestic violence referral or other written statement from a public or private service provider; or
- A court has determined that contact with the Other Party creates a risk of physical or emotional harm to you or the child.

Services

The Child Support Program will provide the child support services appropriate for your case pursuant to federal and New York State law, regulation, and policy. With your assistance and cooperation, services may be provided to you for as long as child support payments are due and owing. The following services are provided, as appropriate:

- **Location** of the Other Party, including obtaining information about addresses, employment, other sources of income and assets, and health care coverage;
- **Establishment of Parentage** for a child through the voluntary acknowledgment process or through a court-based process;
- **Establishment** and/or **Modification** of an order of support, including establishment of health insurance coverage or cash medical support, if available, from either parent;
- **Collection** and **Distribution** of child support or combined child and spousal support made payable through the Support Collection Unit, including educational expenses, child care expenses, and cash medical support;
- **Enforcement of Support Obligations** through income withholding from wages, benefits, or other income; federal and State tax refund intercept; seizure of assets and lottery winnings; credit bureau reporting; suspension of the noncustodial parent's New York State driver license; 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 Program;
- Filing and prosecuting **Violation Petitions**; and
- Assistance with making an **existing order of support** payable through the Support Collection Unit.

All services listed above are also provided to parents who live in other counties, states, and some countries.

Your child support case may be closed for reasons including:

- Parentage cannot be established;
- The Other Party cannot be located after diligent effort or is incarcerated with no chance of parole, permanently disabled with no ability to pay support, or institutionalized; or
- The recipient of services fails to cooperate or provide information that is essential to the next step in providing services.

Parentage Establishment

Establishing parentage is the process of determining the legal parents of a child. Being the **legal** parent means that you have parental rights and responsibilities to your child, such as the right to seek custody or visitation and the responsibility for your child's care and support, including financial and medical support. An alleged or intended parent does not have any rights or responsibilities to the child until parentage is established.

In New York State, parentage may be established in any of the following ways:

- Using the voluntary acknowledgment process.
- Filing a petition with the Family Court to have the court determine paternity and issue an Order of Filiation, or filing a petition for the court to determine parentage and issue a Judgment of Parentage.
- By a surrogacy agreement, or in a record showing the consent of the parents to use assisted reproduction.

Child Support Obligations

The basic child support obligation 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 (Family Court Act § 413 and Domestic Relations Law § 240).

The percentage guideline is applied to combined parental income up to \$154,000. Above \$154,000 (which will increase in 2022 and every two years thereafter with changes in the Consumer Price Index for All Urban Consumers [CPI-U]), the court determines whether to use the percentage guideline. The court may deviate from the percentage-based obligation based on the factors set forth in Family Court Act § 413(1)(f) and Domestic Relations Law § 240(1-b)(f).

Low Income Obligation: If the noncustodial parent's income is determined 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.

Cost of Living Adjustment (COLA): An order is eligible for COLA when it is at least two (2) years old and the sum of the average annual percentage change in the CPI-U is equal to or greater than ten (10) percent since the order was issued, last modified, or last adjusted. Every two years your account will be reviewed to determine whether your order is eligible for a COLA. COLA adjustments are made without going to court. When 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.

Modification of Orders: The Child Support Program 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 or other conditions provided in Family Court Act § 451 (2)(b).

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.

Distribution of Payments

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" payment from the current support collected each month in addition to the Temporary Assistance paid. The pass-through is an amount up to \$100 per month of current support collected or up to the current support obligation, whichever is less, for any household with one individual under the age of 21 active on the Temporary Assistance case. The pass-through paid

Child Support Percentages

1 child	17%
2 children	25%
3 children	29%
4 children	31%
5 or more	at least 35%

to the family increases to up to \$200 per month of current support collected or up to the current support obligation, 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.

Recoupment of Overpayments

In rare instances, an overpayment may occur due to a misdirected payment (money is sent to the wrong person) or an unfunded payment (payment is returned unpaid by the remitter's bank), among other reasons. If these situations occur:

- It is your responsibility to return or repay these funds
- We will contact you to arrange for repayment of the amount overpaid either in a lump sum payment or, at your request by withholding twenty-five (25) percent of collections until the overpayment is repaid.

Customer Service

You may obtain additional information about child support as well as payment and account information online at childsupport.ny.gov or by calling the **New York State Child Support Helpline at 888-208-4485** (TTY: 866-875-9975 – Relay Service <http://www.fcc.gov/encyclopedia/trs-providers>). A personal identification number (PIN) is required to set up your online child support account. You will receive your PIN by mail when your child support account is established.

It is in your best interest to regularly check your account to ensure that your payments are received on time and in full. **You must keep your address and contact information up to date**, which you may do by calling the Child Support Helpline or by contacting your local Child Support Program office. The contact information for your local Child Support Program office, including an email link, can be found at <https://www.childsupport.ny.gov/DCSE/LocalOffices>.

Nondiscrimination Notice

New York State prohibits discrimination based on race, color, national origin, disability, age, sex, and in some cases, religion or political beliefs. New York State additionally prohibits discrimination based on gender identity, transgender status, gender dysphoria, sexual orientation, marital status, domestic violence victim status, pregnancy-related conditions, predisposing genetic characteristics, prior arrest or conviction record, familial status, and retaliation for opposing unlawful discriminatory practices. For more information about how to file a discrimination complaint, please visit childsupport.ny.gov.

Part A – Referral

This LDSS-5145, *Referral for Child Support Services* is from the Commissioner or Commissioner’s Designee of the social services district or the Office of Children and Family Services for a child or children in Foster Care placement. If this box is checked, complete the following portions of LDSS-5145: pages A-3 and A-4 of Part A (Other Party Information), Part B, and Part C. Also complete LDSS-5145B, *Foster Care Referral and Information for each child in Foster Care Placement*. If support is sought from more than one Other Party, complete a separate LDSS-5145 **for each Other Party**. There should be one (1) LDSS-5145 for each Other Party associated with a child or children in Foster Care placement and one (1) LDSS-5145B for each child.

Special Assistance

1a. What is your primary spoken language?

English Español বাংলা العربية 中文 Kreyòl Ayisyen 한국어 РУССКИЙ Other

1b. What is your primary reading language?

2. Do you need language assistance? Yes No

3. Do you have a disability that prevents you from completing this Referral or being interviewed? Yes No

If YES, please indicate what assistance you need?

Safety Concerns *(See page 2 of the Important Information about Child Support Services for additional information)*

Do you feel your safety or the safety of your child is at risk if you seek Child Support Services? Yes No

Public Assistance Applicant/Recipient Information

I am the (check one): Custodial Parent Guardian - Relationship

Complete a separate referral for each Other Party.

Child Support History

Are you currently in receipt of Child Support Services? Yes No
 If yes, where? County State Case #

Have you previously received Child Support Services? Yes No
 If yes, where? County State Case #

Public Assistance History

Are you currently an applicant of, or in receipt of public assistance benefits? Yes No
 If yes, where? County State Case #

Did you previously receive public assistance benefits? Yes No
 If yes, where? County State Case #

Date you last received assistance (Month/Day/Year)

Legal Name

First Middle Last Suffix Alias or Other Known Name (e.g., Maiden Name)

SSN/ITIN

Gender

Female Male Non-Binary/Other

Date of Birth (Month/Day/Year)

Race-Ethnic Affiliation (Optional)

Asian Black or African-American Hispanic or Latina/o White, non-Hispanic
 Native American or Alaskan Native Native Hawaiian or Pacific Islander Other

Residential Address

In care of:
 Street
 Floor/Apt. City State ZIP

Mailing Address (if different than residential address)

In care of:
 Street
 Floor/Apt. City State ZIP

Contact information

Home Phone # Cell Phone # Other Phone # Email Address

Preference Home Cell Other **Best time to call** Morning Afternoon

Secondary Contact

First Middle Last Suffix Relationship
 Street City State ZIP Phone #

Marital Status to Other Party

Were you ever married to the Other Party? Yes No Date of Marriage

Place of Marriage City State Country

Separated Date of Legal Separation Name of Court State
 Divorced Date of Divorce Name of Court State
 Divorce Pending Name of Court State

Marital Status to Someone other than Other Party

Have you ever been married to someone other than the Other Party of the child named in this referral? Yes No

From To Name of Spouse
 From To Name of Spouse

Health Care Coverage Information

Does your employer/organization offer or provide health insurance benefits? Yes No Unknown
 Are you enrolled? Yes (specify): Individual Coverage Family Coverage
 No
 Unknown

SAMPLE

Continue to Page A-3

Other Party Information

The Other Party is (check one): Noncustodial Parent Alleged Parent Intended Parent Custodial Parent Guardian

Legal Name

First Middle Last Suffix Alias or Other Known Name (e.g., Maiden Name)

SSN/ITIN

Gender

Female Male Non-Binary/Other

Date of Birth (Month/Day/Year)

Race-Ethnic Affiliation (Optional)

Asian Black or African-American Hispanic or Latina/o White, non-Hispanic
 Native American or Alaskan Native Native Hawaiian or Pacific Islander Other

Primary Language English Spanish Other (specify)

Description

Height ft. in. Weight lbs. Eye Color Hair Color

Marks Scars Tattoos Describe

Photo Yes (Attach Photo) No

Social Media Information

Facebook Twitter Instagram

Other Party's Parent Information

Name <input type="text"/>	Address <input type="text"/>	Phone # <input type="text"/>	Relationship <input type="text"/>
Name <input type="text"/>	Address <input type="text"/>	Phone # <input type="text"/>	Relationship <input type="text"/>

Place of Birth City State Country

Date of Last Contact

Month/Day/Year

Relationship of Other Party to Applicant/Recipient of Public Assistance

Spouse Former Spouse Parent Other
 Partner Former Partner

Residential Address

Current Last Known

In care of:
 Street
 Floor/Apt. City State ZIP

Mailing Address (if different than residential address)

In care of:
 Street
 Floor/Apt. City State ZIP

Contact information

Home Phone # Cell Phone # Other Phone # Email Address

Preference Home Cell Other **Best time to call** Morning Afternoon

Employment

Is the Other Party currently employed? Yes No Unknown Date last employed

Is the Other Party self-employed? Yes No Unknown

Employer/Business Name: Current Last Known

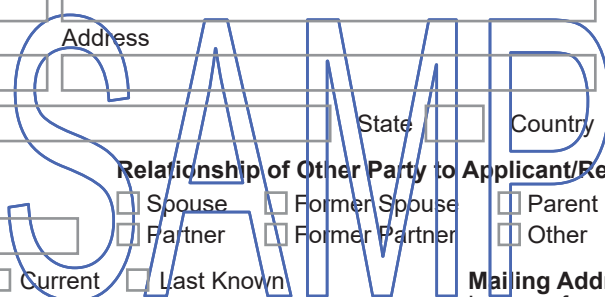
Employer/Business Address:

Street City State ZIP Phone #

Job Title/Occupation: Annual Salary \$

Is the Other Party receiving NYS Unemployment Insurance Benefits (UIB)? Yes No Unknown \$ Weekly benefit

Is the Other Party a member of a labor union/organization? Yes No Unknown Name:



Marital Status to Someone other than Applicant/Recipient of Public Assistance

Is the Other Party married to someone other than the Applicant? Yes No

Name of Spouse Address

Email Address Phone #

Incarceration Status

Is the Other Party incarcerated? Yes No Unknown

Name of Facility Inmate #

Facility Address City State ZIP Country

Health Care Coverage Information

Does the Other Party's employer/organization offer or provide health insurance benefits? Yes No Unknown

Is the Other Party enrolled? Yes (specify): Individual Coverage Family Coverage No Unknown

Vehicle Information

Make Model Year Color

Own Lease Business Vehicle License Plate State

Additional Information (e.g., assets, other contacts)

Referral/Affirmation for Child Support Services

By signing below, I understand and agree that:

I am applying for or receiving Temporary Assistance. 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 Program immediately of any new or changed information I have provided in this form.

I have received the **Important Information about Child Support Services** which includes information about the recoupment of overpayments. I understand that in rare instances an overpayment can occur due to a misdirected payment (money is sent to the wrong person) or an unfunded payment (payment is returned unpaid by the remitter's bank), among other reasons. I further understand it is my responsibility to return or repay these funds and you will contact me to request reimbursement. I may repay the overpayment amount in one lump sum payment or I may request you withhold twenty-five percent (25%) of collections until the overpayment is repaid. Consent to withhold 25% of future collections is optional.

I understand that the Child Support Program may send correspondence electronically, including, by email, text messages or other available methods. To ensure confidentiality, I understand that it is my responsibility to provide a secure, valid, and active email address and cell phone number, and to notify the local Child Support Program office if this information changes.

Check this box if you do **not** wish to receive correspondence electronically.

If I am found to be ineligible for Temporary Assistance benefits, I would still like to receive child support services. I request that this LDSS-5145 Referral for Child Support Services constitute my application for child support services. I understand I will be charged a \$35 dollar annual service fee if I have never received Temporary Assistance for Needy Families (TANF) and the Child Support Program collects at least \$550 for me during the federal fiscal year (October 1 through September 30).

Signature Date

Print Name

For Safety Net Assistance referrals only: I, the Commissioner or Commissioner's Designee of the social services district, hereby apply for child support services pursuant to New York State Social Services Law § 111-g.

Signature of Commissioner/Designee of the social services district for a Safety Net Assistance referral

Print Name Date

For Agency Use Only

Child Support Program Representative (Print name)

Date NY Case Identifier Worker Code

SSD Referral Case # Worker Name

Worker location Worker Phone #

TANF Safety Net Opening Reopening Changes or Updates Date of Referral

Part B – Child Information

(for each child with the Other Party)

Name of Child #01

First Middle Last Suffix

SSN/ITIN **Gender** Female Male Non-Binary/Other **Date of Birth** (Month/Day/Year) Unborn **Due Date**

Name of Parent
 Parent 1 First Middle Last
 Parent 2 First Middle Last

Child's Birthplace
 Hospital City State Country

Other Party's Relationship to the Child
 Parent Stepparent Alleged Parent Intended Parent

Parents' Marital Status
 Were the parents listed above married at or after the time of the child's birth?
 Yes, to each other Yes, but not to each other No Unknown
 If **Yes, to each other**, go to the **Order of Support Information** questions. **Otherwise**, go to the **Parentage Establishment** questions.

Parentage Establishment
 Was parentage established?
 Yes - Complete the **Parentage Establishment** questions. No - Go to the **State of Jurisdiction** questions.
 You **do not** need to complete the **State of Jurisdiction** questions. Unknown - Go to the **State of Jurisdiction** questions.

How was parentage established?
 Established in Court on Name of Court
 Acknowledgment of Paternity/Parentage on Surrogacy/assisted reproduction agreement
 In what county, state, and country was parentage established?
 County State Country
 Where was the child conceived? State Country

State of Jurisdiction
 Did the Alleged Parent/Intended Parent provide prenatal expenses or support for the child? Yes No Unknown
 Did the Alleged Parent/Intended Parent reside with the child in New York State? Yes No Unknown
 Does the child reside in New York State as the result of acts or directives of the Alleged Parent/Intended Parent? Yes No Unknown

Order of Support Information
 Is there an order of support for this child? Yes No Unknown If "Yes," what is the date of the order?
 Is health insurance ordered? Yes No Unknown

Obligation Amount
 \$ Weekly Every two weeks Monthly Twice per month Other

Court that Issued the Order
 Family Supreme Other
 County State Country

Health Care Coverage Information
 Does the child have health care coverage? Yes No Unknown
 If "Yes," identify the type of coverage: Private – Go to **Health Insurance Benefits** questions.
 Public – Go to **Public Health Care Coverage** questions.

Health Insurance Benefits
 Who provides the child's private health care coverage?
 Custodial Parent Guardian Noncustodial Parent/Alleged Parent/Intended Parent Stepparent Unknown Other
 Name of Health Insurance Carrier Policy # Group #
 Street Floor/Apt./Suite City State ZIP

Public Health Care Coverage
 Indicate the type of public health care coverage:
 Medicaid Child Health Plus (CHPlus) CHPlus monthly contribution: \$
 Other

Part B – Child Information (continued)

Name of Child #02

First Middle Last Suffix

SSN/ITIN

Gender

Female Male Non-Binary/Other

Date of Birth (Month/Day/Year)

Due Date

Unborn

Name of Parent

Parent 1 First Middle Last

Parent 2 First Middle Last

Child's Birthplace

Hospital City State Country

Other Party's Relationship to the Child

Parent Stepparent Alleged Parent Intended Parent

Parents' Marital Status

Were the parents listed above married at or after the time of the child's birth?

Yes, to each other Yes, but not to each other No Unknown

If **Yes, to each other**, go to the **Order of Support Information** questions. **Otherwise**, go to the **Parentage Establishment** questions.

Parentage Establishment

Was parentage established?

Yes - Complete the **Parentage Establishment** questions.

No - Go to the **State of Jurisdiction** questions.

You **do not** need to complete the **State of Jurisdiction** questions.

Unknown - Go to the **State of Jurisdiction** questions.

How was parentage established?

Established in Court on Name of Court

Acknowledgment of Paternity/Parentage on Surrogacy/assisted reproduction agreement

In what county, state, and country was parentage established?

County State Country

Where was the child conceived? State Country

State of Jurisdiction

Did the Alleged Parent/Intended Parent provide prenatal expenses or support for the child? Yes No Unknown

Did the Alleged Parent/Intended Parent reside with the child in New York State? Yes No Unknown

Does the child reside in New York State as the result of acts or directives of the Alleged Parent/Intended Parent? Yes No Unknown

Order of Support Information

Is there an order of support for this child? Yes No Unknown If "Yes," what is the date of the order?

Is health insurance ordered? Yes No Unknown

Obligation Amount

\$ Weekly Every two weeks Monthly Twice per month Other

Court that Issued the Order

Family Supreme Other

County State Country

Health Care Coverage Information

Does the child have health care coverage? Yes No Unknown

If "Yes," identify the type of coverage: Private – Go to **Health Insurance Benefits** questions.

Public – Go to **Public Health Care Coverage** questions.

Health Insurance Benefits

Who provides the child's private health care coverage?

Custodial Parent Guardian Noncustodial Parent/Alleged Parent/Intended Parent Stepparent Unknown Other

Name of Health Insurance Carrier Policy # Group #

Street Floor/Apt./Suite City State ZIP

Public Health Care Coverage

Indicate the type of public health care coverage:

Medicaid Child Health Plus (CHPlus) CHPlus monthly contribution: \$

Other

Part C – Supporting Documentation

Please provide **copies** of all available supporting documents to your local Child Support Program office. Supporting documentation allows the Child Support Program to proceed with your child support case, including establishing paternity or parentage and establishing, modifying, and/or enforcing your child support order, as appropriate. Supporting documentation also aids the court in determining the income of each parent and the basic child support obligation. **CHECK** (✓) the boxes indicating which documents you are providing.

Please do not send original documents in the mail.

General Documents

- Applicant's Identification (e.g., driver license, passport)
- Child Support Petitions Order(s) of Support Marriage Certificate Separation Agreement Divorce Decree
- Custody Order(s) Order of Protection / Restraining Order Health Insurance Benefit Cards
- Summary Plan Descriptions of Health Insurance Benefits Other

Custodial Parent Documents

- Recent Paystub Most recently filed Federal Tax Returns and all Schedules W-2
- Social Security Card / IRS Letter for ITIN Social Security / Supplemental Security Income Award Letter(s)
- Other

Child Documents (for each child)

- Birth Certificate Order Establishing Parentage (ex., Order of Filiation, Judgment of Parentage) Acknowledgment of Paternity/Parentage
- Affidavit Alleging Paternity/Parentage Social Security Card Proof of Child Care Expenses Proof of Educational Expenses
- Proof of Unreimbursed Health Care Expenses Social Security/Supplemental Security Income Award Letter(s)
- Adoption Subsidy Agreement (payment between adoptive parents and LDSS) or Placement Agreement (Child placed for purpose of adoption)
- Surrogacy/Assisted Reproduction Agreement Other

Noncustodial Parent/Alleged Parent Documents

- Social Security Card / IRS letter for ITIN Recent Paystub Most recently filed Federal Tax Returns and all Schedules
- W-2 Unemployment Insurance Benefit Notice Social Security / Supplemental Security Income Award Letter(s)
- Military Service (DD-214) Incarceration, Probation or Parole Information
- Temporary Assistance for Needy Families (TANF) Benefit Notice Proof of MA, SNAP and/or Shelter Residency
- Information About Professional, Business, Occupational, Recreational or Driver Licenses
- Other

Date: _____
Case ID: _____
Case Name: _____

Avoid a Reduction in Your Benefits – Complete Your Child Support Application Today

Since you applied for or are receiving cash assistance, you must complete, sign, and return the enclosed child support application to be eligible to receive your full cash assistance benefits. The application must be returned to the New York City Office of Child Support Services (OCSS) within 10 days. If a completed application is not received in the next 10 days, you will be sanctioned and if eligible, your cash assistance payment will be reduced.

Step 1: Complete and sign the enclosed child support application.

Make sure you continue to receive your full cash assistance benefits by taking the steps below:

Complete the enclosed **Referral for Child Support Services form “LDSS-5145.”**




- ✓ **Fill it out.** The form should take about 30 minutes to complete. The better you complete it, the easier it will be to establish a child support order and collect child support.
- ✓ **Sign it.** We will not be able to process the form without your signature.

Need help completing this form? Call _____.

(Turn over)

Step 2: Return your completed, signed application to OCSS within 10 days.

There are 3 ways to return your application:

1.		Use the ACCESS HRA mobile app to upload the form. Select “Child Support Form LDSS-5145” as the document category.
2.		Mail the form to the Office of Child Support Services using the attached postage-paid Business Reply Envelope (no cost to you) or to: Office of Child Support Services Attention: Borough Offices P.O. Box 830 New York, NY 10013
3.		Email it to dcse.cseweb@dfa.state.ny.us , with the subject line “LDSS-5145.”



What happens if I don't return the signed form?

- * Your Cash Assistance benefit may be reduced by 25%,
- * You may lose Medicaid for yourself,
- * You will become ineligible for some rental assistance programs, **and**
- * You won't start the process of opening a child support case, which can provide up to \$200 a month in addition to your Cash Assistance benefit – and more once you leave Cash Assistance.



If you have any safety concerns please contact your FIA worker, who will refer you to an HRA Domestic Violence Liaison. Together you can decide if child support is safe for your family.



Do you have a medical or mental health condition or disability?

Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at **212-331-4640**. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

Date: _____
Case ID: _____
Case Name: _____

REMINDER

Avoid a Reduction in Your Benefits – Complete Your Child Support Application Today

This is a reminder that **if** you have not already sent us your child support application, you must complete, sign and return it as soon as possible in order to be eligible to receive your full cash assistance benefits.

The application was sent to you 10 days ago with instructions and a pre-postage paid envelope.

If you have already returned the application, you can disregard this notice.

Step 1: Complete and sign the child support application.




- ✓ **Fill it out.** The form should take about 30 minutes to complete. The better you complete it, the easier it will be to establish a child support order and collect child support.
- ✓ **Sign it.** We will not be able to process the form without your signature.

Need help completing this form or need the form re-sent to you? Call _____.

(Turn over)

Step 2: Complete and sign the child support application.

There are 3 ways to return your application:

1.		Use the ACCESS HRA mobile app to upload the form. Select “Child Support Form LDSS-5145” as the document category.
2.		Mail the form to the Office of Child Support Services using the postage-paid Business Reply Envelope (no cost to you) sent previously or to: Office of Child Support Services Attention: Borough Offices P.O. Box 830 New York, NY 10013
3.		Email it to dcse.cseweb@dfa.state.ny.us , with the subject line “LDSS-5145.”



What happens if I don't return the signed form?

- * Your Cash Assistance benefit may be reduced by 25%.
- * You may lose Medicaid for yourself,
- * You will become ineligible for some rental assistance programs, **and**
- * You won't start the process of opening a child support case, which can provide up to \$200 a month in addition to your Cash Assistance benefit – and more once you leave Cash Assistance.



If you have any safety concerns please contact your FIA worker, who will refer you to an HRA Domestic Violence Liaison. Together you can decide if child support is safe for your family.



Do you have a medical or mental health condition or disability?

Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at **212-331-4640**. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

Date: _____
Case ID: _____
Case Name: _____

Information about Your Mandatory Telephone Interview

You are receiving this notice because we need to speak with you about your child support application. There is additional information needed to complete the application.

As an applicant or recipient of Cash Assistance, you are required to cooperate with the Office of Child Support Services (OCSS).

A child support worker will call you on **(DATE)** _____ at **(TIME)** _____.

- If this appointment date and time does not work for you, it's important you call us at _____ at least 24 hours in advance to let us know.
- If your telephone number has changed, please send **page 3** of this notice back to: **OCSS, Attn: Borough Offices, P.O. Box 830, New York, NY, 10013.**
- You will need to provide additional information for the interview. Follow the steps on the next page to prepare.



What happens if I don't participate in the interview?

- * Your Cash Assistance benefit may be reduced by 25%
- * You may lose Medicaid for yourself
- * You will become ineligible for some rental assistance programs
AND
- * You won't start the process of opening a child support case, which can provide up to \$200 a month in addition to your Cash Assistance benefit – and more once you leave Cash Assistance



If you have any safety concerns please contact your FIA worker, who will refer you to an HRA Domestic Violence Liaison. Together you can decide if child support is safe for your family.



Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at **212-331-4640**. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

(Turn over)

Take the following steps to prepare for your interview:



Step 1: Gather and send the needed documents before the interview.

It's OK if you don't have all of the documents. Send what you have available.

- Copy of signature on Page A of the *Child Support Application/Referral (LDSS-5145)* that was mailed to you with the original referral form (if you did not sign the original form);
- Birth certificate for each child, if not previously submitted to HRA;
- Affidavit of Alleged Paternity (CM-179 form enclosed)* for every child, if you weren't married at the time the child was born;
- Voluntary Acknowledgement of Paternity or Order of Filiations from Family Court, if applicable;
- Marriage certificate, divorce decree or separation papers, if applicable;
- Recent photograph of the noncustodial parent;
- Documents showing the noncustodial parent's Social Security Number; **and**
- Any documents that may help OCSS locate the noncustodial parent.

Please make sure to include your name and Case ID on all documents submitted.

There are two ways to return the documents:

1.		Mail them to: Office of Child Support Services Attention: Borough Offices P.O. Box 830 New York, NY 10013
2.		Email them to dcse.cseweb@dfa.state.ny.us, with the subject line "Borough Office Document Return."

Step 2: Have the following information available during the interview.

- The other parent's address, telephone numbers and employer's information
- The other parent's date and place of birth and parent's name

Has your contact information changed?

Send back this form to let us know.

Noncustodial Parent:

Date:

Case ID:

Borough Office:

Please complete **Sections A, B, and C.**

Section A– Please give us the best telephone number where you can be reached for your mandatory telephone interview appointment:

Telephone #: _____

Section B (if applicable) –If you are unavailable for the appointment listed on **page 1** of this notice, please give us an alternate date and time (**that is within 5 business days of your original appointment**) when you can be reached:

Date: _____ Time: _____

Section C (if applicable) – If you yourself are unable to be interviewed, please give us the name and phone number of a 3rd party designee who is authorized to act on your behalf:

Name: _____

Telephone #: _____

Date: _____
Case ID: _____
Case Name: _____

OCSS Appointment Reminder

This is a reminder that you are scheduled for a telephone interview with the Office of Child Support Services (OCSS). There is additional information needed to complete the application.

As an applicant or recipient of Cash Assistance, you are required to cooperate with the Office of Child Support Services.

A child support worker will call you on **(DATE)** _____ at **(TIME)** _____.

- If this appointment date and time does not work for you, it's important you call us at _____ at least 24 hours in advance to let us know.
- If your telephone number has changed, please send **page 3** of this notice back to **OCSS, Attn: Borough Offices, P.O. Box 830, New York, NY 10013.**

Take the following steps to prepare for your interview:



Step 1: Gather and send the needed documents.

It's OK if you don't have all of the documents. Send what you have available.

- Copy of signature on Page A of the *Child Support Application/Referral (LDSS-5145)* that was mailed to you with the original referral form (if you did not sign the original form);
- Birth certificate for each child, if not previously submitted to HRA;
- Affidavit of Alleged Paternity (CM-179 form enclosed)* for every child, if you weren't married at the time the child was born;
- Voluntary Acknowledgement of Paternity or Order of Filiations from Family Court, if applicable;
- Marriage certificate, divorce decree or separation papers, if applicable;
- Recent photograph of the noncustodial parent;
- Documents showing the noncustodial parent's Social Security Number; **and**
- Any documents that may help OCSS locate the noncustodial parent.

Please make sure to include your name and Case ID on all documents submitted.

There are two ways to return the documents:

1.		Mail them to: Office of Child Support Services Attention: Borough Offices P.O. Box 830 New York, NY 10013
2.		Email them to dcse.cseweb@dfa.state.ny.us, with the subject line "Borough Office Document Return."

Step 2: Have the following information available for the interview.

- The other parent's address, telephone numbers and employer's information
- The other parent's date and place of birth, and parents' names



What happens if I don't participate in the interview?

- × Your Cash Assistance benefit may be reduced by 25%,
- × You may lose Medicaid for yourself,
- × You will become ineligible for some rental assistance programs, **and**
- × You won't start the process of opening a child support case, which can provide up to \$200 a month in addition to your Cash Assistance benefit – and more once you leave Cash Assistance.



If you have any safety concerns please contact your FIA worker, who will refer you to an HRA Domestic Violence Liaison. Together you can decide if child support is safe for your family.



Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at **212-331-4640**. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

Has your contact information changed?

Send back this form to let us know.

Noncustodial Parent:

Date:

Case ID:

Borough Office:

Please complete **Sections A, B, and C.**

Section A– Please give us the best telephone number where you can be reached for your mandatory telephone interview appointment:

Telephone #: _____

Section B (if applicable) –If you are unavailable for the appointment listed on **page 1** of this notice, please give us an alternate date and time (**that is within 5 business days of your original appointment**) when you can be reached:

Date: _____ Time: _____

Section C (if applicable) – If you yourself are unable to be interviewed, please give us the name and phone number of a 3rd party designee who is authorized to act on your behalf:

Name: _____

Telephone #: _____

Date:
CA Case Name:
CA Case Number:
Case ID:
Noncustodial Parent:

You must submit documents for your child support case!

Please provide all of the documents listed below to the NYC Office of Child Support Services by _____.

What happens if I don't return the required documents?

Your SNAP benefit will not change, but:

- Your Cash Assistance benefit may be reduced by 25%,
- You may lose Medicaid for yourself, **and**
- You will become ineligible for some rental assistance programs,
- The sanction will remain in effect unless and until you provide the specific information requested and comply with child support.

What if applying for Child Support will harm myself or my child?

- Contact your FIA worker, who will refer you to an HRA Domestic Violence Liaison, and together you can decide if child support is safe for your family.

What are my next steps?

- COLLECT the documents listed below.
- SUBMIT the documents to Child Support in one of the following ways:
 - **Mail** the form to:
Office of Child Support Services
Attention: Borough Offices
P.O. Box 830
New York, NY 10013
 - **Email** it to dcse.cseweb@dfa.state.ny.us, with the subject line "Borough Office Document Return."

Please make sure to include your name and Case ID on all documents submitted.

(Turn over)

Please provide the information checked (√) below by the deadline noted above.

- Signed Child Support Application/Referral
- Birth Certificate(s) for
- Social Security Number(s) for
- Death Certificate for
- Order of Support (Supreme and/or Family Court papers)
- Marriage Certificate
- Divorce or Legal Separation papers
- Picture of the noncustodial parent
- Orders of Filiation (*the legal document declaring a man to be the father of a child*)
- Acknowledgment of Paternity (outside NYC)

SAMPLE

Best regards,

Child Support Worker



Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at **212-331-4640**. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.