



OFFICE OF POLICY, PROCEDURES, AND TRAINING

POLICY BULLETIN # 23-39-OPE (This Policy Bulletin Replaces PB #14-86-OPE)

CHANGE TO THE SCHEDULING OF AN OFFICE OF CHILD SUPPORT SERVICES (OCSS) REFERRAL FOR CASH ASSISTANCE (CA) APPLICANTS

Date: July 14, 2023	Subtopic(s): CA, OCSS, POS, NYCWAY, ITS
Revised	<p>Revisions to the Original Policy Bulletin:</p> <p>This policy bulletin is being revised to:</p> <ul style="list-style-type: none"> • Inform staff of the option to schedule an in-person or telephone referral to the Office of Child Support Services (OCSS) which began on June 20, 2023. • The “in-person” appointment will be the default option, but staff can select telephone appointment. The Job Opportunity Specialist (JOS)/Worker must ask the applicant if they have a preference and change it to telephone appointment if requested. • Added a Paperless Office System (POS) screen showing the in-person and telephone OCSS referral. • Applicants will be mailed a packet of forms to complete prior to the appointment. The packet includes the following: <ul style="list-style-type: none"> ▪ Child Support Appointment Notice (OCSS-91); ▪ Referral for Child Support Services (LDSS-5145); ▪ Notice of Responsibilities and Rights for Support (LDSS-4279); and ▪ Information for All Potential Child Support Applicants About Getting Child Support Safely (W-280a). • The applicant will be mailed the OCSS Appointment Reminder Notice (OCSS-91a), ten days (10) prior to the date of the scheduled OCSS appointment. <p>Purpose:</p> <p>The purpose of this policy bulletin is to advise all Benefits Access Center staff that the initial referral to OCSS for an applicant will now be scheduled at least twenty (20) calendar days from the date of the Family Independence Administration (FIA) application/recertification interview. Additionally, applicants are given the option of an in-</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?

Request a Clearance in [Service NOW](#), or send an e-mail to fiacallcenter2@dss.nyc.gov, or Call 718-557-1313 then press 3 at the prompt followed by 1 or fax to: (917) 639-0298

person or telephone referral which the JOS/Worker will schedule based on their response, which began on June 20, 2023.

Refer to [PB #12-97-OPE](#)

If the Paperless Office System (POS) determines that a referral to OCSS is necessary for an applicant, the Job Opportunity Specialist (JOS)/Worker must schedule a mandatory appointment with OCSS using the POS **OCSE Referral** window. The POS **OCSE Referral** window schedules the OCSS appointment for the case using the New York City Work Accountability and You (NYCWAY) system.

When the JOS/Worker clicks on the **Make a New Appointment** button, the available appointment dates and times displayed in the **Schedule the Appointment** window will be at least twenty (20) calendar days out from the date that the referral is initiated. The JOS/Worker will choose an OCSS appointment date and time for which the applicant is available, taking their schedule and any reasonable accommodations (either granted, provisional, or just requested) into consideration.

New Information

Refer to [PB#23-34-SYS](#)

The JOS/Worker will have the option of scheduling an in-person or telephone OCSS referral. The OCSS appointment screen will default to the in-person appointment selection, but users may select a telephone appointment instead. The JOS/Worker must ask the applicant if they have a preference and change it to telephone appointment if requested.

If there are no in-person appointments available, the JOS/Worker must select telephone appointment and advise the applicant to contact OCSS and provide them with the appropriate phone number (see **Attachment A** for OCSS contact information).

Note: If the applicant does not have a telephone number, the appointment must be in-person.

New Information

Applicants will be mailed a packet of forms to complete prior to the appointment. The packet includes the following:

- Child Support Appointment Notice (**OCSS-91**);
- Referral for Child Support Services (**LDSS-5145**);
- Notice of Responsibilities and Rights for Support (**LDSS-4279**); and
- Information for All Potential Child Support Applicants About Getting Child Support Safely (**W-280a**).

Revised

Information Technology Services (ITS) will mail the applicant the OCSS Appointment Reminder (**OCSS-91a**), ten days (10) prior to the date of the scheduled OCSS appointment.

New Information

Applicants should submit materials in advance of their appointment. If an applicant has questions about the requested materials or needs to report a new telephone number for a telephone appointment, or if they need to change their appointment date or type, they should contact OCSS (see **Attachment A**).

Effective Immediately

Related Item:

- [PB #23-34-SYS](#)
- [PB #14-38-OPE](#)
- [PB #13-28-OPE](#)
- [PB #12-97-OPE](#)
- [PB #07-151-SYS](#)

Attachments:

- | | |
|---------------------|--|
| Attachment A | OCSS Borough Office Telephone Numbers |
| OCSS-91 | Child Support Appointment Notice (Rev. 10/22/2021) |
| OCSS-91 (S) | Child Support Appointment Notice (Spanish) (Rev. 10/22/2021) |
| OCSS-91a (E) | OCSS Appointment Reminder (Rev. 10/21/2021) |
| OCSS-91a (S) | OCSS Appointment Reminder (Spanish) (Rev. 10/28/2021) |
| LDSS-5145 | Referral for Child Support Services (Rev. 02/2021) |
| LDSS-4279 | Notice of Responsibilities and Rights for Support (Rev. 01/2010) |

W-280a

Information for All Potential Child Support Applicants About Getting Child Support Safely (Rev. 02/01/2022)

W-280a (S)

Information for All Potential Child Support Applicants About Getting Child Support Safely (Spanish) (Rev. 02/01/2022)

Attachment A

OCSS Borough Office Telephone Numbers

OCSS Borough Office	Telephone Number
Bronx	(929) 252-4100
Brooklyn	(929) 221-7620
Manhattan	(212) 274-4736
Queens	(929) 221-4105

Date: _____
Case ID: _____
Case Name: _____

Avoid a Reduction in Your Benefits

Child Support Appointment Notice & Instructions for Submitting Your Child Support Referral (LDSS-5145)

As an applicant or recipient of Cash Assistance, you are required to cooperate with the Office of Child Support Services (OCSS) to be eligible to receive your full cash assistance benefits.

To comply, you must complete, sign and return the Child Support Referral (**LDSS-5145**), sent with this letter, to OCSS within 10 days of receipt of this notice. You must also participate in the scheduled mandatory child support interview.

Your interview will be:

- By telephone on (**DATE**) _____ between 9am and 5pm. A child support staff member will call you at _____ for your mandatory interview.

If your telephone number is not on file with the Agency or if it has changed, please contact us at _____ at least 24 hours in advance to let us know.

- In person on (**DATE**) _____ at (**TIME**) _____. Please report to the following location for your mandatory interview:

Location Name:

Address:

City: _____ **State:** _____ **Zip Code:** _____

If you want to make any changes to your appointment (e.g. different day or in person instead of telephone), it's important you call us at _____ at least 24 hours in advance to let us know.

In addition to submitting the Child Support Referral (**LDSS-5145**), you may need to provide additional documents or information for the interview. A list of the documents is provided on the next page.

Make sure you continue getting your full cash assistance benefits by taking the following steps to prepare for your interview:

Step 1: Complete and sign the enclosed Child Support Referral (LDSS-5145).

- ✓ **Fill it out.** The form should take about 30 minutes to complete. The more information you put on the referral (**LDSS-5145**), the easier it will be for you and for us.
- ✓ **Sign it.** We will not be able to process the form without your signature.

Need help completing these forms? Call _____.

Step 2: Gather the additional documents needed before the interview.




It's OK if you don't have all the documents. Send what you have available. If you are not sure or don't have the documents you need, we will let you know during the interview. We may also be able to help you get the documents.

- Copy of signature on Page A of the *Child Support Referral (LDSS-5145)*;
- Birth certificate for each child, if not previously submitted to HRA;
- Affidavit of Alleged Paternity (M-179 form)* for every child, if you weren't married at the time the child was born;
- Acknowledgement of Parentage (**LDSS-5171**) 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 earnings; **and**
- Any documents that may help OCSS locate the noncustodial parent.

Step 3: Return your completed, signed referral and other documents

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


There are 3 ways to return your referral (**LDSS-5145**) and documents:


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 mail it using your own envelope to: Office of Child Support Services Attention: Borough Offices P.O. Box 830 New York, NY 10013
3.		Email it to ocse.cseweb@dca.state.ny.us with the subject line “LDSS-5145.”


SAMPLE

Step 4: 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

	<p>What happens if I don't participate in the appointment or return the signed form?</p> <ul style="list-style-type: none">× Your Cash Assistance benefit may be reduced by 25%,× You may lose Medicaid for yourself,× You may become ineligible for some rental assistance programs or have your rental supplement reduced, 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.
---	---

	<p>If you have any safety concerns after reading the LDSS-4279 (Notice of Responsibilities and Rights for Support), 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. Refer to OCSS's website (www.nyc.gov/hra/ocss) to learn more about whether you can get child support safely.</p>
---	---

	<p>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.</p>
---	---

Fecha: _____
Identificación del caso: _____
Nombre del caso: _____

Evite una reducción en sus beneficios

Aviso de cita de manutención infantil e instrucciones para presentar su Derivación de manutención infantil (LDSS-5145) (Spanish)

Como solicitante o beneficiario de Asistencia en efectivo, debe cooperar con la Oficina de Servicios de Manutención Infantil (Office of Child Support Services, OCSS) para ser elegible para recibir la totalidad de sus beneficios de asistencia en efectivo.

Para cumplir, debe completar, firmar y devolver la Derivación de manutención infantil (**LDSS-5145**), enviada con esta carta, a la OCSS en un plazo de 10 días después de recibir este aviso. También debe participar en la entrevista obligatoria de manutención infantil programada.

Su entrevista se hará:

- Por teléfono el (**FECHA**) _____ entre las 9 a. m. y las 5 p. m. Un miembro del personal de manutención infantil lo llamará al _____ para su entrevista obligatoria.

Si su número de teléfono no está archivado con la Agencia o cambió, comuníquese con nosotros al _____ al menos 24 horas antes para informarnos.

- En persona el (**FECHA**) _____ a las (**HORA**) _____. Preséntese en este lugar para su entrevista obligatoria:

Nombre del lugar:

Dirección:

Ciudad: _____ **Estado:** _____ **Código postal:**

Si quiere hacer algún cambio en su cita (p. ej., otro día o en persona en lugar de por teléfono), es importante que nos llame al _____ al menos 24 horas antes para informarnos.

Además de enviar la Derivación de manutención infantil (**LDSS-5145**), es posible que deba dar documentos o información adicionales para la entrevista. En la página siguiente hay una lista de los documentos.

Asegúrese de seguir recibiendo la totalidad de sus beneficios de asistencia en efectivo siguiendo estos pasos para estar listo para la entrevista:

Paso 1: Complete y firme la Derivación de manutención infantil (LDSS-5145) adjunta.

- ✓ **Complételo.** Tardará aproximadamente 30 minutos en completar el formulario. Cuanta más información ponga en la derivación (**LDSS-5145**), más fácil será para usted y para nosotros.
- ✓ **Fírmelo.** No podremos procesar el formulario sin su firma.

¿Necesita ayuda para completar estos formularios? Llame al _____.

Paso 2: Reúna los documentos adicionales necesarios antes de la entrevista.




No importa si no tiene todos los documentos. Envíe los que tenga. Si no está seguro o no tiene los documentos que necesita, se lo haremos saber durante la entrevista. También podríamos ayudarlo a obtener los documentos.

- Copia de la firma en la página A de la *Derivación de manutención infantil (LDSS-5145)*;
- Certificado de nacimiento de cada hijo, si aún no lo presentó a la HRA;
- Declaración jurada de presunta paternidad* (formulario **M-179**) por cada hijo, si no estaba casado en el momento en que nacieron;
- Reconocimiento de paternidad (**LDSS-5171**) u Orden de filiación del Tribunal de Familia, si corresponde;
- Acta de matrimonio, sentencia de divorcio o documentos de separación, si corresponde;
- Fotografía reciente del padre sin la custodia;
- Documentos que muestren el número de Seguro Social y los ingresos del padre sin la custodia; **y**
- Todos los documentos que puedan ayudar a la OCSS a encontrar al padre sin la custodia.

Paso 3: Devuelva su derivación completa y firmada y otros documentos


Asegúrese de incluir su nombre e identificación del caso en todos los documentos que presente.


Hay 3 formas de enviar su derivación (**LDSS-5145**) y documentos:


1.		Use la aplicación móvil ACCESS HRA para cargar el formulario. Elija "Child Support Form LDSS-5145" (Formulario de manutención infantil LDSS-5145) como categoría del documento.
2.		Envíe por correo el formulario a la Oficina de Servicios de Manutención Infantil en el sobre de respuesta comercial adjunto con franqueo pagado (sin costo para usted) o envíelo con otro sobre a: Office of Child Support Services Attention: Borough Offices P.O. Box 830 New York, NY 10013
3.		Envíelo por email a dcse.cseweb@dfa.state.ny.us con el asunto "LDSS-5145".

Paso 4: Tenga a mano la siguiente información en la entrevista.

- Dirección, números de teléfono e información del empleador del otro padre
- Fecha, lugar de nacimiento y nombre del otro padre

	<p>¿Qué sucede si no participo en la cita o no devuelvo el formulario firmado?</p> <ul style="list-style-type: none">× Su beneficio de asistencia en efectivo puede reducirse un 25%;× Podría perder su cobertura de Medicaid;× Podría no ser elegible para algunos programas de asistencia para el pago del alquiler o podrían reducirle los suplementos de alquiler; y× No iniciará el proceso para abrir un caso de manutención infantil, que puede darle hasta \$200 al mes, además de su beneficio de asistencia en efectivo, y aun más cuando deje de recibir dicha asistencia.
---	--

	<p>Si tiene alguna preocupación sobre su seguridad después de leer el LDSS-4279 (Aviso de responsabilidades y derechos de apoyo), comuníquese con su trabajador de la Administración para la Independencia de la Familia (FIA), que lo derivará a un enlace para asuntos de violencia doméstica de la Administración de Recursos Humanos (HRA). Juntos podrán decidir si solicitar manutención infantil es seguro para su familia. Consulte el sitio web de la OCSS (www.nyc.gov/hra/ocss) para saber más sobre si puede obtener manutención infantil de manera segura.</p>
---	--

	<p>¿Tiene alguna condición médica o de salud mental o discapacidad? ¿Le dificulta esta condición entender este aviso o hacer lo que se pide en él? ¿Le dificulta esta condición obtener otros servicios de la HRA? Podemos ayudarlo. Llámenos al 212-331-4640. También puede pedir ayuda en una oficina de la HRA. Por ley, tiene derecho a pedir este tipo de ayuda.</p>
---	--

Date: _____
Case ID: _____
Case Name: _____

OCSS Appointment Reminder

This is a reminder that you are scheduled for an interview with the Office of Child Support Services (OCSS). You must comply with the requirements of the child support program to be eligible to receive your full cash assistance benefits. Your interview will be:

- By telephone on **(DATE)** _____ between 9am and 5pm. A child support staff member will call you at _____ for your mandatory interview.

If your telephone number is not on file with the Agency or if it has changed, please contact us at _____ at least 24 hours in advance to let us know.

- In person on **(DATE)** _____ at **(TIME)** _____. Please report to the following location for your mandatory interview:

Location Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

If you want to make any changes to your appointment (e.g., different day or in person instead of telephone), it's important you call us at _____ at least 24 hours in advance to let us know.

Make sure you continue getting your full cash assistance benefits by taking the following steps to prepare for your interview if you haven't already:

Step 1: Complete and sign the Child Support Referral (LDSS-5145).

The Child Support Referral (**LDSS-5145**) was mailed to you. If you need another copy to fill out, you can find it at www.nyc.gov/hra/ocss or you can call _____ to have it sent to you.

- ✓ **Fill it out.** The form should take about 30 minutes to complete. The more information you put on the referral (**LDSS-5145**), the easier it will be for you and for us.
- ✓ **Sign it.** We will not be able to process the form without your signature.

Need help completing these forms? Call _____.

Step 2: Gather the additional documents needed before the interview.




It's OK if you don't have all the documents. Send what you have available. If you are not sure or don't have the documents you need, we will let you know during the interview. We may also be able to help you get the documents.

- Copy of signature on Page A of the *Child Support Referral* (**LDSS-5145**);
- Birth certificate for each child, if not previously submitted to HRA;
- Affidavit of Alleged Paternity* (**M-179** form) for every child, if you weren't married at the time the child was born;
- Acknowledgement of Parentage (**LDSS-5171**) 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 earnings; **and**
- Any documents that may help OCSS locate the noncustodial parent.

Step 3: Return your completed, signed referral and other documents.

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


There are 3 ways to return your referral and documents:


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 sent with the original appointment notice (no cost to you) or mail it using your own envelope 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.”


SAMPLE

Step 4: 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

	<p>What happens if I don't participate in the appointment or return the signed form?</p> <ul style="list-style-type: none">× Your Cash Assistance benefit may be reduced by 25%,× You may lose Medicaid for yourself,× You may become ineligible for some rental assistance programs or have your rental supplement reduced, 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.
---	---

	<p>If you have any safety concerns after reading the LDSS-4279 (Notice of Responsibilities and Rights for Support), 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. Refer to OCSS's website (www.nyc.gov/hra/ocss) to learn more about whether you can get child support safely.</p>
---	---

	<p>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.</p>
---	---

Fecha: _____
Identificación del caso: _____
Nombre del encargado del caso: _____

Recordatorio de cita en la OCSS (Spanish)

Este es un recordatorio de que tiene programada una entrevista con la Oficina de Servicios de Manutención Infantil (Office of Child Support Services, OCSS). Debe cumplir los requisitos del programa de manutención infantil para ser elegible y recibir la totalidad de los beneficios de asistencia en efectivo. Su entrevista se hará:

- Por teléfono el (**FECHA**) _____ entre las 9 a. m. y las 5 p. m. Un miembro del personal de manutención infantil lo llamará al _____ para su entrevista obligatoria.

Si su número de teléfono no está archivado con la Agencia o cambió, comuníquese con nosotros al _____ al menos 24 horas antes para informarnos.

- En persona el (**FECHA**) _____ a las (**HORA**) _____. Preséntese en este lugar para su entrevista obligatoria:

Nombre del lugar: _____

Dirección: _____

Ciudad: _____ **Estado:** _____ **Código postal:** _____

Si quiere hacer algún cambio en su cita (p. ej., otro día o en persona en lugar de por teléfono), es importante que nos llame al _____ al menos 24 horas antes para informarnos.

Si aún no lo hizo, asegúrese de continuar recibiendo la totalidad de sus beneficios de asistencia en efectivo siguiendo estos pasos para prepararse para la entrevista:

Paso 1: Complete y firme la derivación de manutención infantil (LDSS-5145).

Se le envió por correo la derivación de manutención infantil (**LDSS-5145**). Si necesita otra copia para completar, puede encontrarla en www.nyc.gov/hra/ocss o puede llamar al _____ para que se la envíen.

✓ **Complételo.** Tardará aproximadamente 30 minutos en completar el formulario. Cuanta más información ponga en la derivación (**LDSS-5145**), más fácil será para usted y para nosotros.

✓ **Fírmelo.** No podremos procesar el formulario sin su firma.

¿Necesita ayuda para completar estos formularios? Llame al _____.

Paso 2: Reúna los documentos adicionales necesarios antes de la entrevista.




No importa si no tiene todos los documentos. Envíe los que tenga. Si no está seguro o no tiene los documentos que necesita, se lo haremos saber durante la entrevista. También podríamos ayudarlo a obtener los documentos.

- Copia de la firma en la página A de la *Derivación de Manutención Infantil (LDSS-5145)*.
- Certificado de nacimiento de cada hijo, si aún no lo presentó a la HRA.
- Declaración jurada de presunta paternidad* (formulario **M-179**) por cada hijo, si no estaba casado en el momento en que nacieron.
- Reconocimiento de paternidad (**LDSS-5171**) u Orden de filiación del Tribunal de Familia, si corresponde.
- Acta de matrimonio, sentencia de divorcio o documentos de separación, si corresponde.
- Fotografía reciente del padre sin la custodia.
- Documentos que muestren el número de Seguro Social y los ingresos del padre sin la custodia.
- Todos los documentos que puedan ayudar a la OCSS a encontrar al padre sin la custodia.

Paso 3: Envíe su derivación completa y firmada y otros documentos a la


Asegúrese de incluir su nombre e identificación del caso en todos los documentos que presente.


Hay 3 formas de enviar su derivación y sus documentos:


1.		Use la aplicación móvil ACCESS HRA para cargar el formulario. Elija “Child Support Form LDSS-5145” (Formulario de manutención infantil LDSS-5145) como categoría del documento.
2.		Envíe por correo el formulario a la Oficina de Servicios de Manutención Infantil en el sobre de respuesta comercial con franqueo pagado que se envió con el aviso de cita original (sin costo para usted) o envíelo usando otro sobre a: Office of Child Support Services Attention: Borough Offices P.O. Box 830 New York, NY 10013
3.		Envíelo por email a dcse.cseweb@dfa.state.ny.us con el asunto “LDSS-5145”.

Paso 4: Tenga a mano la siguiente información en la entrevista.

- Dirección, números de teléfono e información del empleador del otro padre
- Fecha, lugar de nacimiento y nombre del otro padre

	<p>¿Qué sucede si no participo en la cita o no devuelvo el formulario firmado?</p> <ul style="list-style-type: none">× Su beneficio de asistencia en efectivo puede reducirse un 25 %.× Podría perder su cobertura de Medicaid.× Podría no ser elegible para algunos programas de asistencia para el pago del alquiler o podrían reducirle los suplementos de alquiler, y× No iniciará el proceso para abrir un caso de manutención infantil, que puede darle hasta \$200 al mes, además de su beneficio de asistencia en efectivo, y aún más cuando deje de recibir dicha asistencia.
---	--

	<p>Si tiene alguna preocupación sobre su seguridad después de leer el LDSS-4279 (Aviso de responsabilidades y derechos de apoyo), comuníquese con su trabajador de la Administración para la Independencia de la Familia (FIA), que lo derivará a un enlace para asuntos de violencia doméstica de la Administración de Recursos Humanos (HRA). Juntos podrán decidir si solicitar manutención infantil es seguro para su familia. Consulte el sitio web de la OCSS (www.nyc.gov/hra/ocss) para saber más sobre si puede obtener manutención infantil de manera segura.</p>
---	--

	<p>¿Tiene alguna condición médica o de salud mental o discapacidad? ¿Le dificulta esta condición entender este aviso o hacer lo que se pide en él? ¿Le dificulta esta condición obtener otros servicios de la HRA? Podemos ayudarlo. Llámenos al 212-331-4640. También puede pedir ayuda en una oficina de la HRA. Por ley, usted tiene derecho a pedir ese tipo de ayuda.</p>
---	---

Referral for Child Support Services



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.

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.

Child Support Percentages

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

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

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 <i>(e.g., Maiden Name)</i>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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

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
 Partner Former Partner Other

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

NOTICE OF RESPONSIBILITIES AND RIGHTS FOR SUPPORT

YOUR RESPONSIBILITIES

When you sign a Temporary Assistance (TA) Medical Assistance (MA) application, and for as long as you get TA and/or MA, you must:

- I. **Tell your worker if you are pregnant or were pregnant in the last two months because some of the requirements below may not apply to you at this time.**
- II. **Turn over ("assign") to the State and your local Department of Social Services ("the Department") your rights and the rights of any applying family member to get support (including medical support) from anyone else. [Social Services Law (SSL) 158 and 348] The assignment of support is limited to support which accrues during the period that you and/or any family member receives assistance. If you are applying only for MA, you assign to the State and the Department your rights and the rights of any applying family member to get medical support including the rights to any medical benefits. [SSL 366(4)(h)]**
- III. **Cooperate with the Department to legally name who the father of your child is ("establish paternity") and to get any support (including medical support) owed to you and any child living with you [SSL 132-a, 158, 349-b and 366(4)(h)]. If you have a good reason not to cooperate, be sure to read the "YOUR RIGHTS IF YOU DO NOT COOPERATE" section below.**

To cooperate means you will have to:

- ◆ Go to the TA office and, if required, to the child support office and court to sign papers or tell what you know about the absent parent. Some things that you may be asked you may already know. See the back of this form for the section on **"Information You May Already Have On The Absent Parent"**.
- ◆ Name the absent parent of any child applying for or getting TA or MA, and tell what you know to help find that parent.
- ◆ Help the court in establishing paternity of any child who was born to unmarried parents.
- ◆ Tell what you know about the absent parent's income and whether the absent parent has access to health insurance benefits to help the Department help you or any child getting TA or MA to get financial and/or medical support.

NOTE: By signing the TA/MA application, you are attesting under penalty of perjury that you will give true and complete information. If you don't know information about the parent of your child, you must sign a form saying you don't know.

A child should get support from both parents. By cooperating, you are investing in your child's future. Some of the benefits of cooperating are:

- ◆ Finding the absent parent
- ◆ Establishing the paternity of your child is (see the back of this form for the section on **"Fathers' Rights When Paternity is Established in Court"**)
- ◆ Up to **\$100** per month of current support collected is given to you if there is one child active on your TA case (this is called a "pass-through" or "bonus" check); up to \$200 per month of current support collected is given to you if there are two or more children active on your TA case."
- ◆ Getting support that could help you so that you might not need TA
- ◆ Your child gains inheritance rights to medical and life insurance
- ◆ You and your child gain rights to future Social Security, Veteran's or other government benefits.

YOUR RIGHTS IF YOU DO NOT COOPERATE

- I. **If you feel that cooperating would not be good for you or your child:**
 - A. You have the right to make a "good cause claim" for not cooperating. The following are reasons that the Department will use to see if it can approve your good cause claim:
 - ◆ Your cooperation is likely to cause physical or emotional harm to you or your child
 - ◆ Your child came from a pregnancy due to incest or rape
 - ◆ You are working with the court or an authorized adoption agency to have your child adopted.
 - B. You have the right to make a "good cause claim" at any time by telling a worker. If you make a good cause claim, you must:
 - ◆ Give evidence to the Department to prove this. See the back of this form for the section on **"Examples Of Evidence You Can Give For A Good Cause Claim"**. If you need help getting the evidence, the Department will give you reasonable help. If your claim is due to fear of physical harm, and you cannot get the evidence, the Department may still be able to approve your good cause claim.
 - ◆ Give your evidence **within 20 days** of making your good cause claim. You may only have 20 days even if you have a hard time getting evidence.
- NOTE:** If you are applying for TA or MA, you must give evidence and tell what you know about the absent parent, or you will get less TA and you will not get MA for yourself.

Once you make a good cause claim, the Department will do one of the following:

- ◆ Approve your claim based on the evidence you have given to prove one of the good cause reasons listed in Section I.A. above. If your claim is approved, you will not have to cooperate with the Department.
- ◆ Deny your claim because the evidence you gave was not enough to prove one of the reasons listed in Section I.A. above.
- ◆ Look into ("investigate") your claim further so that the Department can get the information it needs to see if it can approve your claim. You may have to tell what you know about the absent parent, such as their name and address. The Department will not contact the absent parent without telling you first.

NOTE: The Child Support Enforcement Unit (CSEU) may review the Department's findings and the good cause decision. If you ask for a hearing on your good cause claim, the CSEU may be involved with that hearing. If your good cause claim is approved, the CSEU may try to establish paternity or collect support only if the Department decides that this can be done without risk to you or your child. This will not be done without telling you first.

- II. If you do not cooperate and do not have a good cause claim or domestic violence waiver that was approved:
 - ◆ You will get less TA and will not get MA for yourself.
 - ◆ TA for your child may be paid to someone else called a "protective payee".

I have read the front and back of this notice, <input type="checkbox"/> I can cooperate in pursuing child support without exposing my children or myself to physical or emotional harm. <input type="checkbox"/> I cannot pursue child support, as it would expose my children or myself to physical or emotional harm.	<input type="checkbox"/> I have given the applicant/recipient a copy of this notice.
--	--

SIGNATURE OR APPLICANT/RECIPIENT	DATE	SIGNATURE OF WORKER	DATE
----------------------------------	------	---------------------	------

I. INFORMATION YOU MAY ALREADY HAVE ON THE ABSENT PARENT(S)

You will be asked to give as much information about the absent parent(s) as possible. Social Security Number(s) and date(s) of birth are especially important. This information may be found on the absent parent's following documents:

- ◆ Pay stubs
- ◆ Tax returns (may be joint returns)
- ◆ Tax Department forms and letters
- ◆ Unemployment Benefits (UIB) booklet
- ◆ Social Security/Veterans Administration records
- ◆ Workers' Compensation statement
- ◆ School/College records
- ◆ Life and auto insurance policies
- ◆ Bank books (current and old)
- ◆ Medical/Dental records and bills
- ◆ Marriage certificate
- ◆ ID cards (health insurance, school ID, alien registration)
- ◆ Other personal records

II. EXAMPLES OF EVIDENCE YOU CAN GIVE FOR A GOOD CAUSE CLAIM:

- ◆ Birth Certificate, or medical or law enforcement records, which show that your child came from a pregnancy due to incest or rape
- ◆ Court records or other records which show that action on a legal adoption is pending in court.
- ◆ Court, medical, criminal, child protective services, social services, psychological or law enforcement records which show that the alleged or absent parent might physically or emotionally harm you or your child.
- ◆ Medical records which show emotional health history and present health history and present health status of you or your child; or written statements from mental health staff showing a diagnosis or prognosis on the emotional health of you or your child.
- ◆ A written statement from a public or private agency that you are being helped to decide whether to keep or give up your child for adoption.
- ◆ Sworn statements from people including friends, neighbors, clergy, social workers and medical staff who would know your situation and could confirm the basis of your good cause claim.

If you need help in getting evidence, ask the Department. The Department will give you reasonable help in getting the evidence you need.

III. FATHERS' RIGHTS WHEN PATERNITY IS ESTABLISHED IN COURT

When a court has established who is the father of a child, or when a mother and father acknowledge that he is the child's father by signing an Acknowledgment of Paternity form anytime after the child is born, the father may ask to:

- ◆ Get custody of the child
- ◆ Visit with the child
- ◆ Take part in any adoption or foster care plans for the child
- ◆ Disagree with any adoption or foster care placements of the child
- ◆ Inherit from the child