



OFFICE OF POLICY, PROCEDURES, AND TRAINING

POLICY BULLETIN #24-11-OPE

REVISIONS TO THE CASH ASSISTANCE APPLICATION KIT FORMS (M-90C) AND THE CASH ASSISTANCE RECERTIFICATION KIT FORMS (M-90D)

Date: March 8, 2024	Subtopic(s): Application Kit Form, Recertification Kit Form
M-90c, M-90d revision	<p>The purpose of this policy bulletin is to inform Benefits Access Center (BAC), HIV/AIDS Services Administration (HASA), Non-Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Center staff and all other programs that the Cash Assistance Application Kit Forms (M-90c) and the Cash Assistance Recertification Kit Forms (M-90d) have been revised.</p> <ul style="list-style-type: none"> • Cash Assistance Application Kit Forms (M-90c). • Cash Assistance Recertification Kit Forms (M-90d). <p><u>Revision made to the M-90c and M-90d:</u></p> <ul style="list-style-type: none"> • The “Application for Child Support Services” (LDSS-5143), “Referral for Child Support Services” (LDSS-5145) and the “Gender Selections (Addendum to LDSS-5143 and LDSS-5145” are obsolete and are being replaced with the “Child Support Enrollment Form” (LDSS-5258) and the “Important Information about Child Support Services” (LDSS-5258a). The LDSS-5258 and LDSS-5258a are available on the Office of Temporary and Disability Assistance (OTDA) intranet forms page here. • The “Required Documents for Your Interview with the Office of Child Support Enforcement” (M-384t) is obsolete. <p>All previous versions of the M-90c and M-90d must be removed and recycled.</p> <p>A sample of the M-90c, M-90d, LDSS-5258 and LDSS-5258A are attached. The obsolete versions of the LDSS-5143, LDSS-5145, LDSS-5143-LDSS-5145 Addendum and the M-384t, are also attached for reference.</p>

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

Effective Immediately

Attachments:

M-90c	Cash Assistance Application Kit Forms (03/07/2024)
M-90d	Cash Assistance Recertification Kit Forms (03/07/2024)
LDSS-5258	Child Support Enrollment Form
LDSS-5258A	Important Information about Child Support Services
LDSS-5143	Application for Child Support Services (Obsolete)
LDSS-5145	Referral for Child Support Services (Obsolete)
LDSS-5143- LDSS-5145	Gender Selections Addendum to (LDSS-5143 and LDSS-5145) (Obsolete)
M-384t	Required Documents for Your Interview with the Office of Child Support Enforcement (Obsolete)

Cash Assistance Application Kit Forms

Forms included in the Cash Assistance Application Kit:

Item	Title	Form Number	Agency
1	Non-Parent Caregivers (Grandparents, Other Relatives, Friends) Caring for Children	Attachment A****	State
2	New York State Application for Certain Benefits and Services	LDSS-2921*	State
3	Supplemental Nutrition Assistance Program (SNAP) Change Report Form	LDSS-3151*	State
4	New York State What You Should Know About Your Rights And Responsibilities (When Applying For or Receiving Benefits)	LDSS-4148A*	State
5	New York State What You Should Know About Social Services Programs Questions and Answers	LDSS-4148B*	State
6	Insert for LDSS-4148B, New York State What You Should Know About Social Services Programs Questions and Answers	LDSS-4148B.1*	State
7	New York State What You Should Know If You Have An Emergency Questions and Answers	LDSS-4148C*	State
8	Notice Of Responsibilities And Rights For Support	LDSS-4279*	State
9	Domestic Violence Screening Form Under the Family Violence Option	LDSS-4583*	State
10	Domestic Violence Palm Card	LDSS-4583A**	State
11	DFR Legal Residence Statement	LDSS-4733*	State
12	Child Support Enrollment Form	LDSS-5258*	State
13	Domestic Violence Information for all Temporary Assistance Applicants	LDSS-4905*	State
14	Instructions for Completing the Application for Certain Benefits and Services	PUB-1301*	State
15	How To Use Your Benefit Card To Get Supplemental Nutrition Assistance Program (SNAP) and/or Cash Benefits	LDSS-5004*	State
16	Keep the Heat On With HEAP	PUB-4735*	State
17	Did You Know That The City of New York Will Pay for Your Child Care For Your Children Under 13 and For Children With Special Needs?	CS-273E**	ACS
18	Child Care Fact Sheet and Planner	CS-574EE**	ACS
19	Fraud Brochure	BRC-151 ‡	BFI
20	Do you have a disability?	FLY-972 ‡	HRA
21	Notice to All Applicants	EXP-75Q***	FIA

* Denotes State forms that are available in the mandated Local Law 73 languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Application Kit.

** Available in English and Spanish only.

*** Multiple languages are contained on one form.

**** Denotes forms that must be manually printed. Only available in English.

‡ Denotes forms that are available in the mandated Local Law 30 languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Application Kit.

Cash Assistance Application Kit Forms

Item	Title	Form Number	Agency
22	Notice of Free Interpretation Services	DSS-4 ‡	DSS
23	Utility Handout	FIA-1104a ‡	FIA
24	How to Report Child Abuse Or Neglect	FIA-1132 ‡	FIA
25	Child Care Guarantee Informational	M-528m ‡	FIA
26	Attention: Single Parents and Caretaker Relatives of a Dependent Child	W-116U***	FIA
27	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	W-126E ‡	FIA
28	Services for Victims of Sexual Assault	W-131 ‡	FIA
29	Cash Assistance Additional Allowances	W-137C ‡	FIA
30	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	W-139E ‡	FIA
31	Troubled? Frustrated? Angry? Don't Take It Out On Your Children!	W-273A ‡	FIA
32	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299 ‡	FIA
33	Eligibility Verification Review Questionnaire	W-532T ‡	FIA
34	Language Questionnaire	W-680FF ‡	FIA
35	Notice to Applicants/Participants	W-904DD ‡	FIA
36	Essential Persons	W-912KK ‡	FIA
37	List of Participating Clinics and Hospitals (Child/Teen Health Program)	MAP-58k***	MAP
38	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	MAP-252 ‡	MAP
39	Child/Teen Health Program (C/THP) Fact Sheet	MAP-1096 ‡	MAP
40	Cash Assistance & Child Support What You Need to Know	W-549D*	OCSS
41	Know Your Rights: How To Avoid and Fight An Illegal Eviction/Illegal Lockout	DSS-1 ‡	DSS
42	DSS Non-Discrimination Flyer	FLY-997***	DSS
43	Important Changes in the Medicaid Program	Supplement to LDSS-4148A and LDSS-4148B*	State
44	Protect Children From Lead Hazards	FLY-1027***	DOHMH
45	Instructions for Submitting Your Paper Cash Assistance Application or Recertification Form	FIA-1237 ‡	FIA
46	ACEs Understanding Adverse Childhood Experiences (ACEs)	PUB-5222****	State

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Cash Assistance Recertification Kit Forms

Forms included in the standard Cash Assistance Recertification Kit:

Item	Title	Form Number	Agency
1	Supplemental Nutrition Assistance Program (SNAP) Change Report Form	LDSS-3151 *	State
2	New York State Recertification Form for Certain Benefits and Services	LDSS-3174 * ¹	State
3	New York State What You Should Know About Your Rights And Responsibilities (When Applying For or Receiving Benefits)	LDSS-4148A *	State
4	New York State What You Should Know About Social Services Programs Questions and Answers	LDSS-4148B *	State
5	Insert for LDSS-4148B, New York State What You Should Know About Social Services Programs Questions and Answers	LDSS-4148B.1 *	State
6	New York State What You Should Know If You Have An Emergency Questions and Answers	LDSS-4148C *	State
7	Notice Of Responsibilities And Rights For Support	LDSS-4279 *	State
8	Domestic Violence Screening Form Under the Family Violence Option	LDSS-4583 *	State
9	Domestic Violence Palm Card	LDSS-4583A **	State
10	Child Support Enrollment Form	LDSS-5258 *	State
11	Domestic Violence Information for all Temporary Assistance Applicants	LDSS-4905 *	State
12	Instructions for Completing the Recertification for Certain Benefits and Services Form	PUB-1301 *	State
13	Fraud Brochure	BRC-151 ‡	BFI
14	Do you have a disability?	FLY-972 ‡	HRA
15	Attention: Single Parents and Caretaker Relatives of a Dependent Child	W-116U ***	FIA
16	How to Report Child Abuse Or Neglect	FIA-1132 ‡	FIA
17	Utility Handout	FIA-1104a ‡	FIA

* Denotes State forms that are available in the mandated Local Law 73 languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Recertification Kit.

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¹ Included in the kit for homebound interviews and when POS is down.

‡ Denotes forms that are available in the mandated Local Law 30 languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Application Kit.

Cash Assistance Recertification Kit Forms

Forms included in the standard Cash Assistance Recertification Kit:

Item	Title	Form Number	Agency
18	Notice of Free Interpretation Services	DSS-4 ‡	DSS
19	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	W-126E ‡	FIA
20	Services for Victims of Sexual Assault	W-131 ‡	FIA
21	Cash Assistance Additional Allowances	W-137C ‡	FIA
22	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	W-139E ‡	FIA
23	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299 ‡	FIA
24	Language Questionnaire	W-680FF ‡	FIA
25	Notice to Applicants/Participants	W-904DD ‡	FIA
26	Essential Persons	W-912KK ‡	FIA
27	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	MAP-252 ‡	MAP
28	Know Your Rights: How To Avoid and Fight An Illegal Eviction/Illegal Lockout	DSS-1 ‡	DSS
29	DSS Non-Discrimination Flyer	FLY-997 ***	DSS
30	Important Changes in the Medicaid Program	Supplement to LDSS-4148A and LDSS-4148B *	State
31	Protect Children From Lead Hazards	FLY-1027 ***	DOHMH
32	Instructions for Submitting Your Paper Cash Assistance Application or Recertification Form	FIA-1237 ‡	FIA

* Denotes State forms that are available in the mandated Local Law 37 languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Recertification Kit.

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Cash Assistance Recertification Kit Forms

Recertification Kits for households with children include the forms on the first two pages and those listed below. Do not include the forms on this page for households without children.

Item	Title	Form Number	Agency
1	Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care	OCFS LDSS-4699 OCFS LDSS4699-S**	State
2	Legally Exempt Program Enrollment Form Information and Instructions Guide	OCFS LDSS-4699a OCFS LDSS-4699a-S**	State
7	Enrollment Form for Provider of Legally-Exempt Group Child Care	OCFS LDSS-4700 OCFS LDSS-4700-S**	State
8	Instructions for Part A: Enrollment Form for Legally Exempt Group Child Care Program	OCFS LDSS-4700a OCFS LDSS-4700a-S**	State
9	Did You Know That The City of New York Will Pay For Your Child Care For Your Children Under 13 and For Children With Special Needs?	CS-273E**	ACS
10	Child Care Fact Sheet and Planner	CS-574EE**	ACS
11	Child Care Guarantee Informational	M-528m ‡	FIA
12	Cash Assistance & Child Support: What You Need to Know	W-549D ‡	OCSS
13	Notification of New York City Requirement for Relative-Only Child Care Providers	CFWB-047	ACS
14	ACEs Understanding Adverse Childhood Experiences (ACEs)	PUB-5222 ****	State

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Enrolling for Child Support Services – What You Need to Know

The Child Support Program puts children first by helping both parents provide for the economic and social well-being, health, and stability of their children. Services include assistance with locating noncustodial parents, establishing parentage, establishing child support and medical support, collecting and distributing child support payments, and modifying and enforcing child support orders.

As a recipient of child support services, you will:

- Have your information kept confidential.
- Receive notice of certain case activities.
- Receive prompt payment of collected support.
- Receive timely notice of scheduled hearings.
- Receive copies of court orders and hearing decisions.
- Receive services even if you do not have a legal standing and your status will never be reported.

You may:

- Request genetic testing to confirm parentage.
- Challenge certain actions we take.
- Hire an attorney to represent you.
- Request a review of payments received and disbursed.

You have the responsibility to:

- Provide information to process your case.
- Complete requested documents.
- Cooperate with us to take the next step in providing services.
- Share changes in your circumstances, such as changes in your address and phone number.
- Ensure all support payments are paid through us.

What We Will Do After Receiving Your Child Support Enrollment Form

The Child Support Program will take steps to get your children the support they need from the other party, such as obtaining information about addresses and employment; helping you to complete an Acknowledgment of Parentage; filing court petitions to establish or modify an order of support; and initiating income withholding. Be sure to keep the Child Support Program up to date. Notify us if there is a change in custody for a child; a change in your mailing address, phone number, or email address; or when you obtain new information about the other party. Call the Child Support Helpline toll-free at **888-208-4485 (TTY: 866-875-9975 – Relay Service)** (<http://www.fcc.gov/general/internet-based-trs-providers>) or contact 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>.

Fees, Payments, and Disbursements

Fees: Federal law requires us to charge a \$35 annual fee on each case where we have collected at least \$550 in child support payments between Oct. 1 and Sept. 30 but only if you have **never** received Temporary Assistance for Needy Families (TANF) benefits. The fee is deducted from the child support collected.

Payments: Federal and State law determines how we apply payments. Current support due is paid first, then health insurance premiums, and past-due support (arrearages) are paid after that.

If the noncustodial parent does not earn enough to cover both the current child support amount and the cost of health care coverage, the current child support amount will be collected first. In this situation, the cost of health care coverage will not be paid.

Note that court-ordered support payments may **not** be received by you directly from the noncustodial parent. If this happens, immediately forward the payment to the New York State Child Support Processing Center (SDU), P.O. Box 15363, Albany, NY 12212-5363. **Do not mail cash.**

Disbursements: Disbursements may be made by debit card, direct deposit, or paper check. In rare instances, an overpayment can occur. It is your responsibility to return or repay these funds. We will contact you to arrange repayment of the amount overpaid.

Safety Concerns

If we are aware of your safety concerns, we can help.

- If you cannot safely receive mail at your address, the court can permit use of an alternate mailing address.
- You can request to appear in court by telephone or video, instead of in person.
- You can request that the court not reveal your location, residence, or employer, among other precautions.
- Your laboratory appointment for genetic testing to establish parentage can be scheduled separately from the other parent.
- Your child support case can be flagged to keep your personal information confidential.

Legal Services

If your children receive Temporary Assistance or Medicaid, legal services are provided without cost. Otherwise, you may choose to request and pay for legal services to establish parentage or to establish, modify, or enforce a child support order by completing the Right to Recovery Agreement for Legal Services (LDSS-4920). Legal services are not provided for matters of custody or visitation, negotiation, or drafting of surrogacy agreements.

The attorney assigned to your case is the legal representative of the Commissioner of the social services district and **does not** represent you personally. Any information that you provide to the attorney of the social services district or their staff may not remain confidential.

Your Privacy

Social Security Numbers: We take your privacy very seriously. Section 466(a)(13) of the Social Security Act requires all people subject to child support orders to provide their Social Security numbers. Social Security numbers are kept in case records and are only used for purposes permitted by law, including to locate parents to establish parentage and/or establish, modify, and enforce support obligations.

For additional information, please see <https://otda.ny.gov/programs/applications/5258A.pdf> and childsupport.ny.gov.

SAMPLE

Child Support Enrollment Form

Tell Us About You

I am the (check one): Custodial Parent Noncustodial Parent Alleged Parent Intended Parent Child
 Guardian - Relationship:

What language do you speak most often?

English Español Other

What language do you read most often?

Do you need an interpreter? Yes No

Safety Concerns

Do you feel you will be harmed physically or emotionally if you request child support services? Yes No

You can update information about safety at any time. Even if you've already told your Child Support or Public Assistance worker that you did not have any safety concerns, things change – and we want to help you stay safe. Your safety is our priority.

Child Support History

Do you receive child support services now? Yes No

If yes, where? County State Case#

Did you receive child support services in the past? Yes No

If yes, where? County State Case#

Public Assistance History

Have you applied for or do you receive public assistance benefits (for example, Temporary Assistance or Medicaid)? Yes No

If yes, where? County State Case#

Did you receive Temporary Assistance benefits in the past? Yes No

If yes, where? County State Case#

Date you last received assistance (MM/DD/YYYY):

Your Full Name

First Middle Last Suffix Alias or Other Known Name

Your SSN/ITIN

Your Gender

Female Male X Other

Your Date of Birth (MM/DD/YYYY)

Your Home Address

Street City State ZIP

Your Mailing Address (if different than home address)

Street City State ZIP

Your Contact Information

Home Phone # Cell Phone # Other Phone # Email Address

Your Health Care Coverage Information

If employed, does your employer/organization offer or provide health insurance benefits? Yes No Unknown

If yes, what type of coverage do you have? Individual Coverage Family Coverage None Unknown

Do your children receive Medicaid? Yes No

Your Marital Status to Other Party

Were you ever married to the other party? Yes, Date of Marriage: Date of Divorce: No

Tell Us About the Other Party (Complete a separate Child Support Enrollment Form for each Other Party.)

The Other Party is the (check one): Custodial Parent Noncustodial Parent Alleged Parent Intended Parent
 Guardian - Relationship: _____

Full Name

Check here if you do not know any part of the Other Party's name.

First _____ Middle _____ Last _____ Suffix _____ Alias or Other Known Name _____

SSN/ITIN _____

Gender

Female Male X Other

Date of Birth (MM/DD/YYYY)

Home Address

Street _____ City _____ State _____ ZIP _____

Mailing Address (if different than home address)

Street _____ City _____ State _____ ZIP _____

Contact Information

Home Phone # _____ Cell Phone # _____ Other Phone # _____ Email Address _____

Employment

Is the Other Party employed? Yes No Unknown Date last employed: _____

Employer/Business Name _____

Current Last Known

Employer/Business Address

Street _____ City _____ State _____ ZIP _____ Phone # _____

Is the Other Party self-employed? Yes No Unknown

Is the Other Party receiving Unemployment Insurance Benefits? Yes No Unknown

Tell Us About the Children Who Need Support From this Other Party

Name (First/Middle/Last)	SSN/ITIN	Date of Birth (MM/DD/YYYY)	Gender	Was parentage established?	If yes, how?	Is there an order of support for this child?	If yes, what is the date of the order?
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X <input type="checkbox"/> Unborn <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Court Order <input type="checkbox"/> Acknowledgment of Parentage <input type="checkbox"/> Born During Marriage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X <input type="checkbox"/> Unborn <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Court Order <input type="checkbox"/> Acknowledgment of Parentage <input type="checkbox"/> Born During Marriage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X <input type="checkbox"/> Unborn <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Court Order <input type="checkbox"/> Acknowledgment of Parentage <input type="checkbox"/> Born During Marriage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X <input type="checkbox"/> Unborn <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Court Order <input type="checkbox"/> Acknowledgment of Parentage <input type="checkbox"/> Born During Marriage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

Child Support Enrollment Form/Affirmation

By signing below, I understand and agree that:

I am applying for child support services pursuant to New York State Social Services Law Section 111-g and under Title IV-D of the federal Social Security Act or applying for or receiving Temporary Assistance and/or Medicaid. I hereby subscribe and affirm under penalty of perjury that the information I have provided in this enrollment form and any accompanying documents has been examined by me and, to the best of my knowledge and belief, is true and correct. I will cooperate with the Child Support Program in its efforts to provide services, and I agree to tell my local Child Support Program office immediately of any new or changed information that relates to the information I have provided.

I have received the **Enrolling for Child Support Services – What You Need to Know** document, which includes information about the reimbursement of overpayments. I understand that in rare instances, an overpayment can occur. 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 payment, or I may request you withhold twenty-five percent (25%) of collections until the overpayment is repaid. I understand that 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.

Optional Provisions:

- I do **not** wish to receive correspondence electronically.
- I would like to receive child support services even if I am found to be ineligible for Temporary Assistance and/or Medicaid benefits. I understand that in that situation 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).
- I wish to request legal services. (A Right to Recovery Agreement for Legal Services [LDSS-4920] will be provided to you for completion.)

Signature:

Date:

Print Name:

SAMPLE

Additional Information About the Other Party

(e.g., physical description/photo, primary language, vehicle information, incarceration status)

For Agency Use Only

- 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.

Commissioner/Designee Signature:

Date:

Commissioner/Designee Printed Name:

Date Received

Family Violence Yes No

If YES, Family Violence Indicator

District Referral Case Number

Assistance Program Worker Code

NY Case Identifier

Child Support Worker Code

Enrollment Form – Supporting Documentation

Please provide **copies** of all available supporting documents to your local Child Support Program office. Supporting documentation is necessary for the Child Support Program to proceed with your child support case. 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 or Stipulation 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

Important Information about Child Support Services

If you need language assistance, please visit the local child support office so that language translation and/or interpretation services can be provided.

Safety Concerns

If you are concerned that seeking child support services may endanger you or your child, your local Child Support Program office can help you to access services safely. We can protect your address information by helping you sign up for the Address Confidentiality Program and by preventing your address from appearing on documents we send to the court. We will also not allow sharing 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.
- For additional safety information see <https://childsupport.ny.gov/dcse/accessCssSafely.html>.

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.

Disbursement – the process of money being sent out to the custodial parent once child support has been received; the paying out of collected child support funds.

Protecting Confidentiality

Your information will be kept confidential in accordance with the law. There may be instances in which your information may need to be shared with the State and federal government. We will only share what is necessary to provide services or required by law.

Eligibility

In New York State, both parents are required to support their child until the child is 21 years of age. Any parent or person with custody of at least one child under age 21 can apply for child support services. A parent without custody may also apply for services in order to make payments through the program to ensure there is a payment record. Further, a child under age 21 may apply for child support services.

When you apply for or receive 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 or your child has been placed in foster care.

Assignment and Cooperation with Child Support

If you are an applicant/recipient of Temporary Assistance for the child, or Medicaid for yourself and the child, or if your child is in Title IV-E Foster Care, you are required to assign to the social services district (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 the other parent; establish parentage for the child; establish, modify, or adjust orders of support; and collect and enforce orders of support.

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.

Services

The following child support 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, including educational expenses, child care expenses, and cash medical support; and
- **Enforcement of Support Obligations** through income withholding; tax refund intercept; seizure of assets and lottery winnings; credit bureau reporting; suspension of the noncustodial parent's New York State driver license; filing and prosecuting Violation Petitions and referral to the New York State Department of Taxation and Finance for collection

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

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 \$163,000. Above \$163,000 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).

Child Support Percentages

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

Low Income Obligation: If the noncustodial parent's income is below the federal poverty level, the support amount may be limited to \$25 per month. When income is below the self-support reserve (135% of the federal poverty level), but above the federal poverty level, the support amount may be limited to \$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, modified, or adjusted. Every two years your account will be reviewed to determine whether your order is eligible for a COLA. A notice is sent to both parties when an order is eligible for a COLA. COLA adjustments are made without going to court.

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 on a substantial change in circumstances, a three year passage of time, or a 15% or more change in the income of either parent.

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.

- **If the custodial parent has never received Temporary Assistance**, they will receive all support that is collected and due, except for the Annual Service Fee and the recovery of costs for legal services, if applicable.
- **If the custodial parent is receiving Temporary Assistance**, child support collections received will be paid to the State and to the 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 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 district. Collections received from federal tax refund offset will first be paid to satisfy any support arrears/past due support due the district and then to support arrears/past due support owed to the custodial parent.
- **If the custodial parent is in receipt of Medicaid**, medical support payments will be paid to the State and to the 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 district. Any support collected exceeding the foster care maintenance payments will be paid to the 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

The Child Support Program collects child support payments on your behalf and sends them to you. In rare instances, an overpayment may occur. If an overpayment occurs, you are responsible to return or repay these funds.

Legal Services and Cost Recovery for Legal Services

Applicants not receiving Temporary Assistance or Medicaid may choose to request and pay for legal services to establish parentage or to establish, modify, or enforce a child support order by completing the Right to Recovery Agreement for Legal Services (LDSS-4920). Legal services are **not** provided for matters of custody or visitation, negotiation, or drafting of surrogacy agreements.

The attorney assigned to your case is the legal representative of the Commissioner of the district and **does not represent you personally**. Any information that you provide to the social services district's attorney or staff **may not remain confidential**.

Annual Service Fee

There is a \$35 annual service fee, if you have never received Temporary Assistance for Needy Families (TANF) and the Child Support Program collects at least \$550 for you during the federal fiscal year (which begins October 1st each year).

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 <https://www.fcc.gov/general/internet-based-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.

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.

Application for Child Support Services

OBSOLETE



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 application 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 – Application** (pages A-1 through A-4).
You must sign the Application to receive Child Support Services.
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 application.
4. If you have more than two (2) children with the Other Party named in this application, obtain and complete the separate form, **Additional Child Information (LDSS-5143B)** for each additional child or photocopy **page B-1 of Part B**.
5. Review **Part C – Supporting Documentation** (page C-1) and submit copies of all relevant documents with your application.

OBSOLETE

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

In New York State, both parents are required to support their child until the child is 21 years of age. Any **parent or guardian** of at least one child under age 21 can apply for child support services. A **child** under age 21 or a **noncustodial parent, alleged parent, or intended parent** may also apply for child support services.

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 - Application. 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, but not limited to:

- 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;
- The recipient of services fails to cooperate or provide information that is essential to the next step in providing services;
- The recipient of services makes a written or verbal request to close the case; or
- The Child Support Program is unable to contact the recipient of 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).

Child Support Percentages

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

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. A notice is sent to both parties when an order is eligible for a COLA, and either party may request 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.

- **If the custodial parent has never received Temporary Assistance**, they will receive all support that is collected and due, except for the Annual Service Fee and the recovery of costs for legal services, if applicable.
- **If the custodial parent formerly received Temporary Assistance**, child support collections received will first be used to pay current support 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. Collections received from federal tax refund offset will first be paid to satisfy any support arrears/past due support due the social services district and then to support arrears/past due support owed to the custodial parent.

Recoupment of Overpayments

The Child Support Program collects child support payments on your behalf and sends them to you. 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.

Legal Services

Applicants may request legal services to establish parentage or to establish, modify, or enforce a child support order. If you request legal services, you will be advised by the Child Support Program of the cost of such services, which vary by local Child Support Program office (see next section).

- The attorney assigned to your case is the legal representative of the Commissioner of the social services district and **does not represent you personally**.
- Matters of custody or visitation, negotiation or drafting of surrogacy agreements, or other issues not related to child support **will not** be handled by the attorney of the social services district.
- Any information, written or oral, which you provide to the social services district's attorney or staff **may not remain confidential**, including information indicating welfare fraud or child abuse.

Cost Recovery for Legal Services

Legal services are provided to applicants upon completion of the *Right to Recovery Agreement for Legal Services* (LDSS-4920).

- Costs for legal services will be recovered from support collected by the Child Support Program at the rate of 25% of your current support obligation.
- If you are the noncustodial parent, the cost for legal services will be recovered at the rate of 25% of the current support obligation or payment you are required to make, and will be added to the support obligation that you pay until the cost is reimbursed.
- All support arrears/past due support will be paid in full before costs for legal services are settled.

Annual Service Fee

If the custodial parent is receiving child support services and has never received assistance through the Temporary Assistance for Needy Families (TANF) program in New York State or any other state, and child support is being paid to the family, an annual service fee of \$35 will be assessed if more than \$550 of support is collected during the federal fiscal year (October 1 – September 30). If the custodial parent has child support accounts with more than one noncustodial parent on which more than \$550 is collected, separate \$35 fees will be assessed for each account.

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 – Application

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 Application or being interviewed? Yes No

If YES, please indicate what assistance you need?

Safety Concerns *(See page 1 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

Applicant Information

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

Noncustodial Parent Alleged Parent Intended Parent Child

If you are the custodial parent, the guardian, or the child, complete a separate application 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 #

If Yes, STOP. An LDSS-5145 Referral for Child Support Services is required.

Did you previously receive public assistance benefits under the Temporary Assistance for Needy Families (TANF) program? 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

Has the Applicant ever been married to someone other than the Other Party of the child named in this application? Yes No

From To Name of Spouse

From To Name of Spouse

Health Care Coverage Information

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

Is the Applicant enrolled? Yes (specify): Individual Coverage Family Coverage

No
 Unknown

OBSOLETE

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

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

Place of Birth City State Country

Date of Last Contact

Month/Day/Year

Relationship of Other Party to Applicant

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:

OBSOLETE

Marital Status to Someone other than Applicant

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)

Application/Affirmation for Child Support Services

By signing below, I understand and agree that:

I am applying for Child Support Services pursuant to New York State Social Services Law Section 111-g and under Title IV-D of the federal Social Security Act. I hereby subscribe and affirm under penalty of perjury that the information I have provided in this application and any accompanying documents has been examined by me and to the best of my knowledge and belief is true and correct. I will cooperate with the Child Support Program in its efforts to provide services, and I agree to tell my local Child Support Program office immediately of any new or changed information that relates to the information I have provided.

I will not accept court-ordered child support payments directly from the noncustodial parent or, if any are received, I will immediately forward them to the New York State Child Support Processing Center, P.O. Box 15363, Albany, NY, 12212-5363.

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.

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

Signature of Applicant Date of Application
 Print Name

For Agency Use Only

Date Application Received NY Case Identifier Worker Code

Reminder: review **Safety Concerns** on page A-1 and evaluate need for FVI.

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)

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 #

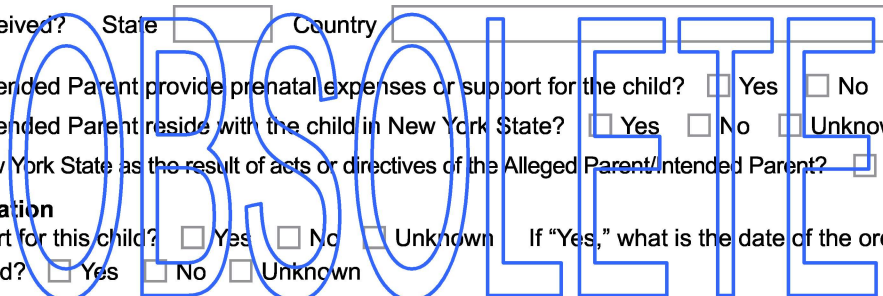
Street Floor/Apt./Suite City State ZIP

Public Health Care Coverage

Indicate the type of public health care coverage:

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

Other



Part 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 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

OBsolete
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.

OBSOLETE

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 <input style="width: 150px;" type="text"/>	Middle <input style="width: 150px;" type="text"/>	Last <input style="width: 150px;" type="text"/>	Suffix <input style="width: 50px;" type="text"/>	Alias or Other Known Name <small>(e.g., Maiden Name)</small> <input style="width: 150px;" 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 Address Phone # Relationship

Name Address Phone # Relationship

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)

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. You **do not** need to complete the **State of Jurisdiction** questions. No - Go to 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 or 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. You **do not** need to complete the **State of Jurisdiction** questions. No - Go to 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 or 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

Gender Selections (Addendum to LDSS-5143 and LDSS-5145)

Please indicate the gender of all parties to your child support case by checking the appropriate boxes below.

Custodial Parent

Name: _____ Gender: Male Female X Other

Other Party

Name: _____ Gender: Male Female X Other

Children

Name: _____ Gender: Male Female X Other

Name: _____ Gender: Male Female X Other

Name: _____ Gender: Male Female X Other

Name: _____ Gender: Male Female X Other

Name: _____ Gender: Male Female X Other

OBSOLETE

Required Documents for Your Interview with the Office of Child Support Enforcement

- Completed **LDSS-4882** "Application/Referral for Child Support Services"
- Form **M-384**, "The Office of Child Support Enforcement (OCSE) Appointment Notice"
- Birth certificates for children
- Voluntary acknowledgement(s) of Paternity or Order of Filiation from Family Court, if applicable
- Order of Support from other jurisdiction/out-of-state court, if applicable
- Marriage certificate, if applicable
- Divorce or separation papers, if applicable
- Name and address for the noncustodial parent(s)
- The noncustodial parent's employer's information
- The noncustodial parent's date and place of birth
- Recent photograph of noncustodial parent(s)
- Social Security number(s) for the noncustodial parent(s)
- Verification of death of noncustodial parent, if applicable
- The names, date of birth and place of birth of noncustodial parent's mother and father
- The telephone, gas, or electric bill of the noncustodial parent(s), if available