

ADMINISTRATIVE DIRECTIVE

NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES

40 North Pearl Street
Albany, New York 12243
Cesar A. Perales, Commissioner



TRANSMITTAL NO:

89 ADM-23

DATE:

July 3, 1989

DIVISION:

OPERATIONS

TO:

COMMISSIONERS OF SOCIAL SERVICES

SUBJECT:

PURSUIT OF MEDICAL SUPPORT AND
COLLECTION AND EXCHANGE OF THIRD PARTY
HEALTH INSURANCE INFORMATION

SUGGESTED
DISTRIBUTION:

CHILD SUPPORT ENFORCEMENT UNIT
FAMILY AND CHILDREN'S SERVICES
INCOME MAINTENANCE
MEDICAL ASSISTANCE
STAFF DEVELOPMENT
THIRD PARTY RESOURCES

CONTACT PERSON:

Any questions concerning this release should be directed to the appropriate county representatives as follows:

Office of Child Support Enforcement -
1-800-342-3012 - New York City [212]-804-1076;

Medical Assistance 1-800-342-3715,
extension 3-7581 - New York City [212]-587-4853;

Third Party Resources - 1-800-342-4100,
extension 4-0345.

Family and Children's Services - 1-800-342-3715,
extension 4-9452.

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Department Regs.	Social Services Law and Other Legal References	Manual References	Miscellaneous Reference
76 ADM-127	87 INF-56	346	Family Court	Fiscal Reference	
78 ADM-58	82 ADM-79	347	Act, Sections	Manual, Vol.	
79 ADM-22		360-3.2	416, 545	II Chapter 3	
82 ADM-79		360-4.3(f)	Soc. Serv. Law	CSMS Manual	
87 INF-56		360-7.2	Sect. 366	Marg pp. 419.1	
87 ADM-40		360-7.4	42 CFR Part	419.3	
		369.2(b)	433		
			45 CFR Part		
			306		
			P.L. 100-203		
			Sect. 9142		
			P.L. 98-369		
			Sect. 2367		

I. PURPOSE:

The purpose of this administrative directive is to issue revised procedures which implement federal law and regulations mandating the establishment and enforcement of medical support and requiring exchange of medical support information [hereinafter defined as third party health insurance (TPHI)]. This administrative directive replaces 82 ADM-79, Pursuit of Medical Support and Collection of Third Party Resource Information, and the Cooperative Agreement affecting the activities of Medicaid [MA], Third Party Resources [TPR], Child Support Enforcement Units [CSEUs], Income Maintenance [IM] and Services.

II. BACKGROUND:

Established in 1975 under Title IV-D of the Social Security Act, the Child Support Enforcement program's primary purpose is to establish paternity, when necessary, and to secure, collect and enforce child support obligations from absent parents. The CSEU also requests health insurance coverage from the absent parent on behalf of his/her dependents. Such services are provided unless good cause is established or non-compliance exists.

Title IV-D of the Social Security Act and the State IV-D directives mandate that local social services districts provide the above named services to all cash grant Aid to Dependent Children [ADC] and Title IV-E Foster Care cases where eligibility for assistance is based on the continued absence of a parent from the home. Additionally, upon application, the same Child Support Services [CSS] are made available to qualified non-public assistance families where a parent is absent from the home, including families that are applicants for or in receipt of Medical Assistance [MA-only A/R].

Federal regulations pertaining to medical assistance [i.e., 42 CFR 433.135 through 433.153] and child support enforcement regulations [i.e., 45 CFR 306 subparts A and B (modified September 16, 1988)] define medical assistance and child support enforcement unit involvement in the area of TPHI by:

- a) Requiring MA-only A/Rs, whose cases indicate a parent continually absent from the home, to assign available medical benefits as a condition of eligibility for assistance;
- b) Requiring CSEUs to establish and enforce, if necessary, TPHI in new and in existing cases based on certain criteria;
- c) Requiring CSEUs to communicate information regarding TPHI to the medicaid agency and to the custodial parent.

In addition, federal law, effective July 1, 1988, requires CSEUs to provide child support enforcement services to MA-only A/Rs without an application, application fee or recovery of any costs related to providing such services for the period during which the MA-only A/R is eligible for Medicaid.

III. PROGRAM IMPLICATIONS:

The procedures set forth in this directive are intended to improve the exchange of TPHI information between public assistance programs, TPRs and CSEUs in compliance with changes in federal law and regulations and increase the availability of TPHI for dependents of persons receiving public assistance thereby reducing medicaid expenditures.

IV. REQUIRED ACTION

A. INCOME MAINTENANCE AND SERVICES RESPONSIBILITIES

1. New Cases

Income Maintenance [IM] and Services staff will refer ADC cash assistance and Title IV-E foster care cases respectively to the CSEUs where the deprivation factor is the continued absence [except death] of a parent from the home and/or where the paternity of an out-of-wedlock child has not been adjudicated. IM and Services staff will require, as a condition of eligibility, that applicants/recipients [A/Rs] cooperate in identifying and assisting in obtaining TPHI coverage for dependents in receipt of public assistance unless "good cause" is claimed [see 3 below]. The referral [i.e. DSS 2860, Child Support Enforcement Referral, Attachment I] will include any information concerning the actual or potential existence of medical coverage from the absent parent(s). IM or Services will also refer case information to Third Party Resources in accordance with 87 ADM-40 [Third Party Resources Detection and Utilization], Section IV.A.1.a.

2. Recertified ADC Cases

Updated information on health insurance coverage should be obtained and reviewed during the face to face interview in the recertification process. The recipient should be asked pertinent questions regarding the availability of any health insurance coverage applicable to recipient and any child covered by the grant. Refer to 87 ADM-40, Third Party Resources Detection and Utilization, Section IV.A.1.b. for further criteria for Third Party Resources investigation and referral.

3. The requirements of this section shall be waived if the A/R can show "good cause" for non-compliance in accordance with Section 369.2(b) of Department Regulations. A/Rs who fail or refuse to cooperate with these requirements without good cause will be determined ineligible for public assistance. Even if the custodial parent fails or refuses to cooperate, minor children under the age of 21 will be authorized to receive such assistance if they are otherwise eligible. IM or Services staff will notify the CSEU of any case in which "good cause" is claimed and will further advise the CSEU for such case when it has determined that there is or is not "good cause" as appropriate.

B. MEDICAL ASSISTANCE RESPONSIBILITIES

Local social service districts must take the following actions in all Medical Assistance cases that include a child under the age of 21 whose parent(s) are absent from the home [including cases where children under 21 are residing in their own household]:

1. Advise all MA-only Applicants/Recipients (MA-only A/R) that as a condition of eligibility in new cases or continued eligibility in recertified cases, the MA-only A/R will be required to assign their rights and the rights of any other individual for whom the MA-only A/R can legally make an assignment to any available medical care support and third party payments for medical care.
2. Advise all MA-only A/Rs that as a condition of eligibility in new cases or continued eligibility in recertified cases, that the MA-only A/R will be required to cooperate in:
 - a. obtaining TPHI and medical payments for themselves and any other individuals for whom the MA-only A/R can legally assign rights and
 - b. establishing paternity of a child born out-of-wedlock for whom the MA-only A/R can legally assign rights.
3. Require MA-only A/Rs to provide information to the MA eligibility worker which is necessary to complete the DSS 2521 [see Attachment II] unless "good cause" for non-compliance has been established in accordance with Section 369.(2)(b) of Department Regulations. The DSS 2521 serves as the referral to the local CSEUs from MA.

The following instructions are to be used in completion of the DSS 2521:

- a. The MA eligibility worker shall complete Sections A - D of the DSS 2521. Staff should write "unknown" in any section where such information is unavailable to the MA-only A/R.
 - b. Wherever possible, the DSS 2521 is to include the putative father's/absent parent's:
 - social security number
 - current or last known address
 - current or last known employer
 - date of birth
 - court orders of support and/or orders of filiation
 - availability of TPHI information including presence on court order or other known information such as medical insurance cards, group or policy numbers. This information should be indicated on the reverse side of the DSS 2521. (A suggested format is included, Attachment II, for an interim period until the DSS 2521 is revised.)
 - c. The MA eligibility worker will indicate in Section D of the DSS 2521 which CSEU services in addition to paternity establishment and securing TPHI medical support are needed by the MA-only A/R. All other child support enforcement services such as location, support establishment and support enforcement will be provided to the MA-only A/R if appropriate.
 - d. The DSS 2521 must be signed by the MA eligibility worker [top right hand corner] and forwarded to the local CSEU, where all necessary services needed will be provided following receipt of the DSS 2521 to establish/enforce medical support and provide other child support enforcement services.
4. The requirements of this section shall be waived if the MA-only A/R can show "good cause" for non-compliance in accordance with Section 369.2 (b) of Department Regulations. MA-only A/Rs who fail or refuse to cooperate with these IV-D requirements without good cause will be

determined ineligible for Medical Assistance. Even if the custodial parent fails or refuses to cooperate, minor children under the age of 21 shall be authorized to receive such assistance if they are otherwise eligible.

5. Cases of children under 21 residing in their own household must be referred to the CSEUs. As such, the MA eligibility staff of local districts are no longer required to send out the DSS 939, "Legally Responsible Relative Questionnaire", to parents of these minor children since the CSEUs will be pursuing medical support.

C. LOCAL DISTRICT THIRD PARTY ACTIVITY RESPONSIBILITIES

The local district unit responsible for third party activities will:

1. Complete all third party forms in accordance with Medicaid policy requirements.
2. When requested, provide the CSEU with available information relating to an absent parent's actual or possible health insurance coverage, to assist the CSEU in pursuing TPFI.
3. Accept third party information [e.g. Confidential Wage Reports (IVDCWRs), court orders, forms] from the CSEU and update the recipient's records.
4. Refer ADC, IV-E or MA-only absent parent cases to the CSEU when enforcement of court ordered health insurance is necessary. Enforcement will be needed when the absent parent has failed to obtain or maintain court ordered health care coverage, either private or with an employer or fails to provide TPFI cards, forms or notices which must be available to the custodial parent to file claims.
5. If the TPR worker becomes aware that an absent parent refuses to sign claims providing for payment of medical care from a third party resource, the TPR worker should send a copy of the court order to the insurance carrier and attempt to arrange direct payments to the MA provider by the carrier.

D. CHILD SUPPORT ENFORCEMENT UNIT RESPONSIBILITIES

1. CSEUs are required to assess the availability of TPFI in all Title IV-A, IV-E foster care and MA-only cases which have been referred to IV-D and for any non-ADC case, unless the client requests otherwise. CSEUs must take actions necessary to establish or enforce court ordered TPFI and communicate TPFI information which is known or

becomes known in such cases as provided in the following procedures. As a required IV-D activity, establishing and enforcing TPFI may include obtaining any employment related or group health insurance [e.g. fee-for-service, health maintenance organizations, preferred provider organization or other types of coverage under which medical services could be provided for the dependent children.]

2. Accept and assess referrals from IM and Services staff via DSS 2860 or [IVDRSP] and from MA [DSS 2521] for TPFI availability. Communicate any new TPFI information which is indicated on the referral or which results from a client interview to TPR. The CSEU will suspend activities on a case upon receiving notice from IM, Services or MA that there has been a claim of "good cause" for failure to cooperate until a final determination has been made by the referring unit. Cases where non-cooperation is present or "good cause" is claimed will be referred to the appropriate unit via DSS 2859, Exchange of Information Form [Attachment III], or local equivalent. Indicate on the referral the reasons for non-cooperation and what, if any, action [e.g. location, paternity] has been taken.
3. Upon receipt of a DSS 2521 from MA, the CSEUs must provide all appropriate CSE services to the MA-only A/R. Such services may include establishing paternity for a child born out-of-wedlock and petitioning the court for new or modified child support. The CSEUs must include a request for health insurance in every petition for new or modified child support when such health insurance is not already provided by the absent parent for the dependent(s) in receipt of Medicaid.

Federal law, effective July 1, 1988, requires CSEUs to provide child support enforcement services to MA-only A/Rs without application, application fee or recovery of any costs related to providing such services for the period the MA-only A/R is eligible for Medicaid.

Where the CSEU has determined that legal representation and/or field investigation are necessary to establish paternity and/or support, including medical support, in the MA-only cases, such services must be provided without recovery of costs for the period the MA-only A/R is eligible for Medicaid.

Any child support collected on behalf of the MA-only A/R shall continue to be paid to the family in accordance with this Department's non-AFDC distribution policy [18 NYCRR 347.13].

4. In all cases where employer information is known but not verified [e.g. employer information indicated on the referral or as a result of an Absent Parent Resource Referral System (APRRS) hit] initiate IVDCWR for employer verification.

NOTE: IVDCWRs include specific requests for TPPI information. Any IVDCWR that is returned from an employer which indicates TPPI is available will be copied and forwarded to TPR.

5. Petition the court in new or modified child support to include TPPI. CSMS generated support petitions [i.e. Forms 4-3, 4-3a] include a provision for TPPI. When petitioning the court for modified child support, the CSEUs will request TPPI in all cases where TPPI is not already court ordered. The CSMS document generated modification petition [Form 4-10] does not include a TPPI provision; therefore, such language should be added to any modification petition. Suggested language is as follows:

"Wherefore, petitioner prays that respondent be required to exercise the option of additional coverage for health insurance in favor of (his) (her) child(ren) above named."

6. CSEUs are also required to include assessment of TPPI as part of their criteria for periodic review of existing cases for support modification. Where TPPI is not already court ordered and it is determined that a change of circumstances is sufficient to warrant modification of the existing support order to include TPPI, the CSEUs will petition the court to include TPPI on the court order. This may occur in cases where only TPPI is sought based on the following circumstances:

- the client is in receipt of MA-only;
- TPPI was not included in the original petition or court order;
- changes in employment suggest TPPI availability [e.g. IVDCWR identifies that employee has TPPI coverage and indicates that the employer pays a substantial portion of the cost.]

7. In all new or modified court orders where TPPI is ordered, the CSEUs shall forward a copy of the court order or other notice to TPR and to the custodial parent.

8. Current law [i.e. Sections 416, 545 Family Court Act] provides that when the absent parent is required to extend TPHI for dependents such parent is also required to "execute and deliver" forms, notices, etc. to assure timely payment of health insurance claims. CSEUs will notify absent parents who are ordered to provide TPHI for dependents to deliver to the CSEUs such forms and notices as may be necessary to file claims. The CSEUs will provide such information to TPR and to the custodial parent. Consideration should be given to including TPHI notice information on any payment notice issued to the absent parent by the CSEU which reflects the provisions of the new or modified order.
9. CSEUs are required to monitor cases for compliance [e.g. utilizing CSMS statuses] and take action to enforce the TPHI provision required by the court order. Such action may include filing a violation petition with the court if a respondent fails to provide court ordered TPHI.
10. At any time CSEU identifies that court ordered TPHI is no longer being provided [e.g. IVDCWR indicates a lapse in insurance], the CSEU will notify TPR of this information by copying the IVDCWR or by providing other notice to TPR.
11. CSEUs are required to record TPHI information on CSMS via the medical insurance indicator on the child screen [IVDJCH] and the respondent's financial screen [IVDJRF] in order that CSMS properly reflect TPHI availability for each case. The respondent's associated case ID must be reviewed for each child record with the Client Identification Number [CIN] to ensure that the child is associated with the correct absent parent/putative father.
12. CSEUs are required to maintain statistics on the number of ADC, IV-E foster care, MA-only and non-ADC cases for which TPHI is established. NOTE: To the extent that TPHI information has been identified for each case on CSMS as specified in (11) above, additional statistics are not necessary.

V. SYSTEMS IMPLICATIONS

The implementation of these requirements poses no impact on existing automated management systems.

VI. FISCAL IMPACT

Local districts should report any TPHI collections they receive on the Schedule E-1 Summary of Refunds and Cancellations (DSS-157A) which supports the Schedule E - Computations of Federal and State Aid on Medical Assistance (DSS-157) in the Schedule RF-2 claim package. The local districts should separately identify cash collections they receive for medical support on the Schedule E-1 as these collections are eligible for a fifteen percent incentive to the local districts. Instructions for completing these schedules are found in the Fiscal Reference Manual, Volume II, Chapter 3.

VII. ATTACHMENTS:

- I. DSS-2860 (Child Support Enforcement Referral)
- II. DSS-2521 (Application for Child Support Services)
- III. DSS-2859 (Exchange of Information Form)

VIII. EFFECTIVE DATE

Provisions of this administrative directive will be effective on July 3, 1989.



BARBARA J. SABOL
EXECUTIVE DEPUTY COMMISSIONER

CHILD SUPPORT ENFORCEMENT REFERRAL

DSS

ORG / UPD

O - Opening or Reopening
U - Changes or Updates

SECTION I - ADC CASE INFORMATION (must be prepared as completely as possible by IV-A)

CASE NUMBER		CASE NAME				OTHER THAN GRANTEE? Y = YES N = NO		DATE OF MARRIAGE			MO.	DAY	YR.
RELATIONSHIP OF CLIENT TO ABSENT PARENT: <input type="checkbox"/> SPOUSE <input type="checkbox"/> DIV. PEND. <input type="checkbox"/> SEPARATED <input type="checkbox"/> OTHER <input type="checkbox"/> DIVORCED <input type="checkbox"/> LEGAL SEP. <input type="checkbox"/> NEVER MARRIED						DATE DEPRIVATION FACTOR VERIFIED (CATEGORICAL ELIGIBILITY ESTABLISHED)			MO.	DAY	YR.	GOOD CAUSE INDICATOR Y = YES N = NO	
LINE NO.	NAMES OF DEPENDENT CHILDREN				WEDLOCK IN OUT		DOCUMENTATION - Note which are available in IM record but not attached to this referral.						
							<input type="checkbox"/> Court Order of Support	<input type="checkbox"/> Separation Agreement	<input type="checkbox"/> Proof of Incarceration				
							<input type="checkbox"/> Order of Filiation	<input type="checkbox"/> Divorce Decree	<input type="checkbox"/> Documentation of Military Service				
							<input type="checkbox"/> Paternity Acknowledged	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Good Cause Claim				
							<input type="checkbox"/> Marriage Certificate	<input type="checkbox"/> Paternity Allegation	<input type="checkbox"/> OTHER: _____				
NATURAL MOTHER'S NAME - FIRST		M.I.	LAST										

SECTION II - ABSENT PARENT / PUTATIVE FATHER LEAD INFORMATION

NAME - FIRST		M.I.	LAST			SEX M / F		SOCIAL SECURITY NUMBER						
RESIDENTIAL ADDRESS (Current / Last Known)								DATE OF BIRTH		MO.	DAY	YR.		
CITY			STATE	ZIP CODE		DATE OF ADDRESS		PLACE OF BIRTH						
HGT	WGT	ALIAS				RACIAL / ETHNIC								
TELEPHONE NUMBER		DATE OF LAST CONTACT		DATE OF DESERTION		VERIFIED BY IM?		<input type="checkbox"/> A - Asian <input type="checkbox"/> B - Black <input type="checkbox"/> H - Hispanic <input type="checkbox"/> I - American Indian <input type="checkbox"/> W - White						
AREA CD.		MO.	DAY	YEAR	MO.	DAY	YEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO						
MAILING ADDRESS (Current / Last Known)								DATE OF ADDRESS		MO.	DAY	YEAR		
CITY			STATE	ZIP CODE				VERIFIED BY IM?		<input type="checkbox"/> YES <input type="checkbox"/> NO				
EMPLOYER NAME (Current / Last Known)						TYPE OF WORK								
EMPLOYER ADDRESS								UNION MEMBER?		DATE OF ADDRESS		MO.	DAY	YEAR
								<input type="checkbox"/> YES <input type="checkbox"/> NO						
CITY			STATE	ZIP CODE		EMPLOYER TELEPHONE NUMBER		AREA CD.		VERIFIED BY IM?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
MEDICAL INSURANCE INDICATOR		MEDICAL INSURANCE POLICY NUMBER:				GROUP NUMBER:								
Y = YES N = NO														
MEDICAL INSURANCE COMPANY														
ABSENT PARENT SOURCE OF INCOME (If other than employment)														
UIB?		PA?		CASE NUMBER		DIST.		CIN		<input type="checkbox"/> SSI		STATE		
Y = YES N = NO		Y = YES N = NO								<input type="checkbox"/> OTHER				
MILITARY BRANCH		1. Army 2. Navy 3. Marines 4. Air Force		5. Coast Guard 6. National Guard 9. Not in Service		ARREST RECORD?				Y = YES N = NO				

SECTION III - SUPPORT OBLIGATION / PATERNITY INFORMATION (Provide all available information)

SUPPORT CURRENTLY RECEIVED? Y = YES N = NO		SUPPORT COURT ORDERED? Y = YES N = NO		AMOUNT		FREQUENCY: W - WEEKLY B - BI-WEEKLY M - MONTHLY			
COURT				DATE OF ORDER		MO.	DAY	YR.	DOCKET NO.
PATERNITY ACKNOWLEDGED? Y = YES N = NO		ESTABLISHED THROUGH COURT? Y = YES N = NO							
COURT									

PREPARED BY (Income Maintenance Worker)							TELEPHONE NO.		DATE	
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APPLICATION FOR CHILD SUPPORT SERVICES

NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES

		FOR AGENCY USE ONLY			
		NAME OF REFERRING OFFICIAL		TELEPHONE NO.	
		UNIT	DATE OF REFERRAL	APPLICATION TYPE <input type="checkbox"/> Original <input type="checkbox"/> Supplemental	
		RELATIONSHIP TO CHILDREN	SOC. SEC. NO.	DATE OF BIRTH	
A Applicant/ Petitioner	NAME (Last, First, M.I.)		ADDRESS - Legal Residence (Street, City, State, Zip)		TELEPHONE NUMBER
	SUPPORT COLLECTION UNIT APPLICATION ONLY <input type="checkbox"/> HR <input type="checkbox"/> ADC <input type="checkbox"/> MA		I have applied for or am in receipt of <input type="checkbox"/> HR <input type="checkbox"/> ADC <input type="checkbox"/> MA		I have not applied for nor am I in receipt of HR/ADC/MA
B Absent Parent/ Respondent	NAME (Last, First, M.I.)		RELATIONSHIP TO APPLICANT		SOC. SEC. NO.
	ADDRESS - Legal Residence (Street, City, State, Zip) Current or Last Known		EMPLOYER'S NAME/ADDRESS (Current or Last Known) (Indicate available health insurance on reverse side)		TELEPHONE NUMBER
	PLACE OF BIRTH	MOTHER'S MAIDEN NAME	FATHER'S FULL NAME	DATE OF DESERTION	
C Child Subject of Application	NAME (Last, First, M.I.)		DATE OF BIRTH	NAME (Last, First, M.I.)	
D Services Requested Applicant/ Petitioner	<input type="checkbox"/> File Search (location)		<input type="checkbox"/> Child Support Enforcement		DATE OF COURT ORDER
	<input type="checkbox"/> Paternity Establishment		<input type="checkbox"/> Medical Support Enforcement		COURT
<input type="checkbox"/> Child Support Establishment		<input type="checkbox"/> Field Investigation - Child Support*		DOCKET NO.	
<input type="checkbox"/> Medical Support Establishment		<input type="checkbox"/> Field Investigation - Medical Support*			
<input type="checkbox"/> Child Support Collection		<input type="checkbox"/> Legal Representative - Child Support*			
<input type="checkbox"/> Medical Support Collection		<input type="checkbox"/> Legal Representation - Medical Support*			
* Right to Recovery MUST Be Signed in the presence of a IV-D Unit Staff Member, and Notarized to Be Eligible for Field Investigation or Legal Services.					
E Affirmation	AFFIRMATION - I hereby apply pursuant to Social Services Law § 111-g and 111-h for child support services under Title IV-D of the Social Security Act as amended, I subscribe and affirm under penalty of perjury that this application is made for the sole purpose(s) of obtaining assistance in establishing paternity and/or obtaining child support from an individual who is (or may be) legally responsible for the support of dependent children; and that statements made in this application or accompanying document have been examined by me and to the best of my knowledge and belief are true and correct.				DATE
					SIGNATURE
F Right to Recovery (Supplement)	COMPLETE THIS SECTION ONLY IF FIELD INVESTIGATION/LEGAL REPRESENTATION IS REQUESTED				
	I assign to the _____ Department of Social Services and New York State the title to and right to receive up to 25% of each child support payment to be received by me on behalf of the children listed above until such time that DSS is reimbursed for actual costs incurred in providing the necessary service(s) I requested.				
	If child support payments are made payable through the Support Collection Unit (S.C.U.) I authorize the S.C.U. to pay the _____ Department of Social Services the amounts assigned above.				
	I understand that if I do not reimburse the _____ Department of Social Services and New York State for these costs out of child support payments received by me, they may initiate a civil proceeding, the total costs for which I will be responsible to pay.				
	_____ SIGNATURE DATE				
State of _____ SS: _____ County of _____ On the _____ day of _____, 19____, to me known to be the individual described in and who executed the foregoing instrument and acknowledged that he executed the same. _____ NOTARY PUBLIC DATE					
FOR AGENCY USE ONLY					
NR	SSI	MA	CW	COURT ORDERED	FS
APPROVED				APPLICATION REVIEW	DENIED
REASON FOR REJECTION OF APPLICATION					
				DSS REPRESENTATIVE	DATE
				X	

NOTE TO APPLICANT: On the back of this form, please write additional information which might be helpful in efforts to locate or secure/enforce support from the absent parent.

SECTION B (continued) HEALTH INSURANCE INFORMATION

Does the absent parent's/respondent's employer provide health insurance coverage?

YES NO A/R does not know

TYPE OF HEALTH PLAN AVAILABLE: Group _____ Individual _____

IS FAMILY COVERAGE AVAILABLE? Yes _____ No _____

LIST DEPENDENTS COVERED

_____	_____
_____	_____
_____	_____

NAME & ADDRESS OF INSURANCE CARRIER:

GROUP NUMBER _____ POLICY NUMBER _____

ATTACHMENT III

TO: IV-A Income Maintenance
FROM: IV-D Child Support Enforcement
SUBJECT: Exchange of Information

ADC CASE NAME (Last, First, M.I.)	ADC CASE NO.
ABSENT PARENT NAME (Last, First, M.I.)	DATE

INSTRUCTIONS: Prepare in duplicate and send original to INCOME MAINTENANCE

1. Immediately when Section I - ELIGIBILITY is affected.
2. When all applicable activities listed in Section II - PRIOR TO COURT ACTION have been taken.
3. When all applicable actions to be taken in Section III - AFTER COURT ACTION have been taken.

SECTION I - ELIGIBILITY (Fill in all available information immediately when eligibility is affected)

LACK OF COOPERATION - Client has failed to cooperate with IV-D requirements (attach additional pages if necessary)

details: _____

EVIDENCE OF POSSIBLE FRAUD - take appropriate action

There are fewer children in the household than indicated on the referral (note in Section IV - Comments)

The absent parent is residing in the household

The client is receiving unreported support monies directly (specify in Section IV - Comments)

In all cases of possible fraud, attach any available documents. Send one copy each to IV-A and the Fraud Unit.

SECTION II - PRIOR TO COURT ACTION (Check all appropriate boxes)

LOCATION - Absent Parent/ Putative Father has been located

address: _____

PATERNITY

Putative Father has acknowledged paternity for the following children:

Putative Father has refused to acknowledge paternity of the following children over ten years of age and no court action is being brought:

VOLUNTARY SUPPORT AGREEMENT REACHED

AMOUNT	PER	EFFECTIVE DATE
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THIRD PARTY MEDICAL INSURANCE

Absent Parent is currently including ADC dependents in medical coverage

EMPLOYER	CARRIER	POLICY NO.
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Absent Parent is covered under Champus (V.A. Benefits) Insurance

POLICY NO.

SECTION III - AFTER COURT ACTION (Check appropriate boxes)

COURT RELATED ACTIONS

Through court action Putative Father was determined to be the father of

DOCKET NO.	NAMES OF CHILDREN
DATE	

Through court action Putative Father has been excluded from paternity

DOCKET NO.	NAMES OF CHILDREN
DATE	

Court Ordered Support

DOCKET NO.	MEDICAL INSURANCE ORDERED	For Eligible Relative	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DATE		For Dependent Children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AMOUNT		EMPLOYER'S INSURANCE CARRIER	POLICY NO.	

SECTION IV - COMMENTS

PREPARED BY (Child Support Worker)	TELEPHONE NO.	APPROVED (Supervisor)	DATE