

NEW YORK STATE

DEPARTMENT OF SOCIAL SERVICES

40 NORTH PEARL STREET, ALBANY, NEW YORK 12243-0001

MARY JO BANE
Commissioner



(518) 474-9475

LOCAL COMMISSIONERS MEMORANDUM

Transmittal No: 92 LCM-92

Date: June 17, 1992

Division: Income Maintenance

TO: Local District Commissioners

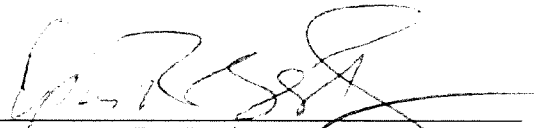
SUBJECT: DSS-2860: "Child Support Enforcement Referral"

ATTACHMENTS: Attachment I - State/Country Abbreviations - available on-line
Attachment II - DSS-2860: "Child Support Enforcement Referral" - not available on-line

Attached is a list of valid state and country abbreviations for use with the DSS-2860: "Child Support Enforcement Referral" (copy also attached).

These state and country abbreviations should be used in the two-character "State" fields in section II, "Absent Parent/Putative Father Lead Information" of the DSS-2860, as appropriate. If the absent parent/putative father resides in a country which does not appear on the attached list, income maintenance (IM) workers should leave the "State" field blank and enter the country in the "Address" and/or "City" field of this section.

Questions about IM child support enforcement referrals may be directed to Carolyn Karins at 1-800-342-3715.


Oscar R. Best, Jr.
Deputy Commissioner
Division of Income Maintenance

State/Country Abbreviations
For DSS-2860: "Child Support Enforcement Referral"

VALID STATE CODES

ALABAMA
ALASKA
ARIZONA
ARKANSAS
CALIFORNIA
COLORADO
CONNECTICUT
DELAWARE
DISTRICT OF COLUMBIA
FLORIDA
GEORGIA
GUAM
HAWAII
IDAHO
ILLINOIS
INDIANA
IOWA
KANSAS
KENTUCKY
LOUISIANA
MAINE
MARYLAND
MASSACHUSETTS
MICHIGAN
MINNESOTA
MISSISSIPPI
MISSOURI
MONTANA
NEBRASKA
NEVADA
NEW HAMPSHIRE
NEW JERSEY
NEW MEXICO
NEW YORK
NORTH CAROLINA
NORTH DAKOTA
OHIO
OKLAHOMA
OREGON
PENNSYLVANIA
PUERTO RICO
RHODE ISLAND
SOUTH CAROLINA
SOUTH DAKOTA
TENNESSEE
TEXAS
UTAH
VERMONT
VIRGINIA
VIRGIN ISLANDS
WASHINGTON
WEST VIRGINIA
WISCONSIN
WYOMING

AL
AK
AZ
AR
CA
CO
CT
DE
DC
FL
GA
GU
HI
ID
IL
IN
IA
KS
KY
LA
ME
MD
MA
MI
MN
MS
MO
MT
NE
NV
NH
NJ
NM
NY
NC
ND
OH
OK
OR
PA
PR
RI
SC
SD
TN
TX
UT
VT
VA
VI
WA
WV
WI
WY

VALID COUNTRY CODES

AUSTRALIA
AUSTRIA
BERMUDA
BELGIUM
BOLIVIA
BRAZIL
BAHAMA ISL.
CANADA
CHINA
COLUMBIA
COSTA RICA
CANAL ZONE (PANAMA)
DENMARK
DOMINICAN REPUBLIC
EQUADOR
SPAIN
FIJI
FALKLAND ISLANDS
FRANCE
FRENCH GUIANA
GHANA
GREECE
GUATEMALA
GUYANA
HONDURAS
HAITI
HUNGARY
INDIA
IRELAND
ISRAEL
ITALY
JAMAICA
JAPAN
LUXEMBOURG
MEXICO
NICARAGUA
NEW ZEALAND
NORWAY
PANAMA
PERU
PHILIPPINE ISL.
POLAND
PORTUGAL
PARAGUAY
SOUTH AFRICA
SOUTH KOREA
SPAIN
SURINAME
SWEDEN
EL SALVADOR
THAILAND
TURKS & CAISCOS ISL.
TRINIDAD & TOBAGO
UNITED KINGDOM
URUGUAY
VENEZUELA
VIETNAM
WEST GERMANY

AU
AS
BM
BE
BO
BR
BS
CN
CH
CL
CR
CZ
DK
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EC
ES
FJ
FK
FR
GF
GH
GR
GT
GY
HN
HT
HU
II
IE
IL
IT
JM
JP
LX
MX
NI
NZ
NW
PN
PE
PH
PO
PT
PY
SA
SK
ES
SR
SW
SV
TH
TC
TT
UK
UY
VE
VN
WG

CHILD SUPPORT ENFORCEMENT REFERRAL

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		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 checked="" type="checkbox"/> Marriage Certificate <input checked="" type="checkbox"/> Paternity Allegation <input type="checkbox"/> OTHER: _____			
		IN	OUT				
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			
			MO.	DAY	YEAR		
HGT	WGT	ALIAS	RACIAL / ETHNIC			<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	
TELEPHONE NUMBER	DATE OF LAST CONTACT	DATE OF DESERTION	VERIFIED BY IM?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
AREA CD.	MO.	DAY	YEAR	MO.			
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		
			<input type="checkbox"/> <input type="checkbox"/>		MO.	DAY	YEAR