

Cabinet for Health and Family Services
Department for Income Support
Child Support Enforcement

APPLICATION FOR CHILD SUPPORT SERVICES

- Check this space if you are the custodial parent. Custodial parent includes the physical custodian.
- Check this space if you are the putative (alleged) father or the noncustodial parent.

FOR OFFICE USE ONLY	
IV-D Number	_____
Date Requested	_____
Date Provided	_____
Date Returned	_____

Full child support services will be provided to you unless you check one of the two spaces shown below:

- I wish to receive only location services. Location Only Case - State Parent Locator Section (SPLS)
 - I wish to receive only location services. Parental Kidnapping Case – SPLS
- No other service will be provided by child support staff when you request only location services.

I. NONCUSTODIAL PARENT’S (NCP) INFORMATION

Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:			
Noncustodial Parent’s Maiden Name, if applicable (First Name, Middle Name, Last Name)					
Alias(es) (First Name, Middle Name, Last Name)			Nickname(s) (First Name, Middle Name, Last Name)		
Email Address					
Current Residential Address Street Number & Name Apt/Suite Number City State Country Zip Code			Previous Address Street Number & Name Apt/Suite Number City State Country Zip Code		
Current Mailing Address (Enter if the Noncustodial Parent has a different Mailing Address) Street Number & Name Apt/Suite Number City State Country Zip Code			Date last at that address:		
Home Telephone Number () -		Work Telephone Number () -		Cell Phone Number () -	
Sex: M ___ F ___	Date of Birth	Country of Birth	State of Birth	County of Birth	City of Birth
Race: () Native American or Alaskan Native () Asian () Black or African American () Hispanic () Native Hawaiian or Other Pacific Islander () White () Unknown () Other					



Hair Color	Eye Color	Weight	Height	Other Identifying Features
What is the legal relationship status of Noncustodial Parent to child(ren)? (ex. Legal Father, Alleged Putative Father etc.) .				
What is employment status of the Noncustodial Parent? () Full Time () Part Time () Unemployed () Unknown () Seasonal				
Current Employer Name Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Salary _____ Per			Previous Employer Name Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Ending Pay _____ End Date _____ Per	
How often is the NCP paid? _____				
Occupation				
Union Name Union Number Address, if known Apt/Suite Number City State Country Zip Code			Military Branch: Dates: (From) _____ (To) _____	
Arrest/Prison Record In which state did this occur? In which county did this occur? Which facility?			Incarceration Date Release Date	
What is the current marital status of the NCP? () Divorced () Married () Never Married () Separated () Widowed				
Name of Noncustodial Parent's current spouse: (First Name, Middle Name, Last Name)				
Is the NCP currently receiving benefits? If so, select all that apply and list the state when applicable. () Medical Assistance State: _____ () RSDI/SSD () SSI () Food Stamps (SNAP) State: _____ () Black Lung () Veterans Assistance () TANF (AFDC/KTAP) State: _____ () Other : _____ () Child Care Assistance State: _____ () None : _____				
If the NCP is not currently receiving benefits, have benefits been received in the past? If so, select all that apply and list the state when applicable. () Medical Assistance State: _____ () RSDI/SSD () SSI () Food Stamps (SNAP) State: _____ () Black Lung () Veterans Assistance () TANF (AFDC/KTAP) State: _____ () Other : _____ () Child Care Assistance State: _____ () None : _____				
Does the Noncustodial Parent own a car? () Yes () No		Make	Model	Year
NCP's Father's name (First Name, Middle Initial, Last Name)		NCP's Mother's name (First Name, Middle Initial, Last Name)		
		NCP's Mother's Maiden Name		
Is NCP's father living? () Yes () No () Unknown		Is NCP's mother living? () Yes () No () Unknown		
Father's Address (if known)? Street Number & Name Apt/Suite Number City State Country Zip Code		Mother's Address (if known)? Street Number & Name Apt/Suite Number City State Country Zip Code		

Home Telephone Number: () -

Home Telephone Number: () -

Is the CP currently receiving benefits? If so, select all that apply and list the state when applicable.

() Medical Assistance State () RSDI/SSD () SSI
 () Food Stamps (SNAP) State () Black Lung () Veterans Assistance
 () TANF (AFDC/KTAP) State: () Other : _____
 () Child Care Assistance State () None : _____

If the CP is not currently receiving benefits, have benefits been received in the past? If so, select all that apply and list the state when applicable.

() Medical Assistance State: () RSDI/SSD () SSI
 () Food Stamps (SNAP) State: () Black Lung () Veterans Assistance
 () TANF (AFDC/KTAP) State: () Other : _____
 () Child Care Assistance State: () None : _____

III. CHILD(REN)'S INFORMATION

Enter information about the child(ren) for whom services are being requested.(Child – 1)

Complete Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:	
Date of Birth		Sex: M F	
Race: () Native American or Alaskan Native () Asian () Black or African American () Hispanic () Native Hawaiian or Other Pacific Islander () White () Unknown () Other			
State where child conceived		Place of Birth	
Country of Birth	State of Birth	County of Birth	City of Birth
Was the mother married when this child was conceived? (Yes/No)			
What is the name of the person to whom the mother was married?			
Was the child emancipated or married? (Yes/No)			
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.			
() Medical Assistance	State:	() RSDI/SSD	
() TANF	State:	() SSI	
() Food Stamps	State:	() Veterans Assistance	
() Child Care Assistance	State:	() Other :	_____
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
() Medical Assistance	State:	() RSDI/SSD	
() TANF	State:	() SSI	
() Food Stamps	State:	() Veterans Assistance	
() Child Care Assistance	State:	() Other :	_____

Enter information about the child(ren) for whom services are being requested.(Child – 2)

Complete Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:	
Date of Birth		Sex: M F	
Race: () Native American or Alaskan Native () Asian () Black or African American () Hispanic () Native Hawaiian or Other Pacific Islander () White () Unknown () Other			
State where child conceived		Place of Birth	
Country of Birth	State of Birth	County of Birth	City of Birth
Was the mother married when this child was conceived? (Yes/No)			
What is the name of the person to whom the mother was married?			
Was the child emancipated or married? (Yes/No)			
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.			
() Medical Assistance	State:	() RSDI/SSD	
() TANF	State:	() SSI	
() Food Stamps	State:	() Veterans Assistance	
() Child Care Assistance	State:	() Other :	_____
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
() Medical Assistance	State:	() RSDI/SSD	
() TANF	State:	() SSI	

Food Stamps State: Veterans Assistance
 Child Care Assistance State: Other : _____

Enter information about the child(ren) for whom services are being requested.(Child – 3)

Complete Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:	
Date of Birth		Sex: M F	
Race: <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other			
State where child conceived		Place of Birth	
Country of Birth	State of Birth	County of Birth	City of Birth
Was the mother married when this child was conceived? (Yes/No)			
What is the name of the person to whom the mother was married?			
Was the child emancipated or married? (Yes/No)			
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.			
<input type="checkbox"/> Medical Assistance	State:	<input type="checkbox"/> RSDI/SSD	
<input type="checkbox"/> TANF	State:	<input type="checkbox"/> SSI	
<input type="checkbox"/> Food Stamps	State:	<input type="checkbox"/> Veterans Assistance	
<input type="checkbox"/> Child Care Assistance	State:	<input type="checkbox"/> Other :	
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
<input type="checkbox"/> Medical Assistance	State:	<input type="checkbox"/> RSDI/SSD	
<input type="checkbox"/> TANF	State:	<input type="checkbox"/> SSI	
<input type="checkbox"/> Food Stamps	State:	<input type="checkbox"/> Veterans Assistance	
<input type="checkbox"/> Child Care Assistance	State:	<input type="checkbox"/> Other :	

Enter information about the child(ren) for whom services are being requested.(Child – 4)

Complete Name (First Name, Middle Name, Last name, Suffix)		Social Security Number:	
Date of Birth		Sex: M F	
Race: <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other			
State where child conceived		Place of Birth	
Country of Birth	State of Birth	County of Birth	City of Birth
Was the mother married when this child was conceived? (Yes/No)			
What is the name of the person to whom the mother was married?			
Was the child emancipated or married? (Yes/No)			
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.			
<input type="checkbox"/> Medical Assistance	State:	<input type="checkbox"/> RSDI/SSD	
<input type="checkbox"/> TANF	State:	<input type="checkbox"/> SSI	
<input type="checkbox"/> Food Stamps	State:	<input type="checkbox"/> Veterans Assistance	
<input type="checkbox"/> Child Care Assistance	State:	<input type="checkbox"/> Other :	
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
<input type="checkbox"/> Medical Assistance	State:	<input type="checkbox"/> RSDI/SSD	
<input type="checkbox"/> TANF	State:	<input type="checkbox"/> SSI	
<input type="checkbox"/> Food Stamps	State:	<input type="checkbox"/> Veterans Assistance	
<input type="checkbox"/> Child Care Assistance	State:	<input type="checkbox"/> Other :	

***Add page for additional children.**

IV. BACKGROUND INFORMATION

Answer whether you are the putative father, noncustodial parent, or the custodial parent.

Why is the NCP absent? <input type="checkbox"/> Desertion <input type="checkbox"/> Divorce <input type="checkbox"/> Separation <input type="checkbox"/> Parents Not Married	
If the children's parents were married, on what date were they married?	Date:
When were the children's parents last together?	Date:
If the children's parents are divorced, when and where were they divorced?	

Date	Country	State	County	City
If the parents were not married has paternity been established? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, when and where?				
Date	Country	State	County	City
Have you previously requested (or) received Child Support Services for this child(REN)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, when and where?				
Date	Country	State	County	City
Has the noncustodial parent paid any medical expenses for the child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Has the noncustodial parent shared in the child(ren)'s support? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				

V. COURT ORDER INFORMATION (Attach copy of any and all orders and/or affidavit of paternity)

Is there currently a child or medical support order for the child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, enter Information from most recent order				
Date of Order	Country	State	County	City
Child Support order amount \$				per
Medical support ordered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are there any prior child support orders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

VI. MEDICAL SUPPORT INFORMATION

Is the child(ren) covered by medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, who is providing coverage?							
<input type="checkbox"/> CP	<input type="checkbox"/> NCP	<input type="checkbox"/> Commonwealth of Kentucky					
<input type="checkbox"/> Other/ Name: _____			SSN: _____				
If no, is medical insurance available? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Name of the Company:							
Address							
Apt/Suite Number,							
City							
State							
Zip Code							
Policy Number:							
Policy Effective Date:							
Types of Coverage							
<input type="checkbox"/> Hospital	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision	<input type="checkbox"/> Drugs	<input type="checkbox"/> Cancer Only	<input type="checkbox"/> VA Health Benefits	<input type="checkbox"/> Other (Accident/Casualty)
Attach a copy of Medical Insurance Card (Front + Back)							

Mail the completed form to:

_____ Office Address

I certify under penalty of law that the information I have provided is true to the best of my knowledge and belief and that the services I have requested are for the sole purpose of establishing paternity, if needed; obtaining and enforcing a support obligation; or requesting a modification review according to the Kentucky Child Support Guidelines. I understand that child support services will be provided based on the best interest of the child(ren) listed on this application. I agree to inform the area child support office or the IV-D contracting official's office to which I am providing this application of any changes in the information submitted on this application. I also understand as explained to me in the Authorization and Acknowledgment of No Legal Representation (Form CS-11), which I have signed, the IV-D Contracting Officials employed by the Cabinet for Health and Family Services represent the state and not me, and that an attorney-client relationship does not exist between any of the IV-D Contracting Officials and me. I further understand that the Cabinet for Health and Family Services will assess a nonrefundable annual fee of \$35.00 for child support services when \$550.00 has been disbursed during the federal fiscal year.

SIGNATURE _____ DATE _____

Complete the entire form carefully and accurately. Incorrect information will delay the processing of your application.

INFORMATION ABOUT THE KENTUCKY CHILD SUPPORT PROGRAM

Available Services:

- Location of noncustodial parents.
- Establishment of paternity.
- Establishment of child/medical support orders.
- Enforcement of child/medical support orders.
- Collection and disbursement of current and/or past-due child/medical support obligations.
- Enforcement and collection of spousal support when there is an existing spousal support order, the spouse or ex-spouse is living with the child, and CHFS is collecting support for the child.
- Review for possible modification of child/medical support obligations.
- Case closure if we are unable to contact you for 60 days.
- Termination of support order.

Rights:

- All parties to the child support cases have equal status.
- Any party to the case can ask questions, raise issues, and request a review with or without assistance from an attorney.
- All parties have a right to have the support order reviewed every 36 months or sooner if there are on-going changes that cause a 15% increase or decrease in the support obligation amount.

Responsibilities:

- The applicant must provide complete and accurate information regarding yourself, the other parent, and the child(ren).
- You must notify us when your address changes.

State Fees:

- An annual fee of \$35.00 is collected from the applicant after \$550.00 has been collected within

the Federal fiscal year.

Distribution Policy:

- CSE requires custodial parents to receive their child support payments by electronic deposit to a checking or savings account or prepaid debit card.
- CSE is required to distribute payments received within two (2) working days of receipt of the payment.

*****KEEP THIS PAGE FOR YOUR RECORDS*****