LDSS-2859 (Rev. 4/13)

Information Transmittal

TO:	☐ TA ☐ MA	☐ Foster Care ☐ Fraud	☐ DV Liaison ☐ Employment Unit	☐ Child Support ☐ Other _____
FROM:	☐ TA	☐ Foster Care ☐ Fraud	☐ DV Liaison ☐ Employment Unit	☐ Child Support ☐ Other _____

CUSTODIAL PARENT/APPLICANT/RECIPIENT NAME (Last, First, MI)	
ADDRESS	PHONE NUMBER
NONCUSTODIAL PARENT NAME (Last, First, MI)	
NY CASE IDENTIFIER	TA/MA/FC CASE NUMBER

SECTION I: Case Information (Completed by Referring Program)

☐ **Applicant applied for ☐ TA on _____. If needed, please schedule a child support interview. Child Support must advise TA of this person's cooperation status by_____.**

☐ **Applicant/recipient reported new/changed information:** _____

_____

_____

☐ **Good Cause:** ☐ claimed ☐ exists ☐ does not exist _____

☐ **Domestic Violence Waiver:** Eff. Date: _____ ☐ full ☐ partial ☐ denied ☐ extended ☐ ended

_____

☐ **Child(ren) in Foster Care:** Child's name _____ Custodian _____

☐ discharged on _____ ☐ surrendered on _____ ☐ adopted on _____

☐ Other: _____

☐ **Please provide the following information about the child support case:** _____

_____

☐ **Other:** _____

_____

_____

SECTION II: Child Support Information (Completed by Child Support)

☐ **Cooperation** – Applicant/recipient cooperated with Child Support on _____

☐ **Exception to Cooperation** – Applicant/recipient claims

☐ Domestic Violence

☐ Good Cause

Details:_____

_____

☐ **Non-Cooperation –** On _____, applicant/recipient failed or refused to:

☐ Appear for Child Support interview

☐ Provide required information or attest to lack of information

☐ Provide to Child Support the requested documentation: _____

☐ Appear and participate in court or other hearing

☐ Submit self and child to paternity testing

☐ Pay to the Support Collection Unit assigned support money received directly

Details: _____

☐ **Household Change/Possible Fraud**

☐ Child(ren) not in the household

☐ Noncustodial parent in the household

☐ Applicant/recipient is receiving unreported support money directly

Details, including dates: _____

☐ **Child Support Case Update**

☐ Putative father: ☐ acknowledged ☐ adjudicated ☐ excluded as the father of _____ by _____ Court on _____. Please take the following action: _____

☐ Support order ☐ Original ☐ Modified ☐ Adjusted Eff. Date: _____ Docket #:_____

TYPE OF SUPPORT	AMOUNT	PER
☐ Current		
☐ Arrears		
☐ NCP ☐CP ordered to provide health insurance		
☐ NCP ☐CP NOT ordered to provide health insurance because of cost		
☐ CP ordered to apply for public coverage		
☐ Cash Medical Support Obligations (CMSO)		
☐ MA Managed Care ☐ MA Fee-for-Service (Maximum Annual CMSO) ☐ Court ordered payment of MA Fee-for-Service claim		
TOTAL		

☐ Redirection of support payments to ☐ DSS ☐ Family effective _____

☐ Full redirection of order of support in the amount of $_____ ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly

☐ Partial redirection for order of support for child(ren) named: _____ in the amount of $_____ ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly

☐ **Request for Medicaid Medical Support Transmittal (OHIP-0030)**

☐ TA case ☐ FC case ☐ MA-only case

Child(ren)'s name(s): _____

Comments: _____

☐ **Comments on Pending Good Cause/Domestic Violence Determination:** _____

☐ **Other Information:** _____

SECTION III: Signature (Completed by Child Support or Referring Program)

CASE WORKER	TELEPHONE NUMBER	DATE