

Information Transmittal

TO:	<input type="checkbox"/> TA	<input type="checkbox"/> Foster Care	<input type="checkbox"/> DV Liaison	<input type="checkbox"/> Child Support
	<input type="checkbox"/> MA	<input type="checkbox"/> Fraud	<input type="checkbox"/> Employment Unit	<input type="checkbox"/> Other _____
FROM:	<input type="checkbox"/> TA	<input type="checkbox"/> Foster Care	<input type="checkbox"/> DV Liaison	<input type="checkbox"/> Child Support
	<input type="checkbox"/> MA	<input type="checkbox"/> Fraud	<input type="checkbox"/> Employment Unit	<input type="checkbox"/> 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 _____ discharged on _____
Custodian _____ Custodian's Mailing Address: _____
- 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 of Non-Cooperation: _____

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
<input type="checkbox"/> Current		
<input type="checkbox"/> Arrears		
<input type="checkbox"/> NCP <input type="checkbox"/> CP ordered to provide health insurance		
<input type="checkbox"/> NCP <input type="checkbox"/> CP NOT ordered to provide health insurance because of cost		
<input type="checkbox"/> CP ordered to apply for public coverage		
<input type="checkbox"/> Cash Medical Support Obligations (CMSO)		
<input type="checkbox"/> MA Managed Care		
<input type="checkbox"/> MA Fee-for-Service (Maximum Annual CMSO)		
<input type="checkbox"/> 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