

### Information Transmittal

<b>TO:</b>	<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 _____
<b>FROM:</b>	<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		
<b>TOTAL</b>		

- 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