

# Referral for Child Support Services



# Welcome!

New York's Child Support Program works with parents and guardians to strengthen families and provide children with the financial and medical support they need.

## To start the referral process:

1. Review the **Important Information about Child Support Services**, pages 1-4, and keep this document for your records.
2. Complete and sign **Part A – Referral** (pages A-1 through A-4)
3. Complete **Part B – Child Information** (pages B-1 through B-2) for each child (up to two children) with the Other Party named in this referral. If you have more than two (2) children with the Other Party named in this referral, obtain and complete the separate form, **Additional Child Information (LDSS-5145A)** for each additional child or photocopy **page B-1** of **Part B**.
4. Review **Part C – Supporting Documentation** (page C-1) and submit copies of all relevant documents with your referral.

# Important Information about Child Support Services

Please read and keep pages 1-4 for your records.

## Definitions

**Child** – an individual under age 21 for whom support is sought.

**Custodial Parent** – the parent with primary care and custody of the child. In equal shared custody cases, this is the parent eligible to receive child support.

**Guardian** – a nonparent caregiver with physical custody of at least one child under age 21. If the child lives with the guardian on a day-to-day basis, the guardian has physical custody of the child.

**Noncustodial Parent** – the parent obligated to pay child support.

**Alleged Parent** – the person who may be the child's genetic parent but who has not yet been legally declared to be the parent.

**Intended Parent** – an individual who intends to be legally bound as the parent of a child resulting from assisted reproduction.

## Eligibility

When you apply for or receive public assistance benefits, referred to herein as "Temporary Assistance," child support services may be provided to you based on your referral to the Child Support Program. Child support services may also be provided if you are applying for Medicaid for yourself and the child. Child support services will continue after you stop receiving Temporary Assistance or Medicaid unless you request your child support case be closed. Child support services are also provided for a child placed in foster care and may continue after the foster care placement ends. If the child returns to you after being discharged from foster care, child support services will continue unless you request otherwise.

## Assignment and Cooperation With Child Support

As an applicant/recipient of Temporary Assistance for the child, or Medicaid for yourself and the child, or if your child is in Title IV-E Foster Care, you are required to assign to the social services district rights you have to support on your own behalf and any rights to support on behalf of any family member for whom you are applying for, or receiving, assistance. For Medicaid applicants/recipients, this assignment is limited to medical support only. When applying for or receiving Temporary Assistance, your assignment of support rights is limited to support that accrues during the period that you or the family member receives assistance. You are required to assign these support rights and, unless you claim good cause or domestic violence for not doing so, cooperate with the Child Support Program to:

- Locate noncustodial parents, alleged parents, and intended parents, including biological parents or stepparents;
- Establish parentage for each child born out of wedlock who is receiving Temporary Assistance, Medicaid, or Title IV-E Foster Care;
- Establish, modify, or adjust orders of support; and
- Collect and enforce orders of support through the Support Collection Unit.

If you are receiving Temporary Assistance for the child or Medicaid for yourself and the child, you will be sanctioned for failing to cooperate absent a determination of good cause or domestic violence, if applicable.

## Safeguarding Confidentiality

The Child Support Program is required to safeguard the privacy, integrity, access to, and use of your personal information (including case data kept in the computer system of the Child Support Program). We share your address and other identifying information with other state and federal agencies only for child support purposes or as otherwise permitted by law. **Information can only be released to authorized persons for reasons authorized by law.**

**Use of Social Security Numbers:** Title IV-D of the Social Security Act requires that Social Security numbers be used only for locating parents, establishing paternity or parentage, and/or establishing, modifying, and enforcing an order of support; the administration of certain public benefit programs; or as otherwise permitted by law. In addition, Social Security numbers will be subject to verification through the Social Security Administration.

## Safety Concerns

**Please be sure to read and answer the Safety Concerns question on page A-1 of Part A - Referral.** If you check YES to the question, your local Child Support Program office will discuss your concerns with you and can assist you with filing an Address Confidentiality Affidavit with the court. We can also assist in preventing your address from appearing on documents we send to the court. We will prohibit disclosure of location information **at your request**, or if we learn:

- You are residing in a domestic violence shelter;
- You have an order of protection involving the Other Party;
- You have a domestic violence referral or other written statement from a public or private service provider; or
- A court has determined that contact with the Other Party creates a risk of physical or emotional harm to you or the child.

## Services

The Child Support Program will provide the child support services appropriate for your case pursuant to federal and New York State law, regulation, and policy. With your assistance and cooperation, services may be provided to you for as long as child support payments are due and owing. The following services are provided, as appropriate:

- **Location** of the Other Party, including obtaining information about addresses, employment, other sources of income and assets, and health care coverage;
- **Establishment of Parentage** for a child through the voluntary acknowledgment process or through a court-based process;
- **Establishment** and/or **Modification** of an order of support, including establishment of health insurance coverage or cash medical support, if available, from either parent;
- **Collection** and **Distribution** of child support or combined child and spousal support made payable through the Support Collection Unit, including educational expenses, child care expenses, and cash medical support;
- **Enforcement of Support Obligations** through income withholding from wages, benefits, or other income; federal and State tax refund intercept; seizure of assets and lottery winnings; credit bureau reporting; suspension of the noncustodial parent's New York State driver license; and referral to the New York State Department of Taxation and Finance for collection. Court-ordered health insurance benefits are also enforced by the Child Support Program;
- Filing and prosecuting **Violation Petitions**; and
- Assistance with making an **existing order of support** payable through the Support Collection Unit.

All services listed above are also provided to parents who live in other counties, states, and some countries.

Your child support case may be closed for reasons including:

- Parentage cannot be established;
- The Other Party cannot be located after diligent effort or is incarcerated with no chance of parole, permanently disabled with no ability to pay support, or institutionalized; or
- The recipient of services fails to cooperate or provide information that is essential to the next step in providing services.

## Parentage Establishment

Establishing parentage is the process of determining the legal parents of a child. Being the **legal** parent means that you have parental rights and responsibilities to your child, such as the right to seek custody or visitation and the responsibility for your child's care and support, including financial and medical support. An alleged or intended parent does not have any rights or responsibilities to the child until parentage is established.

In New York State, parentage may be established in any of the following ways:

- Using the voluntary acknowledgment process.
- Filing a petition with the Family Court to have the court determine paternity and issue an Order of Filiation, or filing a petition for the court to determine parentage and issue a Judgment of Parentage.
- By a surrogacy agreement, or in a record showing the consent of the parents to use assisted reproduction.

## Child Support Obligations

The basic child support obligation includes a percentage-based obligation, a provision for health insurance coverage and/or cash medical support, child care expenses, and educational expenses for the child, if determined by the court (Family Court Act § 413 and Domestic Relations Law § 240).

The percentage guideline is applied to combined parental income up to \$154,000. Above \$154,000 (which will increase in 2022 and every two years thereafter with changes in the Consumer Price Index for All Urban Consumers [CPI-U]), the court determines whether to use the percentage guideline. The court may deviate from the percentage-based obligation based on the factors set forth in Family Court Act § 413(1)(f) and Domestic Relations Law § 240(1-b)(f).

**Low Income Obligation:** If the noncustodial parent's income is determined to be at or below the federal poverty level for a single person, the presumptive support amount is \$25 per month. When income is at or below the self-support reserve (135% of the federal poverty level), but above the federal poverty level, the presumptive support amount is \$50 per month.

**Cost of Living Adjustment (COLA):** An order is eligible for COLA when it is at least two (2) years old and the sum of the average annual percentage change in the CPI-U is equal to or greater than ten (10) percent since the order was issued, last modified, or last adjusted. Every two years your account will be reviewed to determine whether your order is eligible for a COLA. COLA adjustments are made without going to court. When the custodial parent or child is on Temporary Assistance, the COLA is automatically made when the account becomes eligible – without either parent requesting the adjustment.

**Modification of Orders:** The Child Support Program can assist you in filing a petition to modify your order of support, if needed. Either party has the right to seek a modification of the order of support based upon a showing of a substantial change in circumstances or other conditions provided in Family Court Act § 451 (2)(b).

**Rights to Information Regarding Legal Proceedings:** You have the right to be kept informed of the time, date, and place of any court proceedings involving you. You will be provided with a copy of any order establishing, modifying, adjusting, or enforcing an order of support, or any order dismissing the petition.

### Child Support Percentages

1 child	17%
2 children	25%
3 children	29%
4 children	31%
5 or more	at least 35%

## Distribution of Payments

Support payments are distributed according to federal and New York State distribution rules. The distribution of support payments is based on the payment receipt date and as follows:

- **If the custodial parent is receiving Temporary Assistance**, child support collections received will be paid to the State and to the social services district for reimbursement of up to the total amount of Temporary Assistance that has been paid to the custodial parent. The custodial parent will be paid a child support "pass-through" payment from the current support collected each month in addition to the Temporary Assistance paid. The pass-through is an amount up to \$100 per month of current support collected or up to the current support obligation, whichever is less, for any household with one individual under the age of 21 active on the Temporary Assistance case. The pass-through paid

to the family increases to up to \$200 per month of current support collected or up to the current support obligation, whichever is less, for Temporary Assistance families with two or more individuals under the age of 21 active on the Temporary Assistance case. The custodial parent will be paid any support collected after the total Temporary Assistance paid to the custodial parent has been reimbursed.

- **If the custodial parent formerly received Temporary Assistance**, child support collections received will first be used to pay current support to the custodial parent followed by payments for support arrears/past due support owed to the custodial parent and then to support arrears/past due support due to the social services district for reimbursement of past assistance granted. However, collections received from federal tax refund offset will first be paid to satisfy any support arrears/past due support due the social services district for reimbursement of past assistance granted and then to support arrears/past due support owed to the custodial parent. The custodial parent will be paid any support collected after the total Temporary Assistance paid to the custodial parent has been reimbursed.
- **If the custodial parent has never received Temporary Assistance**, the custodial parent will receive all support that is collected and due, with the exception of the annual service fee and the recovery of costs for legal services, if applicable.
- **If the custodial parent is in receipt of Medicaid**, medical support payments will be paid to the State and to the social services district for reimbursement of up to the total amount of Medicaid that has been paid to a provider.
- **If the child is in receipt of foster care**, support collected will be paid to the social services district. Any support collected exceeding the foster care maintenance payments will be paid to the social services district supervising the child's placement and foster care to use in the manner it determines will serve the child's best interests.

## Recoupment of Overpayments

In rare instances, an overpayment may occur due to a misdirected payment (money is sent to the wrong person) or an unfunded payment (payment is returned unpaid by the remitter's bank), among other reasons. If these situations occur:

- It is your responsibility to return or repay these funds.
- We will contact you to arrange for repayment of the amount overpaid either in a lump sum payment or, at your request by withholding twenty-five (25) percent of collections until the overpayment is repaid.

## Customer Service

You may obtain additional information about child support as well as payment and account information online at [childsupport.ny.gov](http://childsupport.ny.gov) or by calling the **New York State Child Support Helpline at 888-208-4485** (TTY: 866-875-9975 – Relay Service <http://www.fcc.gov/encyclopedia/trs-providers>). A personal identification number (PIN) is required to set up your online child support account. You will receive your PIN by mail when your child support account is established.

It is in your best interest to regularly check your account to ensure that your payments are received on time and in full. **You must keep your address and contact information up to date**, which you may do by calling the Child Support Helpline or by contacting your local Child Support Program office. The contact information for your local Child Support Program office, including an email link, can be found at <https://www.childsupport.ny.gov/DCSE/LocalOffices>.

## Nondiscrimination Notice

New York State prohibits discrimination based on race, color, national origin, disability, age, sex, and in some cases, religion or political beliefs. New York State additionally prohibits discrimination based on gender identity, transgender status, gender dysphoria, sexual orientation, marital status, domestic violence victim status, pregnancy-related conditions, predisposing genetic characteristics, prior arrest or conviction record, familial status, and retaliation for opposing unlawful discriminatory practices. For more information about how to file a discrimination complaint, please visit [childsupport.ny.gov](http://childsupport.ny.gov).

## Part A – Referral

This LDSS-5145, *Referral for Child Support Services* is from the Commissioner or Commissioner’s Designee of the social services district or the Office of Children and Family Services for a child or children in Foster Care placement. If this box is checked, complete the following portions of LDSS-5145: pages A-3 and A-4 of Part A (Other Party Information), Part B, and Part C. Also complete LDSS-5145B, *Foster Care Referral and Information for each child in Foster Care Placement*. If support is sought from more than one Other Party, complete a separate LDSS-5145 **for each Other Party**. There should be one (1) LDSS-5145 for each Other Party associated with a child or children in Foster Care placement and one (1) LDSS-5145B for each child.

### Special Assistance

1a. What is your primary spoken language?

English    Español    বাংলা    العربية    中文    Kreyòl Ayisyen    한국어    РУССКИЙ    Other

1b. What is your primary reading language?

2. Do you need language assistance?      Yes      No

3. Do you have a disability that prevents you from completing this Referral or being interviewed?      Yes      No

If YES, please indicate what assistance you need?

### Safety Concerns *(See page 2 of the Important Information about Child Support Services for additional information)*

Do you feel your safety or the safety of your child is at risk if you seek Child Support Services?      Yes      No

### Public Assistance Applicant/Recipient Information

**I am the (check one):**    Custodial Parent    Guardian - Relationship:

*Complete a separate referral for each Other Party.*

#### Child Support History

Are you currently in receipt of Child Support Services?      Yes      No  
 If yes, where?    County      State      Case #

Have you previously received Child Support Services?      Yes      No  
 If yes, where?    County      State      Case #

#### Public Assistance History

Are you currently an applicant of, or in receipt of public assistance benefits?      Yes      No  
 If yes, where?    County      State      Case #

Did you previously receive public assistance benefits?      Yes      No  
 If yes, where?    County      State      Case #

Date you last received assistance *(Month/Day/Year)*

#### Legal Name

First      Middle      Last      Suffix      Alias or Other Known Name  
*(e.g., Maiden Name)*

#### SSN/ITIN

#### Gender

Female      Male      Non-Binary/Other

#### Date of Birth *(Month/Day/Year)*

#### Race-Ethnic Affiliation *(Optional)*

Asian      Black or African-American      Hispanic or Latina/o      White, non-Hispanic  
 Native American or Alaskan Native      Native Hawaiian or Pacific Islander      Other

#### Residential Address

In care of:

Street

Floor/Apt.      City      State      ZIP

#### Mailing Address *(if different than residential address)*

In care of:

Street

Floor/Apt.      City      State      ZIP

**Contact information**

Home Phone #                      Cell Phone #                      Other Phone #                      Email Address

**Preference**    Home    Cell    Other                      **Best time to call**    Morning    Afternoon

**Secondary Contact**

First                      Middle                      Last                      Suffix    Relationship

Street                      City                      State    ZIP                      Phone #

**Marital Status to Other Party**

Were you ever married to the Other Party?    Yes    No    Date of Marriage

**Place of Marriage**    City                      State                      Country

Separated    Date of Legal Separation                      Name of Court                      State

Divorced    Date of Divorce                      Name of Court                      State

Divorce Pending    Name of Court                      State

**Marital Status to Someone other than Other Party**

Have you ever been married to someone other than the Other Party of the child named in this referral?    Yes    No

From                      To                      Name of Spouse

From                      To                      Name of Spouse

**Health Care Coverage Information**

Does your employer/organization offer or provide health insurance benefits?    Yes    No    Unknown

Are you enrolled?    Yes (specify):    Individual Coverage    Family Coverage

No

Unknown

**Continue to Page A-3**



**Other Party Information**

**The Other Party is (check one):** Noncustodial Parent Alleged Parent Intended Parent Custodial Parent Guardian  
**Legal Name**  
 First Middle Last Suffix Alias or Other Known Name  
 (e.g., Maiden Name)

**SSN/ITIN** **Gender** **Date of Birth (Month/Day/Year)**  
 Female Male Non-Binary/Other

**Race-Ethnic Affiliation (Optional)**

Asian Black or African-American Hispanic or Latina/o White, non-Hispanic  
 Native American or Alaskan Native Native Hawaiian or Pacific Islander Other

**Primary Language** English Spanish Other (specify)

**Description**

Height ft. in. Weight lbs. Eye Color Hair Color  
 Marks Scars Tattoos Describe

Photo Yes (Attach Photo) No

**Social Media Information**

Facebook Twitter Instagram

**Other Party's Parent Information**

Name Address Phone # Relationship

Name Address Phone # Relationship

**Place of Birth** City State Country

**Date of Last Contact**

Month/Day/Year

**Relationship of Other Party to Applicant/Recipient of Public Assistance**

Spouse Former Spouse Parent  
 Partner Former Partner Other

**Residential Address**

In care of:

Current Last Known

**Mailing Address (if different than residential address)**

In care of:

Street

Street

Floor/Apt. City State ZIP

City

State ZIP

Floor/Apt. City State ZIP

City

State ZIP

**Contact information**

Home Phone #

Cell Phone #

Other Phone #

Email Address

**Preference**

Home

Cell

Other

**Best time to call**

Morning

Afternoon

**Employment**

Is the Other Party currently employed? Yes No Unknown Date last employed

Is the Other Party self-employed? Yes No Unknown

Employer/Business Name:

Current

Last Known

Employer/Business Address:

Street

City

State ZIP

Phone #

Job Title/Occupation:

Annual Salary

\$

Weekly benefit

Is the Other Party receiving NYS Unemployment Insurance Benefits (UIB)? Yes No Unknown \$

Is the Other Party a member of a labor union/organization? Yes No Unknown Name:

**Marital Status to Someone other than Applicant/Recipient of Public Assistance**

Is the Other Party married to someone other than the Applicant?      Yes      No

Name of Spouse      Address

Email Address      Phone #

**Incarceration Status**

Is the Other Party incarcerated?      Yes      No      Unknown

Name of Facility      Inmate #

Facility Address      City      State      ZIP      Country

**Health Care Coverage Information**

Does the Other Party's employer/organization offer or provide health insurance benefits?      Yes      No      Unknown

Is the Other Party enrolled?      Yes (specify):      Individual Coverage      Family Coverage      No      Unknown

**Vehicle Information**

Make      Model      Year      Color

Own      Lease      Business Vehicle      License Plate      State

**Additional Information (e.g., assets, other contacts)**

**Referral/Affirmation for Child Support Services**

By signing below, I understand and agree that:

**I am applying for or receiving Temporary Assistance.** I hereby subscribe and affirm under penalty of perjury that the information I have provided in the referral and any accompanying documents has been examined by me and to the best of my knowledge and belief is true and correct. I agree to tell the Child Support Program immediately of any new or changed information I have provided in this form.

I have received the **Important Information about Child Support Services** which includes information about the recoupment of overpayments. I understand that in rare instances an overpayment can occur due to a misdirected payment (money is sent to the wrong person) or an unfunded payment (payment is returned unpaid by the remitter's bank), among other reasons. I further understand it is my responsibility to return or repay these funds and you will contact me to request reimbursement. I may repay the overpayment amount in one lump sum payment or I may request you withhold twenty-five percent (25%) of collections until the overpayment is repaid. Consent to withhold 25% of future collections is optional.

I understand that the Child Support Program may send correspondence electronically, including, by email, text messages or other available methods. To ensure confidentiality, I understand that it is my responsibility to provide a secure, valid, and active email address and cell phone number, and to notify the local Child Support Program office if this information changes.

Check this box if you do **not** wish to receive correspondence electronically.

If I am found to be ineligible for Temporary Assistance benefits, I would still like to receive child support services. I request that this LDSS-5145 Referral for Child Support Services constitute my application for child support services. I understand I will be charged a \$35 dollar annual service fee if I have never received Temporary Assistance for Needy Families (TANF) and the Child Support Program collects at least \$550 for me during the federal fiscal year (October 1 through September 30).

**Signature**

**Date**

**Print Name**

For Safety Net Assistance referrals only: I, the Commissioner or Commissioner's Designee of the social services district, hereby apply for child support services pursuant to New York State Social Services Law § 111-g.

**Signature of Commissioner/Designee of the social services district for a Safety Net Assistance referral**

**Print Name**

**Date**

**For Agency Use Only**

**Child Support Program Representative (Print name)**

**Date**

**NY Case Identifier**

**Worker Code**

**SSD Referral Case #**

**Worker Name**

**Worker location**

**Worker Phone #**

TANF      Safety Net      Opening      Reopening      Changes or Updates      **Date of Referral**

## Part B – Child Information

*(for each child with the Other Party)*

**Name of Child #01**

First Middle Last Suffix

**SSN/ITIN****Gender**

Female Male Non-Binary/Other

**Date of Birth (Month/Day/Year)****Due Date**

Unborn

**Name of Parent**

Parent 1 First Middle Last

Parent 2 First Middle Last

**Child's Birthplace**

Hospital City State Country

**Other Party's Relationship to the Child**

Parent Stepparent Alleged Parent Intended Parent

**Parents' Marital Status**

Were the parents listed above married at or after the time of the child's birth?

Yes, to each other Yes, but not to each other No Unknown

If **Yes, to each other**, go to the **Order of Support Information** questions. **Otherwise**, go to the **Parentage Establishment** questions.

**Parentage Establishment**

Was parentage established?

Yes - Complete the **Parentage Establishment** questions.

You **do not** need to complete the **State of Jurisdiction** questions.

No - Go to the **State of Jurisdiction** questions.

Unknown - Go to the **State of Jurisdiction** questions.

How was parentage established?

Established in Court on Name of Court

Acknowledgment of Paternity/Parentage on Surrogacy/assisted reproduction agreement

In what county, state, and country was parentage established?

County State Country

Where was the child conceived? State Country

**State of Jurisdiction**

Did the Alleged Parent/Intended Parent provide prenatal expenses or support for the child? Yes No Unknown

Did the Alleged Parent/Intended Parent reside with the child in New York State? Yes No Unknown

Does the child reside in New York State as the result of acts or directives of the Alleged Parent/Intended Parent? Yes No Unknown

**Order of Support Information**

Is there an order of support for this child? Yes No Unknown If "Yes," what is the date of the order?

Is health insurance ordered? Yes No Unknown

**Obligation Amount**

\$ Weekly Every two weeks Monthly Twice per month Other

**Court that Issued the Order**

Family Supreme Other

County State Country

**Health Care Coverage Information**

Does the child have health care coverage? Yes No Unknown

If "Yes," identify the type of coverage: Private – Go to **Health Insurance Benefits** questions.

Public – Go to **Public Health Care Coverage** questions.

**Health Insurance Benefits**

Who provides the child's private health care coverage?

Custodial Parent Guardian Noncustodial Parent/Alleged Parent/Intended Parent Stepparent Unknown Other

Name of Health Insurance Carrier Policy # Group #

Street Floor/Apt./Suite City State ZIP

**Public Health Care Coverage**

Indicate the type of public health care coverage:

Medicaid Child Health Plus (CHPlus) CHPlus monthly contribution: \$

Other

**Part B – Child Information (continued)**

**Name of Child #02**

First Middle Last Suffix

**SSN/ITIN**

**Gender**

Female Male Non-Binary/Other

**Date of Birth (Month/Day/Year)**

**Due Date**

Unborn

**Name of Parent**

Parent 1 First Middle Last

Parent 2 First Middle Last

**Child's Birthplace**

Hospital City State Country

**Other Party's Relationship to the Child**

Parent Stepparent Alleged Parent Intended Parent

**Parents' Marital Status**

Were the parents listed above married at or after the time of the child's birth?

Yes, to each other Yes, but not to each other No Unknown

If **Yes, to each other**, go to the **Order of Support Information** questions. **Otherwise**, go to the **Parentage Establishment** questions.

**Parentage Establishment**

Was parentage established?

Yes - Complete the **Parentage Establishment** questions.

You **do not** need to complete the **State of Jurisdiction** questions.

No - Go to the **State of Jurisdiction** questions.

Unknown - Go to the **State of Jurisdiction** questions.

How was parentage established?

Established in Court on Name of Court

Acknowledgment of Paternity/Parentage on Surrogacy/assisted reproduction agreement

In what county, state, and country was parentage established?

County State Country

Where was the child conceived? State Country

**State of Jurisdiction**

Did the Alleged Parent/Intended Parent provide prenatal expenses or support for the child? Yes No Unknown

Did the Alleged Parent/Intended Parent reside with the child in New York State? Yes No Unknown

Does the child reside in New York State as the result of acts or directives of the Alleged Parent/Intended Parent? Yes No Unknown

**Order of Support Information**

Is there an order of support for this child? Yes No Unknown If "Yes," what is the date of the order?

Is health insurance ordered? Yes No Unknown

**Obligation Amount**

\$ Weekly Every two weeks Monthly Twice per month Other

**Court that Issued the Order**

Family Supreme Other

County State Country

**Health Care Coverage Information**

Does the child have health care coverage? Yes No Unknown

If "Yes," identify the type of coverage: Private – Go to **Health Insurance Benefits** questions.

Public – Go to **Public Health Care Coverage** questions.

**Health Insurance Benefits**

Who provides the child's private health care coverage?

Custodial Parent Guardian Noncustodial Parent/Alleged Parent/Intended Parent Stepparent Unknown Other

Name of Health Insurance Carrier Policy # Group #

Street Floor/Apt./Suite City State ZIP

**Public Health Care Coverage**

Indicate the type of public health care coverage:

Medicaid Child Health Plus (CHPlus) CHPlus monthly contribution: \$

Other

## Part C – Supporting Documentation

Please provide **copies** of all available supporting documents to your local Child Support Program office. Supporting documentation allows the Child Support Program to proceed with your child support case, including establishing paternity or parentage and establishing, modifying, and/or enforcing your child support order, as appropriate. Supporting documentation also aids the court in determining the income of each parent and the basic child support obligation. **CHECK** (✓) the boxes indicating which documents you are providing.

**Please do not send original documents in the mail.**

### General Documents

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Applicant's Identification (e.g., driver license, passport)

Child Support Petitions      Order(s) of Support      Marriage Certificate      Separation Agreement      Divorce Decree

Custody Order(s)      Order of Protection / Restraining Order      Health Insurance Benefit Cards

Summary Plan Descriptions of Health Insurance Benefits      Other

### Custodial Parent Documents

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Recent Paystub      Most recently filed Federal Tax Returns and all Schedules      W-2

Social Security Card / IRS Letter for ITIN      Social Security / Supplemental Security Income Award Letter(s)

Other

### Child Documents (for each child)

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Birth Certificate      Order Establishing Parentage (ex., Order of Filiation, Judgment of Parentage)      Acknowledgment of Paternity/Parentage

Affidavit Alleging Paternity/Parentage      Social Security Card      Proof of Child Care Expenses      Proof of Educational Expenses

Proof of Unreimbursed Health Care Expenses      Social Security/Supplemental Security Income Award Letter(s)

Adoption Subsidy Agreement (payment between adoptive parents and LDSS) or Placement Agreement (Child placed for purpose of adoption)

Surrogacy/Assisted Reproduction Agreement      Other

### Noncustodial Parent/Alleged Parent Documents

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Social Security Card / IRS letter for ITIN      Recent Paystub      Most recently filed Federal Tax Returns and all Schedules

W-2      Unemployment Insurance Benefit Notice      Social Security / Supplemental Security Income Award Letter(s)

Military Service (DD-214)      Incarceration, Probation or Parole Information

Temporary Assistance for Needy Families (TANF) Benefit Notice      Proof of MA, SNAP and/or Shelter Residency

Information About Professional, Business, Occupational, Recreational or Driver Licenses

Other