

## Information Transmittal

<b>To:</b>	TA	Foster Care	DV Liaison	Child Support
	MA	Fraud	Employment Unit	Other

---

<b>From:</b>	TA	Foster Care	DV Liaison	Child Support
		Fraud	Employment Unit	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

Custodian's Mailing Address

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 genetic marker or DNA 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**

Alleged Parent Intended Parent  
 acknowledged adjudicated excluded as the parent 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