



APPLICATION FOR CHILD SUPPORT SERVICES AND QUESTIONNAIRE

Packet must be completed and returned along with child(ren's) Birth Certificate(s) to Clinton County CSEA, 1025 S. South Street, Ste. 400 Wilmington, Ohio 45177

PERSON COMPLETING APPLICATION

First Name:	MI:	Last Name:
SSN:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone #
Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caretaker/Legal Guardian		Does the child(ren) live with you? <input type="checkbox"/> Y <input type="checkbox"/> N
If no, who does the child(ren) live where, where?		
If you are a minor, you must provide the names and address of your parent(s)/guardian		
Mother's Name and Address:	Father's Name and Address:	Guardian's Name and Address:

Child(ren)'s Information: If available please provide a copy of each child's birth certificate

#1 Child's First, Middle, Last Name:			
Date of Birth:	SSN:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Hospital of Birth:
Does the child receive any Social Security Benefits? <input type="checkbox"/> Y <input type="checkbox"/> N	Was the child conceived during a legal marriage? <input type="checkbox"/> Y <input type="checkbox"/> N	Is there a father listed on the child's birth record? <input type="checkbox"/> Y <input type="checkbox"/> N	
Has a court or agency in another state or Ohio County found a man to be the father of the child or established an order for support? <input type="checkbox"/> Y <input type="checkbox"/> N—If yes, where?			
Have you ever had DNA testing for this child? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, what was the man's name tested, and what where the results?			

#2 Child's First, Middle, Last Name:			
Date of Birth:	SSN:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Hospital of Birth:
Does the child receive Social Security Benefits? <input type="checkbox"/> Y <input type="checkbox"/> N	Was the child conceived during a legal marriage? <input type="checkbox"/> Y <input type="checkbox"/> N	Is there a father listed on the child's birth record? <input type="checkbox"/> Y <input type="checkbox"/> N	
Has a court or agency in another state or Ohio County found a man to be the father of the child or established an order for support? <input type="checkbox"/> Y <input type="checkbox"/> N—If yes, where?			
Have you ever had DNA testing for this child? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, what was the man's name tested, and what where the results?			

SETS # _____

ADDITIONAL CHILDREN: SAME MOTHER AND FATHER

#3 Child's First, Middle, Last Name:

Date of Birth:	SSN:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Hospital of Birth:
Does the child receive Social Security Benefits? <input type="checkbox"/> Y <input type="checkbox"/> N	Was the child conceived during a legal marriage? <input type="checkbox"/> Y <input type="checkbox"/> N		Is there a father listed on the child's birth record? <input type="checkbox"/> Y <input type="checkbox"/> N
Has a court or agency in another state or Ohio County found a man to be the father of the child or established an order for support? <input type="checkbox"/> Y <input type="checkbox"/> N—If yes, where?			
Have you ever had DNA testing for this child? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, what was the man's name tested, and what where the results?			

#4 Child's First, Middle, Last Name:

Date of Birth:	SSN:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Hospital of Birth:
Does the child receive Social Security Benefits? <input type="checkbox"/> Y <input type="checkbox"/> N	Was the child conceived during a legal marriage? <input type="checkbox"/> Y <input type="checkbox"/> N		Is there a child listed on the child's birth record? <input type="checkbox"/> Y <input type="checkbox"/> N
Has a court or agency in another state or Ohio County found a man to be the father of the child or established an order for support? <input type="checkbox"/> Y <input type="checkbox"/> N—If yes, where?			
Have you ever had DNA testing for this child? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, what was the man's name tested, and what where the results?			

#5 Child's First, Middle, Last Name:

Date of Birth:	SSN:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Hospital of Birth:
Does the child receive Social Security Benefits? <input type="checkbox"/> Y <input type="checkbox"/> N	Was the child conceived during a legal marriage? <input type="checkbox"/> Y <input type="checkbox"/> N		Is there a father listed on the child's birth record? <input type="checkbox"/> Y <input type="checkbox"/> N
Has a court or agency in another state or Ohio County found a man to be the father of the child or established an order for support? <input type="checkbox"/> Y <input type="checkbox"/> N—If yes, where?			
Have you ever had DNA testing for this child? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, what was the man's name tested, and what where the results?			

#6 Child's First, Middle, Last Name:

Date of Birth:	SSN:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Hospital of Birth:
Does the child receive Social Security Benefits? <input type="checkbox"/> Y <input type="checkbox"/> N	Was the child conceived during a legal marriage? <input type="checkbox"/> Y <input type="checkbox"/> N		Is there a father listed on the child's birth record? <input type="checkbox"/> Y <input type="checkbox"/> N
Has a court or agency in another state or Ohio County found a man to be the father of the child or established an order for support? <input type="checkbox"/> Y <input type="checkbox"/> N—If yes, where?			
Have you ever had DNA testing for this child? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, what was the man's name tested, and what where the results?			

MOTHER'S INFORMATION

First Name:		Middle Name:		Last Name:		Maiden Name
SSN:	DOB:	Age:	Race:	Nickname/Alias:		
State of Birth:	Address (City, State, Zip):				Phone:	
Employer's Name, Address, Phone:						
Currently Married to Children's Father? <input type="checkbox"/> Y <input type="checkbox"/> N			Date of Marriage:		Date of Separation:	
Is there any pending court action regarding the children? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what state and county:						
Name of MOTHER'S Father and Address:						
Name of MOTHER'S Mother and Address:						
Is there a current Civil Protection Order (CPO) against the Father/Alleged Father? <input type="checkbox"/> Y <input type="checkbox"/> N If yes— what court?						
Does the Mother currently have custody of child (ren)? <input type="checkbox"/> Y <input type="checkbox"/> N If no, who has legal custody: (Must Provide Verification)						

FATHER'S INFORMATION

First Name:		Middle Name:		Last Name:		Nickname/Alias:
SSN:	DOB:	Age:	Race:	City, State of Birth:		
Address (City, State, Zip):					Phone:	
Employer's Name, Address, Phone:						
Is the Father is the Armed Forces? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, which branch:						
Currently married to Children's Mother? <input type="checkbox"/> Y <input type="checkbox"/> N			Date of Marriage:		Date of Separation:	
Is there a divorce/dissolution pending in court? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, County and State of pending divorce:						
Name of FATHER'S Father and Address:						
Name of FATHER'S Mother and Address:						
Has custody ever been removed from mother/father and given to someone else? <input type="checkbox"/> Y <input type="checkbox"/> N (Must Provide Verification)						

MEDICAL INSURANCE INFORMATION

Does anyone cover health insurance on child(ren) through an employer, Medicaid or another parent? <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, who is the primary policy holder:	Name of insurance company/Policy#

INTERPRETATION SERVICES

Do you read and speak English fluently? <input type="checkbox"/> Y <input type="checkbox"/> N - Primary Language:
Are you deaf or have severe hearing difficulty? <input type="checkbox"/> Y <input type="checkbox"/> N - If yes, do you know sign language?
Do you have difficulty reading and writing? <input type="checkbox"/> Y <input type="checkbox"/> N

ADDITIONAL INFORMATION

Please provide any additional information here:

PLEASE READ BEFORE SIGNING

Right and Responsibilities

All information provided is kept confidential. You have the right to only see parts of the file that pertain to actions taken on your behalf. Please note other information may be kept confidential due to confidentiality laws.

You have the right to claim good cause in situations where cooperation may result is harm to you or the child. You may request a good cause waiver by explaining your situation to the Child Support Enforcement Agency (CSEA) worker. Verification of your good cause claim will be required.

I must fully cooperate with the Child Support Enforcement Agency (CSEA) by providing accurate and truthful information to the agency representatives, appearing at all scheduled appointments, administrative hearings, and judicial hearings. Failure to do so may result in my case being closed.

As a condition of eligibility to receive Temporary Assistance to Needy Families (TANF) benefits, you give up the right to keep child and spousal support up to the amount of assistance you received. You must cooperate in establishing paternity for each child born, if you were not married to the father. You must assist the CSEA in getting support payments and any other payments. If you fail to cooperate without good cause (determined by the CSEA), you may be ineligible to receive OWF benefits. While a family is receiving TANF, support collections are used to repay benefits. When a family stops receiving, current support and family arrears are released to the family. Payments from the IRS are applied to repay TANF benefits before being applied to support payable to the household.

While Medicaid benefits are received, medical support is paid to ODJFS to reimburse Medicaid benefits. If health insurance is available, that insurance will be used first for payment of medical bills. If you are eligible for Medicaid and are also covered by a health insurance plan, it is your responsibility to notify the provider of medical services that you have medical insurance coverage and Medicaid coverage for uninsured costs.

I authorize the Clinton County CSEA to share any and all information that I have provided about myself and/or the other parent with my public assistance worker.

I understand that the CSEA and its attorney represent only the county and the state of Ohio. They do not represent me, the other parent, the children or another custodian.

If you disagree with an action, lack of action or delay by the CSEA you may request a state hearing.

I declare that the information provided on this application is true and accurate to the best of my knowledge.

I have fully read the above or it has been read to me. By signing below, I agree to waive formal service of any administrative proceeding to establish paternity and/or support for the child(ren) herein by personal, residential, and/or certified mail and agree to be served and notified by ordinary U.S. Mail sent to my last known address.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian
If applicant is minor _____ Printed Name: _____ Date: _____

Within 20 days of receiving this completed and signed application and questionnaire , you will receive notice informing you of the acceptance of your IV-D Application for services.