

COMMONWEALTH OF KENTUCKY
 Cabinet for Health and Family Services
 Department for Income Support
 Child Support Enforcement

APPLICATION FOR CHILD SUPPORT SERVICES

- Check this space if you are the custodial parent. Custodial parent includes the physical custodian.**
- Check this space if you are the putative (alleged) father or the noncustodial parent.**

FOR OFFICE USE ONLY	
IV-D Number	_____
Date Requested	_____
Date Provided	_____
Date Returned	_____

Full child support services will be provided to you unless you check one of the two spaces shown below:
 I wish to receive only location services. Location Only Case - State Parent Locator Section (SPLS)
 I wish to receive only location services. Parental Kidnapping Case – SPLS
 No other service will be provided by child support staff when you request only location services.

I. NONCUSTODIAL PARENT’S (NCP) INFORMATION

Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:			
Noncustodial Parent’s Maiden Name, if applicable (First Name, Middle Name, Last Name)					
Alias(es) (First Name, Middle Name, Last Name)			Nickname(s) (First Name, Middle Name, Last Name)		
Email Address					
Current Residential Address Street Number & Name Apt/Suite Number City State Country Zip Code			Previous Address Street Number & Name Apt/Suite Number City State Country Zip Code		
Current Mailing Address (Enter if the Noncustodial Parent has a different Mailing Address) Street Number & Name Apt/Suite Number City State Country Zip Code			Date last at that address:		
Home Telephone Number () -		Work Telephone Number () -		Cell Phone Number () -	
Sex: M ___ F ___	Date of Birth	Country of Birth	State of Birth	County of Birth	City of Birth
Race: <input type="checkbox"/> Native American or Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White		<input type="checkbox"/> Unknown	
<input type="checkbox"/> Hispanic		<input type="checkbox"/> Other			
Hair Color	Eye Color	Weight	Height	Other Identifying Features	

What is the legal relationship status of Noncustodial Parent to child(ren)? (ex. Legal Mother, Legal Father, Alleged Putative Father etc.)

What is employment status of the Noncustodial Parent? () Full Time () Part Time () Unemployed () Unknown () Seasonal

Current Employer Name Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Salary _____ Per	Previous Employer Name Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Ending Pay _____	End Date Per
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How often is the NCP paid? _____

Occupation

Union Name Union Number Address, if known Apt/Suite Number City State Country Zip Code	Military Branch: Dates: (From) _____ (To) _____
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Arrest/Prison Record In which state did this occur? In which county did this occur? Which facility?	Incarceration Date Release Date
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What is the current marital status of the NCP?

() Divorced () Married () Never Married () Separated () Widowed

Name of Noncustodial Parent's current spouse: (First Name, Middle Name, Last Name)

Is the NCP currently receiving benefits? If so, select all that apply and list the state when applicable.

() Medicaid State: _____ () RSDI/SSD () SSI
 () Food Stamps (SNAP) State: _____ () Black Lung () Veterans Assistance
 () TANF (KTAP) State: _____ () Other : _____
 () Child Care Assistance State: _____ () None : _____

If the NCP is not currently receiving benefits, have benefits been received in the past? If so, select all that apply and list the state when applicable.

() Medicaid State: _____ () RSDI/SSD () SSI
 () Food Stamps (SNAP) State: _____ () Black Lung () Veterans Assistance
 () TANF (KTAP) State: _____ () Other : _____
 () Child Care Assistance State: _____ () None : _____

Does the Noncustodial Parent own a car? () Yes () No	Make	Model	Year
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NCP's Father's name (First Name, Middle Initial, Last Name)	NCP's Mother's name (First Name, Middle Initial, Last Name)
	NCP's Mother's Maiden Name

Is NCP's father living? () Yes () No () Unknown Is NCP's mother living? () Yes () No () Unknown

Father's Address (if known)? Street Number & Name Apt/Suite Number City State Country Zip Code Home Telephone Number: () -	Mother's Address (if known)? Street Number & Name Apt/Suite Number City State Country Zip Code Home Telephone Number: () -
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II. CUSTODIAL PARENT'S (CP) INFORMATION

Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:			
Custodial Parent's Maiden Name, if applicable (First Name, Middle Name, Last Name)					
Alias(es) (First Name, Middle Name, Last Name)			Nickname(s) (First Name, Middle Name, Last Name)		
Email Address					
Current Residential Address Street Number & Name Apt/Suite Number City State Country Zip Code			Current Mailing Address(Enter if the CP has a different mailing Address) Street Number & Name Apt/Suite Number City State Country Zip Code		
Home Telephone Number () -		Work Telephone Number () -		Cell Phone Number () -	
Sex: M___F___	Date of Birth	Country of Birth	State of Birth	County of Birth	City of Birth
Race: () Native American or Alaskan Native () Asian () Black or African American () Hispanic () Native Hawaiian or Other Pacific Islander () White () Unknown () Other					
Hair Color	Eye Color	Weight	Height	Other Identifying Features	
What is the legal relationship status of CP to child(ren)? (ex. Mother, Father, Grandmother, Grandfather etc.). _____					
What is employment status of the CP? () Full Time () Part Time () Unemployed () Unknown () Seasonal					
Current Employer Name Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Salary			Previous Employer Name Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Ending Pay		
How often is the CP paid? _____ Per					
Occupation					
Union Name Union Number Address, if known Apt/Suite Number City Country			Military Branch: Dates: (From) (To)		
What is the current marital status of the CP? () Divorced () Married () Never Married () Separated () Widowed					
Name of CP's current spouse: (First Name, Middle Name, Last Name)					

Is the CP currently receiving benefits? If so, select all that apply and list the state when applicable.			
<input type="checkbox"/> Medicaid	State:	<input type="checkbox"/> RSDI/SSD	<input type="checkbox"/> SSI
<input type="checkbox"/> Food Stamps (SNAP)	State:	<input type="checkbox"/> Black Lung	<input type="checkbox"/> Veterans Assistance
<input type="checkbox"/> TANF (KTAP)	State:	<input type="checkbox"/> Other : _____	
<input type="checkbox"/> Child Care Assistance	State:	<input type="checkbox"/> None : _____	
If the CP is not currently receiving benefits, have benefits been received in the past? If so, select all that apply and list the state when applicable.			
<input type="checkbox"/> Medicaid	State:	<input type="checkbox"/> RSDI/SSD	<input type="checkbox"/> SSI
<input type="checkbox"/> Food Stamps (SNAP)	State:	<input type="checkbox"/> Black Lung	<input type="checkbox"/> Veterans Assistance
<input type="checkbox"/> TANF (KTAP)	State:	<input type="checkbox"/> Other : _____	
<input type="checkbox"/> Child Care Assistance	State:	<input type="checkbox"/> None : _____	

III. CHILD(REN)'S INFORMATION

Enter information about the child(ren) for whom services are being requested.(Child – 1)

Complete Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:	
Date of Birth		Sex: M____ F____	
Race:	<input type="checkbox"/> Native American or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Unknown
			<input type="checkbox"/> Hispanic
			<input type="checkbox"/> Other
State where child conceived		Place of Birth	
Country of Birth	State of Birth	County of Birth	City of Birth
Was the mother married when this child was conceived? (Yes/No)			
What is the name of the person to whom the mother was married?			
Is the child emancipated or married? (Yes/No)			
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.			
<input type="checkbox"/> Medicaid	State:	<input type="checkbox"/> RSDI/SSD	
<input type="checkbox"/> TANF	State:	<input type="checkbox"/> SSI	
<input type="checkbox"/> Food Stamps	State:	<input type="checkbox"/> Veterans Assistance	
<input type="checkbox"/> Child Care Assistance	State:	<input type="checkbox"/> Other : _____	
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
<input type="checkbox"/> Medicaid	State:	<input type="checkbox"/> RSDI/SSD	
<input type="checkbox"/> TANF	State:	<input type="checkbox"/> SSI	
<input type="checkbox"/> Food Stamps	State:	<input type="checkbox"/> Veterans Assistance	
<input type="checkbox"/> Child Care Assistance	State:	<input type="checkbox"/> Other : _____	

Enter information about the child(ren) for whom services are being requested.(Child – 2)

Complete Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:	
Date of Birth		Sex: M____ F____	
Race:	<input type="checkbox"/> Native American or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Unknown
			<input type="checkbox"/> Hispanic
			<input type="checkbox"/> Other
State where child conceived		Place of Birth	
Country of Birth	State of Birth	County of Birth	City of Birth
Was the mother married when this child was conceived? (Yes/No)			
What is the name of the person to whom the mother was married?			
Is the child emancipated or married? (Yes/No)			
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.			
<input type="checkbox"/> Medicaid	State:	<input type="checkbox"/> RSDI/SSD	
<input type="checkbox"/> TANF	State:	<input type="checkbox"/> SSI	
<input type="checkbox"/> Food Stamps	State:	<input type="checkbox"/> Veterans Assistance	
<input type="checkbox"/> Child Care Assistance	State:	<input type="checkbox"/> Other : _____	
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
<input type="checkbox"/> Medicaid	State:	<input type="checkbox"/> RSDI/SSD	
<input type="checkbox"/> TANF	State:	<input type="checkbox"/> SSI	
<input type="checkbox"/> Food Stamps	State:	<input type="checkbox"/> Veterans Assistance	
<input type="checkbox"/> Child Care Assistance	State:	<input type="checkbox"/> Other : _____	

Enter information about the child(ren) for whom services are being requested.(Child – 3)

Complete Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:	
Date of Birth		Sex: M_____ F_____	
Race: () Native American or Alaskan Native		() Asian	() Black or African American
() Native Hawaiian or Other Pacific Islander		() White	() Unknown
() Other			
State where child conceived		Place of Birth	
Country of Birth	State of Birth	County of Birth	City of Birth
Was the mother married when this child was conceived? (Yes/No)			
What is the name of the person to whom the mother was married?			
Is the child emancipated or married? (Yes/No)			
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.			
() Medicaid	State:	() RSDI/SSD	
() TANF	State:	() SSI	
() Food Stamps	State:	() Veterans Assistance	
() Child Care Assistance	State:	() Other : _____	
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
() Medicaid	State:	() RSDI/SSD	
() TANF	State:	() SSI	
() Food Stamps	State:	() Veterans Assistance	
() Child Care Assistance	State:	() Other : _____	

Enter information about the child(ren) for whom services are being requested.(Child – 4)

Complete Name (First Name, Middle Name, Last name, Suffix)		Social Security Number:	
Date of Birth		Sex: M_____ F_____	
Race: () Native American or Alaskan Native		() Asian	() Black or African American
() Native Hawaiian or Other Pacific Islander		() White	() Unknown
() Other			
State where child conceived		Place of Birth	
Country of Birth	State of Birth	County of Birth	City of Birth
Was the mother married when this child was conceived? (Yes/No)			
What is the name of the person to whom the mother was married?			
Is the child emancipated or married? (Yes/No)			
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.			
() Medicaid	State:	() RSDI/SSD	
() TANF	State:	() SSI	
() Food Stamps	State:	() Veterans Assistance	
() Child Care Assistance	State:	() Other : _____	
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
() Medicaid	State:	() RSDI/SSD	
() TANF	State:	() SSI	
() Food Stamps	State:	() Veterans Assistance	
() Child Care Assistance	State:	() Other : _____	

***Add page for additional children.**

IV. BACKGROUND INFORMATION

Answer whether you are the putative father, noncustodial parent, or the custodial parent.

Why is the NCP absent? () Desertion	() Divorce	() Separation	() Parents Not Married
If the children’s parents were married, on what date were they married?		Date:	
When were the children’s parents last together?		Date:	
If the children’s parents are divorced, when and where were they divorced?			
Date	Country	State	County City
If the parents were not married has paternity been established? () Yes () No			
If yes, when and where?			
Date	Country	State	County City

Have you previously requested (or) received Child Support Services for this child(ren)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when and where?		
Date	Country	State
		County
		City
Has the noncustodial parent paid any medical expenses for the child(ren)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Unknown
Has the noncustodial parent shared in the child(ren)'s support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Unknown

V. COURT ORDER INFORMATION (Attach copy of any and all orders and/or affidavit of paternity)

Is there currently a child or medical support order for the child(ren)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, enter information from most recent order		
Date of Order	Country	State
		County
		City
Child Support order amount \$		per
Medical support ordered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any prior child support orders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

VI. MEDICAL SUPPORT INFORMATION

Is the child(ren) covered by medical insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who is providing coverage?		
<input type="checkbox"/> CP	<input type="checkbox"/> NCP	<input type="checkbox"/> Commonwealth of Kentucky
<input type="checkbox"/> Other/ Name: _____	SSN: _____	
If no, is medical insurance available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of the Company:		
Address		
Apt/Suite Number,		
City		
State		
Zip Code		
Policy Number:		
Policy Effective Date:		
Types of Coverage		
<input type="checkbox"/> Hospital	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental
<input type="checkbox"/> Vision	<input type="checkbox"/> Drugs	<input type="checkbox"/> Cancer Only
<input type="checkbox"/> VA Health Benefits	<input type="checkbox"/> Other (Accident/Casualty)	
Attach a copy of Medical Insurance Card (Front + Back)		

Mail the completed form to:

_____ Office Address

I certify under penalty of law that the information I have provided is true to the best of my knowledge and belief and the services I have requested are for the sole purpose of establishing paternity, if needed; obtaining and enforcing a support obligation; or requesting a modification review according to the Kentucky Child Support Guidelines. I understand child support services will be provided based on the best interest of the child(ren) listed on this application. I agree to inform the child support office of any changes in the information submitted on this application. I understand as explained to me in the Authorization and Acknowledgment of No Legal Representation (Form CS-11), the IV-D Contracting Officials employed by the Cabinet for Health and Family Services represent the state and not me, and that an attorney-client relationship does not exist between any of the IV-D Contracting Officials and me. I further understand the Cabinet for Health and Family Services will assess a nonrefundable annual fee of \$35.00 for child support services when \$550.00 has been disbursed during the federal fiscal year.

SIGNATURE _____ DATE _____

Complete the entire form carefully and accurately. Incorrect information will delay the processing of your application.