



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF CHILD SUPPORT ENFORCEMENT
REFERRAL/INFORMATION FOR SERVICES

IV-D CASE NUMBER (TO BE COMPLETED BY DCSE STAFF)

THIS SECTION TO BE COMPLETED BY DFS STAFF

APPLICANT'S DEPARTMENTAL CLIENT NUMBER (DCN)

☐ TEMPORARY ASSISTANCE
☐ NON-TEMPORARY ASSISTANCE

☐ MEDICAID-ONLY

THIS SECTION TO BE COMPLETED BY THE APPLICANT

COMPLETE EVERY ITEM ON THIS FORM EVEN IF YOU HAVE GIVEN THE INFORMATION BEFORE. THIS FORM REQUESTS INFORMATION NEEDED TO TAKE ACTION ON YOUR CHILD SUPPORT CASE.

THE APPLICANT IS ? ☐ CUSTODIAL PARENT ☐ CUSTODIAN ☐ NONCUSTODIAL PARENT ☐ ALLEGED FATHER

CUSTODIAL PARENT/CUSTODIAN INFORMATION

NAME (LAST)		(FIRST)	(MIDDLE)	DATE OF BIRTH	
ADDRESS (NUMBER AND STREET)		(CITY)	(STATE)	(ZIP CODE)	
PHONE NUMBER - HOME (INCLUDE AREA CODE)	PHONE NUMBER - WORK (INCLUDE AREA CODE)		SOCIAL SECURITY NUMBER		SEX

NONCUSTODIAL PARENT/ALLEGED FATHER INFORMATION

NAME (LAST)		(FIRST)	(MIDDLE)	ALIAS	
ADDRESS (CURRENT OR LAST KNOWN)		(CITY)	(STATE)	(ZIP CODE)	
DATE ADDRESS LAST KNOWN	PHONE NUMBER (INCLUDE AREA CODE)		DATE OF BIRTH	BIRTHPLACE (CITY AND STATE)	
RACE	SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
SOCIAL SECURITY NUMBER					

CHILDREN OF THE CUSTODIAL PARENT AND NONCUSTODIAL PARENT/ALLEGED FATHER

CHILD'S DCN OR SSN	NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	COUNTY/STATE OF BIRTH	RACE	SEX

IF THE CHILD(REN) WERE BORN OUT OF STATE, ATTACH A COPY OF THE BIRTH CERTIFICATE, IF AVAILABLE.

DID THE CHILD(REN) RECEIVE TEMPORARY ASSISTANCE IN A STATE OTHER THAN MISSOURI? ☐ YES ☐ NO

IF YES	?	COUNTY/ STATE	FROM (DATE)	TO (DATE)
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MARITAL STATUS AND COURT INFORMATION

ARE THE PARENTS OF THE CHILD(REN) ☐ MARRIED? ☐ NEVER MARRIED? ☐ SEPARATED? ☐ DIVORCED?

IF THE PARENTS ARE/WERE MARRIED, PROVIDE DATE AND LOCATION	?	DATE	LOCATION (CITY, COUNTY AND STATE)
IF THE PARENTS ARE DIVORCED, PROVIDE DATE AND LOCATION	?	DATE	LOCATION (CITY, COUNTY AND STATE)

DID THE PARENTS OF THE CHILD(REN) LIVE IN MISSOURI AT ANY TIME WHILE THEY WERE MARRIED?

☐ YES ☐ NO ☐ UNKNOWN

DID THE CUSTODIAL PARENT OF THE CHILD(REN) LIVE OUTSIDE MISSOURI AFTER THE CHILD(REN)'S BIRTH?				
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
IF YES	?	WHERE (CITY, COUNTY AND STATE)	WHEN	
HAVE THE PARENTS OF THE CHILD(REN) FILED FOR A DIVORCE?				
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
IF YES	?	WHERE (CITY, COUNTY AND STATE)		
IS THE NONCUSTODIAL PARENT/ALLEGED FATHER NOW MARRIED TO SOMEONE ELSE?				
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
IF YES, GIVE NAME	?	SPOUSE'S NAME		
WAS THE MOTHER MARRIED TO A MAN OTHER THAN THE NONCUSTODIAL PARENT/ALLEGED FATHER WHEN SHE BECAME PREGNANT OR WHEN THE CHILD(REN) WAS/WERE BORN?				
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
IF YES, GIVE NAME	?	NAME		
HAVE CHILD SUPPORT PAYMENTS BEEN ORDERED BY A COURT?				
<input type="checkbox"/> YES (ATTACH A COPY OF THE ORIGINAL COURT ORDER AND ANY MODIFICATIONS) <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
IF YES, COMPLETE COURT INFORMATION	?	COUNTY AND STATE OF COURT ORDER		DATE OF ORDER
		ORDER NUMBER	AMOUNT PER CHILD \$	FREQUENCY (WEEKLY, MONTHLY, ETC.)
HOW OFTEN DOES THE NONCUSTODIAL PARENT/ALLEGED FATHER PAY CHILD SUPPORT?				
<input type="checkbox"/> ALWAYS <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER <input type="checkbox"/> ALWAYS PAID REGULARLY UNTIL _____ (DATE)				
IF THE NCP PAYS	?	AMOUNT \$	PER (WEEK, MONTH)	
DO YOU HAVE LEGAL CUSTODY OF THE CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, JOINT CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF NO, WHO DOES	?	NAME		LEGAL CUSTODIAN'S RELATIONSHIP TO CHILDREN
		ADDRESS		PHONE NUMBER (INCLUDE AREA CODE)
DO ALL OF THE CHILDREN ON THIS APPLICATION LIVE WITH YOU NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, AND YOU ARE NOT THE CHILD(REN)'S PARENT, ON WHAT DATE DID THE CHILD(REN) BEGIN LIVING WITH YOU?				DATE
COMPLETE THE FOLLOWING IF THE PARENTS WERE NOT MARRIED WHEN THE CHILD(REN) WERE BORN				
HAS PATERNITY BEEN LEGALLY ESTABLISHED BY A COURT? <input type="checkbox"/> YES (ATTACH A COPY OF THE COURT ORDER) <input type="checkbox"/> NO				
IF YES, COMPLETE COURT INFORMATION	?	COUNTY AND STATE OF COURT ORDER	DATE OF ORDER	ORDER NUMBER
IF NO, HAS THE ALLEGED FATHER EVER CLAIMED THE CHILD(REN) AS HIS? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, TO WHOM	?	NAME		ADDRESS
		NAME		ADDRESS
HAS THE ALLEGED FATHER COMPLETED A DOCUMENT ADMITTING HE IS THE FATHER OF THE CHILD(REN)?				
<input type="checkbox"/> YES (ATTACH A COPY OF THE DOCUMENT) <input type="checkbox"/> NO				
HAS A GENETIC TEST BEEN COMPLETED TO DETERMINE THE BIOLOGICAL FATHER OF THE CHILD(REN)?				
<input type="checkbox"/> YES (ATTACH A COPY OF THE RESULTS) <input type="checkbox"/> NO				
IS IT POSSIBLE THAT ANOTHER MAN, OTHER THAN THIS ALLEGED FATHER, MIGHT BE THE FATHER OF THE CHILD(REN) LISTED? (ATTACH ADDITIONAL SHEET IF NECESSARY)				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES	?	NAME	ADDRESS	PHONE NUMBER (INCLUDE AREA CODE)
		NAME	ADDRESS	PHONE NUMBER (INCLUDE AREA CODE)
WAS THE CHILD(REN)'S MOTHER IN MISSOURI WHEN SHE BECAME PREGNANT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
IF NO	?	WHERE (CITY, COUNTY AND STATE)		

OCCUPATIONAL AND SOCIAL INFORMATION				
DOES THE NONCUSTODIAL PARENT/ALLEGED FATHER ATTEND SCHOOL NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
IF YES	?	SCHOOL NAME AND LOCATION		
IF NOT IN SCHOOL NOW, WHAT HIGH SCHOOL OR COLLEGE DID THE NONCUSTODIAL PARENT/ALLEGED FATHER LAST ATTEND?				
ATTEND?	?	SCHOOL NAME AND LOCATION		
WHAT IS THE NONCUSTODIAL PARENT'S/ALLEGED FATHER'S USUAL OCCUPATION?				
DOES THE NONCUSTODIAL PARENT/ALLEGED FATHER BELONG TO A UNION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
IF YES	?	UNION NAME, LOCAL NUMBER AND LOCATION		
IS THE NONCUSTODIAL PARENT/ALLEGED FATHER NOW EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
IF YES	?	NAME OF EMPLOYER	PHONE NUMBER (INCLUDE AREA CODE)	
		ADDRESS	WORK HOURS	
			FROM	TO
NONCUSTODIAL PARENT'S/ALLEGED FATHER'S PAST EMPLOYMENT INFORMATION				
NAME		ADDRESS		DATES WORKED (FROM/TO)
DOES THE NONCUSTODIAL PARENT/ALLEGED FATHER OWN ANY REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
IF YES, LOCATION OF PROPERTY	?	CITY	COUNTY	STATE
DOES THE NONCUSTODIAL PARENT/ALLEGED FATHER OWN ANY PERSONAL PROPERTY (CAR, BOAT, LIVESTOCK, ETC.)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
IF YES	?	LIST SPECIAL ITEM(S) OF PERSONAL PROPERTY OWNED		
DOES THE NONCUSTODIAL PARENT/ALLEGED FATHER HAVE ANY OTHER INCOME OR RECEIVE ANY BENEFIT OR PENSIONS? (FOR EXAMPLE, UNEMPLOYMENT, SOCIAL SECURITY, SSI, ETC.) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
IF YES	?	SOURCE	AMOUNT	HOW OFTEN PAID
		SOURCE	AMOUNT	HOW OFTEN PAID
DO THE CHILD(REN) RECEIVE SOCIAL SECURITY BENEFITS BECAUSE OF THE NONCUSTODIAL PARENT'S/ALLEGED FATHER'S DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
IF YES	?	AMOUNT \$	DATE BENEFITS BEGAN (APPROXIMATELY)	
IS THE NONCUSTODIAL PARENT/ALLEGED FATHER IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
IF YES	?	BRANCH OF SERVICE	LAST KNOWN STATION (LOCATION)	
IS THE NONCUSTODIAL PARENT/ALLEGED FATHER IN JAIL OR PRISON NOW ? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
IF YES	?	JAIL OR PRISON NAME	DATE IMPRISONED	EXPECTED RELEASE DATE
IS THE NONCUSTODIAL PARENT/ALLEGED FATHER ON PAROLE NOW ? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
IF YES	?	NAME OF PAROLE OFFICER	ADDRESS	
DOES THE NONCUSTODIAL PARENT/ALLEGED FATHER HAVE AN ACCOUNT AT A FINANCIAL INSTITUTION (BANK, CREDIT UNION, SAVINGS AND LOAN)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
IF YES	?	NAME OF FINANCIAL INSTITUTION	ADDRESS	ACCOUNT NUMBER

ARE THE CHILDREN COVERED BY HEALTH INSURANCE OTHER THAN MEDICAID?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
IF YES	?	INSURANCE COMPANY NAME AND ADDRESS	CHILD(REN) COVERED	POLICY NUMBER	COST PER MONTH	
WHO PROVIDES THE HEALTH INSURANCE, IF ANY? <input type="checkbox"/> THE CUSTODIAL PARENT/CUSTODIAN <input type="checkbox"/> THE NONCUSTODIAL PARENT/ALLEGED FATHER <input type="checkbox"/> THE CUSTODIAL PARENT'S/CUSTODIAN'S SPOUSE _____ (NAME OF SPOUSE) <input type="checkbox"/> THE NONCUSTODIAL PARENT'S/ALLEGED FATHER'S SPOUSE _____ (NAME OF SPOUSE)						
WHAT ARE THE NAMES AND ADDRESSES OF THE NONCUSTODIAL PARENT'S/ALLEGED FATHER'S PARENTS?						
FATHER'S NAME			FATHER'S ADDRESS			
MOTHER'S NAME		(MAIDEN NAME)	MOTHER'S ADDRESS			
IF YOU HAVE ANY OTHER INFORMATION ABOUT THE NONCUSTODIAL PARENT/ALLEGED FATHER, ENTER IT BELOW. ATTACH ADDITIONAL PAGES IF NECESSARY.						
I certify that all information I have given on this form is true and complete to the best of my knowledge. I authorize the Division of Child Support Enforcement (DCSE) to obtain information contained in my child(ren)'s birth certificate file or record. This includes, if applicable, a copy of an acknowledgement of paternity completed by the parents. I authorize the release of my Social Security number and the above child(ren)'s Social Security number(s) when necessary to allow the establishment and enforcement of child support and medical support orders.						
APPLICANT SIGNATURE			DATE	RELATIONSHIP TO CHILD(REN)		
IF MY CHILDREN AND I ARE APPROVED FOR MEDICAID BENEFITS ONLY: I understand that I must cooperate with DCSE in its efforts to establish paternity, if necessary, and to establish and enforce an order for medical support against this parent. I understand that if I do not cooperate, I may lose my Medicaid benefits, but my child(ren)'s benefits will not be affected. I understand that when DCSE opens my case, I will receive full child support services to establish and/or enforce an order for child (cash) and medical support. However, I will receive a letter notifying me of my options regarding the level of services available to me. At that time, I may choose to decline services for the establishment and/or enforcement of a child (cash) support order. If I do not request otherwise, DCSE will continue to provide full services. I understand that if DCSE establishes or enforces a child (cash) support order against this parent, all child support payments will be sent to the Family Support Payment Center (FSPC). The FSPC will then send the payments to me.						
APPLICANT SIGNATURE			DATE			
About our request for Social Security number (SSN) information: We need <i>your</i> SSN and that of your <i>child(ren)</i> in order to identify you properly in our records and, possibly, to enforce a medical support order. You do not have to provide this information, but failure to do so may prevent us from enforcing a medical support order in the future. We also ask that you provide the <i>noncustodial parent's or alleged father's</i> SSN if you know it. We need this information in order to identify the other parent in our records, to establish a support order, or to enforce a support order. You do not have to provide this information, but without it, there may be delays in delivering appropriate services to you.						
THIS SECTION TO BE COMPLETED BY DFS STAFF						
WORKER'S NAME (PLEASE PRINT)			E-MAIL IDENTIFICATION		DATE	
NOTATIONS OF INCOME MAINTENANCE WORKER						