

Noncustodial Parent:
IV–D Case Number:

Dear

Our records show your child(ren) receive(s) Medicaid benefits. When you **and** your child(ren) receive Medicaid benefits, the Division of Child Support Enforcement (DCSE) must attempt to establish paternity (if necessary) and establish and/or enforce a medical support order for your child(ren).

DCSE has opened a case to establish and/or enforce a child support (cash) **and** medical support order for your child(ren) who are receiving Medicaid benefits. If you **and** your child(ren) receive Medicaid benefits, you must help DCSE establish paternity (if necessary) and establish and/or enforce a **medical support** order. However, you may choose whether DCSE establishes and/or enforces a **child support (cash)** order.

If you want DCSE to establish and/or enforce a child support (cash) order for your child(ren), do not complete the enclosed form. DCSE will continue to provide full child support services unless you request otherwise.

If you do **not** want DCSE to establish and/or enforce a **child support (cash)** order, complete the enclosed form and return it to the address listed at the top of the form.

As long as you **and** your child(ren) receive Medicaid, you must keep DCSE informed of any change to your name or address. DCSE may ask you to:

1. Provide information about the noncustodial parent's address, employment and/or income.
2. Help establish paternity for the child(ren) by agreeing to genetic tests, completing forms and, if necessary, appearing in court as a witness.
3. Provide copies of documents such as court orders, marriage certificates and birth records.

If you receive Medicaid and you do not help DCSE establish paternity or establish and/or enforce a medical support order, **you may lose your Medicaid benefits.** However, your child(ren)'s Medicaid benefits will **not** be affected if you choose not to cooperate.

If you receive court-ordered support from the noncustodial parent, (s)he must pay it to the Family Support Payment Center (FSPC). The FSPC will then send you the current support and any past-due support owed to you.

Please review the enclosed notice, *Your Rights and Responsibilities as a DCSE Customer*. If you have any additional questions regarding DCSE services or cooperation requirements, you may contact me at the address shown above or telephone number listed below.

Sincerely,

Child Support Enforcement Investigator

Enclosures

TO:

If you want DCSE to continue providing full child support services, do not complete or return this form.

If you do **not** want full child support services, complete the appropriate section of this form based on whether **you** receive Medicaid benefits.

My child(ren) and I receive Medicaid benefits

I understand that while my child(ren) **and** I receive Medicaid, I must help DCSE establish paternity (if necessary) and establish and/or enforce a **medical support** order for my child(ren).

I do **not** want DCSE to establish or enforce a **child support (cash)** order for my child(ren). I understand that if I sign this form, immediately below, and return it to DCSE, DCSE will **not** establish or enforce a **child support (cash)** order for my child(ren).

I understand that if I do not help DCSE establish paternity (if necessary) or establish and/or enforce a **medical support** order, I may lose **my** Medicaid benefits, but my child(ren)'s Medicaid benefits will not be affected.

Signature

Date

My child(ren) receive Medicaid benefits, but I do not receive Medicaid benefits for myself

I understand that I am not required to cooperate with DCSE.

- ☐ **I request that my child support case be closed.** I do **not** want DCSE to establish paternity or establish and/or enforce a child support (cash) or medical support order for my child(ren). I understand that if I check the box to the left, sign this form, immediately below, and return it to DCSE, DCSE will **not** establish paternity or establish and/or enforce a child support (cash) or medical support order for my child(ren).

Signature

Date

- ☐ I do **not** want DCSE to establish or enforce a **child support (cash)** order for my child(ren). However, I **do** want DCSE to establish paternity (if necessary) and establish and/or enforce a **medical support** order for my child(ren). I understand that if I check the box to the left, sign this form, immediately below, and return it to DCSE, DCSE will **not** establish or enforce a **child support (cash)** order for my child(ren).

Signature

Date

I understand by signing and returning this form that any enforcement actions DCSE took to collect child support (cash), including income withholding orders and certification for income tax refund intercept, will be terminated.

Custodial Parent/Custodian Name:

Noncustodial Parent Name:

IV-D Case Number:

CSEI Name: