



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

**THIS SECTION TO BE COMPLETED BY INCOME MAINTENANCE STAFF**

APPLICANT'S DEPARTMENTAL CLIENT NUMBER (DCN)

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 (i.e., relationship to the child) ►  MOTHER  FATHER  GRANDPARENT

OTHER \_\_\_\_\_

**CUSTODIAL PARENT/CUSTODIAN INFORMATION**

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

**NONCUSTODIAL PARENT or 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) _____	CELL PHONE NUMBER (INCLUDE AREA CODE) _____	SOCIAL SECURITY NUMBER _____	
DATE OF BIRTH _____	BIRTHPLACE (CITY AND STATE) _____		RACE _____	SEX _____

**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.

**MARITAL STATUS AND COURT INFORMATION**

ARE THE PARENTS OF THE CHILD(REN)  MARRIED?  NEVER MARRIED?  FILED FOR DIVORCE?  
 DIVORCED?

IF THE PARENTS ARE/WERE MARRIED, PROVIDE DATE AND LOCATION	► DATE _____	LOCATION (CITY, COUNTY AND STATE) _____
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IF THE PARENTS ARE DIVORCED OR HAVE FILED FOR DIVORCE, PROVIDE DATE AND LOCATION	► DATE _____	LOCATION (CITY, COUNTY AND STATE) _____
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DID THE CUSTODIAL PARENT OF THE CHILD(REN) LIVE OUTSIDE MISSOURI AFTER THE CHILD(REN)'S BIRTH?  
 YES  NO  UNKNOWN

IF YES	► WHERE (CITY, COUNTY AND STATE) _____	WHEN _____
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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	<input type="checkbox"/> NAME	DATE OF MARRIAGE	
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	<input type="checkbox"/> COUNTY AND STATE OF COURT ORDER	DATE OF ORDER	
	ORDER NUMBER	AMOUNT PER CHILD \$	FREQUENCY (WEEKLY, MONTHLY, ETC.)
<b>COMPLETE THE FOLLOWING IF THE PARENTS WERE NOT MARRIED WHEN THE CHILD(REN) WERE BORN</b>			
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	<input type="checkbox"/> COUNTY AND STATE OF COURT ORDER	DATE OF ORDER	ORDER NUMBER
HAS THE ALLEGED FATHER COMPLETED A DOCUMENT ADMITTING HE IS THE FATHER OF THE CHILD(REN)? <input type="checkbox"/> NO <input type="checkbox"/> YES (ATTACH A COPY OF THE DOCUMENT) IF YES, IN WHICH STATE?			
HAS A PATERNITY TEST BEEN COMPLETED TO DETERMINE THE BIOLOGICAL FATHER OF THE CHILD(REN)? <input type="checkbox"/> NO <input type="checkbox"/> YES (ATTACH A COPY OF THE RESULTS) IF YES, IN WHICH STATE?			
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	<input type="checkbox"/> NAME	ADDRESS	PHONE NUMBER (INCLUDE AREA CODE)
	<input type="checkbox"/> NAME	ADDRESS	PHONE NUMBER (INCLUDE AREA CODE)
<b>OCCUPATIONAL AND SOCIAL INFORMATION</b>			
IS THE NONCUSTODIAL PARENT/ALLEGED FATHER <b>NOW</b> EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES	<input type="checkbox"/> NAME OF EMPLOYER	PHONE NUMBER (INCLUDE AREA CODE)	
	ADDRESS	WORK HOURS FROM _____ TO _____	
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	
<p><b>About our request for Social Security number (SSN) information:</b> We need <i>your</i> SSN and that of your <i>child(ren)</i>; the SSNs will be used to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations. Disclosure of these SSNs is mandatory per section 466(a)(13) of the Social Security Act. 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. Failure to provide this information may cause delays in delivering appropriate services to you.</p>			
I certify that all information I gave on this form is true and complete to the best of my knowledge.			
APPLICANT SIGNATURE			DATE
<b>THIS SECTION TO BE COMPLETED BY INCOME MAINTENANCE STAFF</b>			
WORKER'S NAME (PLEASE PRINT)		IM OFFICE	DATE
NOTATIONS OF INCOME MAINTENANCE WORKER			
Return the completed form to: Family Support Division, PO Box 6790, Jefferson City, MO 65102-6790.			