

FORM: **CS-201**

**REFERRAL/INFORMATION FOR CHILD SUPPORT
SERVICES**

PURPOSE:

To provide information about the noncustodial parent (NCP) or alleged father (AF) when a referral is made from the Family Support Division (FSD) income maintenance (IM) to child support (CS). This is the basic form upon which CS builds a case. Therefore, it is essential that the form be completed as thoroughly as possible.

GENERAL PROCEDURES:

Temporary Assistance for Needy Families (TANF) case: The applicant must complete a CS-201 for each NCP or AF of the child(ren) who are to receive TANF benefits. If the parental rights of an NCP were terminated, a CS-201 must still be submitted, including the date of termination. Although an individual does not owe current support once his/her parental rights are terminated, unpaid support that came due prior to the termination is assigned to the state.

IM sends the CS-201 to CS within two working days after IM staff enter the approval transaction into the Family Assistance Management Information System (FAMIS).

IM may reject an application for public assistance or close a public assistance case. If the applicant reapplies within 30 days of the rejection or case closing, IM staff may use the previously completed CS-201. However, the applicant must check for any necessary changes in information and re-sign and re-date the form. If the applicant indicates that extensive changes are necessary, IM staff will have the applicant complete a new CS-201.

If more than 30 days elapse from the rejection of the application or from the reapplication for public assistance, the applicant must complete a new CS-201.

MO HealthNet (MHN)-only case: The applicant must complete a CS-201 for each NCP or AF of the child(ren) who are to receive MHN benefits.

**CS-201
Instructions
(Rev. 7-13)**

Non-parent caretaker relative case: A caretaker receiving TANF or MHN must complete a CS-201 for both parents.

Deceased NCP: If the death is verified, it is not necessary to complete a CS-201. A referral is not required.

NOTE: The CS-201 is not used in Alternative Care (Foster Care) cases. Children's Division staff use the *Referral/Information for Child Support Services/AC* (CS-201AC) to refer parents of children in Foster Care to CS.

(THE BALANCE OF THIS PAGE WAS INTENTIONALLY LEFT BLANK SO THAT THE FIELD-BY-FIELD INSTRUCTIONS CAN BE GIVEN SEPARATELY TO APPLICANTS AT STAFF DISCRETION.)

INSTRUCTIONS FOR COMPLETION:

Completed by FSD IM or CS staff:

Field 1 – Enter the custodial parent’s/custodian’s (CP’s) departmental client number (DCN).

Field 2 – Check the appropriate box.

Completed by applicant:

Field 3 – Check the appropriate box to indicate the relationship of the applicant to the child.

Custodial Parent/Custodian (CP) Information

Field 4 – Enter the CP’s name.

Field 5 – Enter the CP’s address

Field 6 – Enter the CP’s home telephone number.

Field 7 – Enter the CP’s cell phone number.

Field 8 – Enter the CP’s work telephone number.

Field 9 – Enter the CP’s Social Security number (SSN).

Field 10 – Enter the CP’s date of birth.

Field 11 – Enter the CP’s race.

Field 12 – Enter the CP’s sex.

Noncustodial Parent (NCP) or Alleged Father (AF) Information

Field 13 – Enter the NCP’s/AF’s name.

Field 14 – Enter the NCP’s/AF’s alias, if any.

Field 15 – Enter the NCP’s/AF’s address.

Field 16 – Enter the date the NCP/AF was last known to live at this address.

Field 17 – Enter the NCP’s/AF’s telephone number.

Field 18 – Enter the NCP's/AF's cell phone number.

Field 19 – Enter the NCP's/AF's SSN.

Field 20 – Enter the NCP's/AF's date of birth.

Field 21 – Enter the NCP's/AF's place of birth (city and state).

Field 22 – Enter the NCP's/AF's race.

Field 23 – Enter the NCP's/AF's sex.

Child Information

Field 24 – Enter the child's DCN or SSN.

Field 25 – Enter the child's full name.

Field 26 – Enter the child's date of birth.

Field 27 – Enter the county and state in which the child was born.

Field 28 – Enter the child's race.

Field 29 – Enter the child's sex.

Marital and Court Information

Field 30 – Check the appropriate box.

Field 31 – Enter the date of the marriage, if applicable.

Field 32 – Enter the city, county and state in which the parents married.

Field 33 – Enter the date of the divorce, if applicable.

Field 34 – Enter the city, county and state in which the parents divorced.

Field 35 – Check the appropriate box.

Field 36 – Enter the name of the city, county and state, other than Missouri, in which the applicant lived after the child(ren)'s birth, if applicable.

Field 37 – Enter the year(s) in which the applicant lived out of Missouri after the child(ren)'s birth.

Field 38 – Check the appropriate box.

Field 39 – Enter the name of the mother's husband at the time the child(ren) were conceived or born, if applicable.

Field 40 – Enter the date of the marriage.

Field 41 – Check the appropriate box.

Field 42 – Enter the county and state in which the court order is filed.

Field 43 – Enter the date of the court order.

Field 44 – Enter the court order number.

Field 45 – Enter the amount of child support ordered for each child.

Field 46 – Enter how often the child support is supposed to be paid (e.g., weekly, biweekly, monthly).

Complete if parents were not married when child(ren) were born:

Field 47 – Check the appropriate box.

Field 48 – Enter the county and state in which a paternity order is filed.

Field 49 – Enter the date of the paternity order.

Field 50 – Enter the paternity order number.

Field 51 – Check the appropriate box.

Field 52 – Enter the state in which the paternity acknowledgment documents were completed.

Field 53 – Check the appropriate box.

Field 54 – Enter the state in which the genetic test was completed.

Field 55 – Check the appropriate box.

Field 56 – Enter the name of another man who might be the father of the child(ren), if applicable. If necessary, add a separate sheet to include additional names.

Field 57 – Enter the above-named man's address. If necessary, add a separate sheet to include additional names.

Field 58 – Enter the above-named man's telephone number.

Occupational and Social Information

Field 59 – Check the appropriate box.

Field 60 – Enter the name of the NCP's/AF's employer.

Field 61 – Enter the telephone number of the NCP's/AF's employer.

Field 62 – Enter the address of the NCP's/AF's employer.

Field 63 – Enter the NCP's/AF's work hours.

Field 64 – Enter the full name of the NCP's/AF's father.

Field 65 – Enter the address of the NCP's/AF's father.

Field 66 – Enter the full name of the NCP's/AF's mother.

Field 67 – Enter the maiden name of the NCP's/AF's mother.

Field 68 – Enter the address of the NCP's/AF's mother.

Field 69 – The applicant signs his/her name in this field after reading the preceding paragraph on the form and agreeing to the statements.

Field 70 – The applicant enters the date (s)he signs his/her name in Field 69.

Completed by IM:

Field 71 – Enter the IM eligibility specialist’s name.

Field 72 – Enter the IM eligibility specialist’s office.

Field 73 – Enter the date the CS-201 is completed as part of an application for public assistance.

Field 74 – Enter the IM eligibility specialist’s comments.



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) **1** TEMPORARY ASSISTANCE **2** 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 **3**

CUSTODIAL PARENT/CUSTODIAN INFORMATION

NAME (LAST) (FIRST) (MIDDLE)
4

ADDRESS (NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)
5

HOME PHONE NUMBER (INCLUDE AREA CODE) **6** CELL PHONE NUMBER (INCLUDE AREA CODE) **7** WORK PHONE NUMBER (INCLUDE AREA CODE) **8**

SOCIAL SECURITY NUMBER **9** DATE OF BIRTH **10** RACE **11** SEX **12**

NONCUSTODIAL PARENT or ALLEGED FATHER INFORMATION

NAME (LAST) (FIRST) (MIDDLE) ALIAS
13 **14**

ADDRESS (CURRENT OR LAST KNOWN) (CITY) (STATE) (ZIP CODE)
15

DATE ADDRESS LAST KNOWN **16** PHONE NUMBER (INCLUDE AREA CODE) **17** CELL PHONE NUMBER (INCLUDE AREA CODE) **18** SOCIAL SECURITY NUMBER **19**

DATE OF BIRTH **20** BIRTHPLACE (CITY AND STATE) **21** RACE **22** SEX **23**

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
24	25	26	27	28	29

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? **30**

IF THE PARENTS ARE/WERE MARRIED, PROVIDE DATE AND LOCATION DATE **31** LOCATION (CITY, COUNTY AND STATE) **32**

IF THE PARENTS ARE DIVORCED OR HAVE FILED FOR DIVORCE, PROVIDE DATE AND LOCATION DATE **33** LOCATION (CITY, COUNTY AND STATE) **34**

DID THE CUSTODIAL PARENT OF THE CHILD(REN) LIVE OUTSIDE MISSOURI AFTER THE CHILD(REN)'S BIRTH? **35** YES NO UNKNOWN

IF YES WHERE (CITY, COUNTY AND STATE) **36** WHEN **37**

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? 38 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES, GIVE NAME	NAME 39	DATE OF MARRIAGE 40	
HAVE CHILD SUPPORT PAYMENTS BEEN ORDERED BY A COURT? 41 <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 42		DATE OF ORDER 43
	ORDER NUMBER 44	AMOUNT PER CHILD \$ 45	FREQUENCY (WEEKLY, MONTHLY, ETC.) 46
COMPLETE THE FOLLOWING IF THE PARENTS WERE NOT MARRIED WHEN THE CHILD(REN) WERE BORN			
HAS PATERNITY BEEN LEGALLY ESTABLISHED BY A COURT? 47 <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 48	DATE OF ORDER 49	ORDER NUMBER 50
HAS THE ALLEGED FATHER COMPLETED A DOCUMENT ADMITTING HE IS THE FATHER OF THE CHILD(REN)? <input type="checkbox"/> NO 51 <input type="checkbox"/> YES (ATTACH A COPY OF THE DOCUMENT) IF YES, IN WHICH STATE? 52			
HAS A PATERNITY TEST BEEN COMPLETED TO DETERMINE THE BIOLOGICAL FATHER OF THE CHILD(REN)? <input type="checkbox"/> NO 53 <input type="checkbox"/> YES (ATTACH A COPY OF THE RESULTS) IF YES, IN WHICH STATE? 54			
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) 55 <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES	NAME 56	ADDRESS 57	PHONE NUMBER (INCLUDE AREA CODE) 58
	NAME	ADDRESS	PHONE NUMBER (INCLUDE AREA CODE)
OCCUPATIONAL AND SOCIAL INFORMATION			
IS THE NONCUSTODIAL PARENT/ALLEGED FATHER NOW EMPLOYED? 59 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES	NAME OF EMPLOYER 60		PHONE NUMBER (INCLUDE AREA CODE) 61
	ADDRESS 62		WORK HOURS 63 FROM _____ TO _____
WHAT ARE THE NAMES AND ADDRESSES OF THE NONCUSTODIAL PARENT'S/ALLEGED FATHER'S PARENTS?			
FATHER'S NAME 64		FATHER'S ADDRESS 65	
MOTHER'S NAME 66	(MAIDEN NAME) 67	MOTHER'S ADDRESS 68	
About our request for Social Security number (SSN) information: 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.			
I certify that all information I gave on this form is true and complete to the best of my knowledge.			
APPLICANT SIGNATURE 69			DATE 70
THIS SECTION TO BE COMPLETED BY INCOME MAINTENANCE STAFF			
WORKER'S NAME (PLEASE PRINT) 71		IM OFFICE 72	DATE 73
NOTATIONS OF INCOME MAINTENANCE WORKER 74			
Return the completed form to: Family Support Division, PO Box 6790, Jefferson City, MO 65102-6790.			