



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 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 (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 \_\_\_\_\_

**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) \_\_\_\_\_

IF THE PARENTS ARE DIVORCED OR HAVE FILED FOR DIVORCE, PROVIDE DATE AND LOCATION  
 ▶ DATE \_\_\_\_\_ LOCATION (CITY, COUNTY AND STATE) \_\_\_\_\_

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 \_\_\_\_\_

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?  
 YES  NO  UNKNOWN

IF YES, GIVE NAME ▶ NAME \_\_\_\_\_ LOCATION (CITY, COUNTY AND STATE) \_\_\_\_\_

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		DATE OF ORDER
▶ COUNTY AND STATE OF COURT OF COURT ORDER		

ORDER NUMBER	AMOUNT PER CHILD \$	FREQUENCY (WEEKLY, MONTHLY, ETC.)
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**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		DATE OF ORDER	ORDER NUMBER
▶ COUNTY AND STATE OF COURT OF COURT ORDER			

HAS THE ALLEGED FATHER COMPLETED A DOCUMENT ADMITTING HE IS THE FATHER OF THE CHILD(REN)?		IF YES, IN WHICH STATE?
<input type="checkbox"/> YES (ATTACH A COPY OF THE DOCUMENT) <input type="checkbox"/> NO		

HAS A PATERNITY TEST BEEN COMPLETED TO DETERMINE THE BIOLOGICAL FATHER OF THE CHILD(REN)?		IF YES, IN WHICH STATE?
<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		PHONE NUMBER (INCLUDE AREA CODE)
▶ NAME		
ADDRESS		

NAME		PHONE NUMBER (INCLUDE AREA CODE)
ADDRESS		

**OCCUPATIONAL AND SOCIAL INFORMATION**

IS THE NONCUSTODIAL PARENT/ALLEGED FATHER NOW EMPLOYED?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		

IF YES		PHONE NUMBER (INCLUDE AREA CODE)
▶ NAME OF EMPLOYER		
ADDRESS		

ADDRESS		WORK HOURS
		FROM                      TO

**WHAT ARE THE NAMES AND ADDRESS OF THE NONCUSTODIAL PARENT'S/ALLEGED FATHER'S PARENTS?**

FATHER'S NAME	FATHER'S ADDRESS
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MOTHER'S NAME	(MAIDEN NAME)	MOTHER'S ADDRESS
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**About our request for Social Security number (SSN) information:** We need your SSN and that of your child(ren); 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 noncustodial parent's or alleged father's 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	DATE
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**THIS SECTION TO BE COMPLETED BY INCOME MAINTENANCE STAFF**

WORKER'S NAME (PLEASE PRINT)	IM OFFICE	DATE
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NOTATIONS OF INCOME MAINTENANCE WORKER
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Return the completed form to: Family Support Division, PO Box 6790, Jefferson City, MO 65102-6790.

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