

# **CHILD SUPPORT APPLICATION**

Allegations of any discriminatory practices, either by CHFS or its vendors, may be made in writing directly to the following:

**Cabinet for Health And Family Services**  
EEO Compliance Branch  
275 East Main Street, 5C-D  
Frankfort, Kentucky 40621  
Telephone: 502-564-7770  
Fax: 502-564-3129

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. Under the Food Stamp Act and USDA policy, discrimination is also prohibited on the basis of religion or political beliefs.

To file a complaint with USDA or HHS:

Write USDA, Director, Office of Civil Rights,  
1400 Independence Avenue, S.W.,  
Washington, D.C. 20250-9410 or call (800)  
795-3272 (voice) or (202) 720-6382 (TDD).

Write U.S. Department of Health and Human Services, Region IV Office for Civil Rights, 61 Forsyth Street, SW. - Suite 3B70, Atlanta, GA 30323 or call (404) 562-7886 (voice) or (404) 331-2867 (TDD).

USDA and HHS are equal opportunity providers and employers.

Civil rights complaints may also be filed with the following compliance agencies outside of the Cabinet:

**Kentucky Commission on Human Rights**  
The Heyburn Building, Suite 700  
332 W. Broadway  
Louisville, KY 40202  
800-292-5566 (voice)  
502-595-4084 (TDD)

**US Department of Education**  
Office for Civil Rights  
600 Independence Avenue SW  
Washington, DC 20202-1100  
1-800-421-3481

**US Department of Labor**  
Office of Federal Contract Compliance  
Atlanta Federal Center, Room 7B75  
100 Alabama Street SW  
Atlanta, Georgia 30303  
404-562-2424

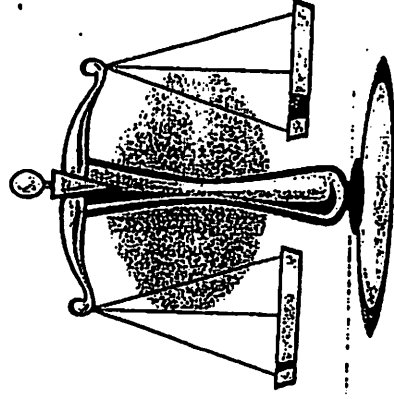
**US Department of Justice**  
Office of the Assistant Attorney General  
Civil Rights Division  
PO Box 65808  
Washington, DC 20035-5808  
202-514-2151

*The Kentucky Cabinet for Health and Family Services is an Equal Opportunity Provider.*


Revised October 2007

**KENTUCKY  
CABINET FOR HEALTH  
AND FAMILY SERVICES**

# CIVIL RIGHTS



**EQUAL RIGHTS  
FOR ALL  
SERVICES  
AND PROGRAMS**

CHFS AND CIVIL RIGHTS	CHFS COMMITMENTS	DISCRIMINATION COMPLAINTS
<p>The Kentucky Cabinet for Health and Family Services does not discriminate against any person on the basis of political beliefs, race, color, national origin, religion, age, mental or physical disability or sex.</p> <p>This policy protects the rights of the Cabinet's employees, service applicants and customers.</p> <p>Vendors, agencies and organizations providing services to the Cabinet or its recipients of federally aided programs must also comply with this policy.</p>	<p>The Kentucky Cabinet for Health and Family Services has made the following commitments:</p> <ul style="list-style-type: none"> <li>✓ No one applying for or receiving assistance or services will directly, or through contractual or other arrangements, be denied aid, care, services, or other benefits provided by CHFS for which they are eligible.</li> <li>✓ Services will be given in the same manner to all recipients, based on eligibility.</li> <li>✓ No one applying for or receiving assistance will be subjected to segregation or different treatment in any matter related to receipt of the assistance.</li> <li>✓ No one applying for or receiving assistance will be restricted in any way in the enjoyment of any advantages or privileges enjoyed by others receiving similar services.</li> <li>✓ No one will be given different treatment in determining eligibility or meeting other requirements or conditions that must be met to receive benefits.</li> <li>✓ CHFS will maintain an environment free from any type of harassment or discrimination and will respond promptly and effectively to complaints.</li> </ul>	<p>Any applicant for or recipient of federally aided programs who feels discriminated against may file a complaint of discrimination</p> <p><b>FILING A COMPLAINT</b></p> <p>All complaints of discrimination should be forwarded immediately to the EEO Compliance Branch of the Cabinet's Office of Human Resource Management</p> <p>You may file a complaint of discrimination with your local office with an EEO Counselor or Coordinator. The allegation will then be forwarded to the OHRM/EEO Compliance Branch. The complainant may also file a complaint with an outside agency (listing contact information back.)</p> <p><b>RESOLVING A COMPLAINT</b></p> <p>A request for a hearing will be handled according to established procedures. Other complaints will be promptly investigated by the agency contacted. Corrective action will be taken as appropriate.</p> <p><b>CONFIDENTIALITY</b></p> <p>The complainant's identity will be kept confidential except to the extent needed to carry out the investigation and to remain within the confines of the Kentucky Open</p>
		

## CHILD SUPPORT SERVICES FACT SHEET FOR NON-K-TAP APPLICANTS

**What type of child support services does the Cabinet for Health and Family Services (CHFS) provide?** If you are a custodial parent, noncustodial parent, or the custodian of a dependent child, CHFS provides the following services: location of noncustodial parents, establishment of paternity, establishment of child/medical support or enforcement of child/medical support orders, collection of current and/or past-due child/medical support obligations, enforcement and collection of spousal support when there is an existing spousal support order, the spouse or spouse is living with the child, and CHFS is collecting support for the child, and review for possible modification of child/medical support obligations.

Location only services may be requested if the location of the noncustodial parent is the only service you need when the noncustodial parent disobeys a custody or visitation order by kidnapping the child(ren). CHFS will attempt location efforts if it has reason to believe an allegation of child abuse or domestic violence could be harmful to the child(ren).

**What child support related services are not provided by CHFS?** By law, CHFS cannot address other problems that are often associated with establishing and/or enforcing child support such as divorce, property settlement, visitation and custody, establish or modify spousal support, or provide legal advice or counsel.

**Who is eligible to receive child support services?** Anyone who has custody of a child and needs help establishing who is the father of the child, establishing a child support order, or collecting current or past-due child support payments is eligible to receive child support services. You do not have to be the child's parent to qualify for child support services. Services are available to aunts, uncles, grandparents, or court-appointed guardians--anyone living with and caring for a child who needs financial help supporting him or her. If you may be the father you can request establishment of paternity.

**What does "Assignment of Rights" mean?** Kentucky Revised Statute (KRS) 205.720(1) requires that your right to receive child support payments be assigned (transferred) to CHFS when applying for child support services. This means that CHFS is allowed to collect and receive all child support payments on your behalf and to initiate any action existing under the laws of Kentucky.

**How is the child support obligation amount calculated?** The monthly support obligation is set based on the Kentucky Child Support Guidelines found in KRS 403.212. The Guidelines are based on the principle that both parents are financially responsible for the support of their child(ren).

**When should I begin receiving payments?** Once your support obligation is set, you will generally receive payments within six weeks. If you choose to request child support services, all child support must be paid to the Division of Child Support through its Centralized Collection Unit. This allows us to keep track of when child support is paid or not paid.

As payments are made, they will be sent to you until the support obligation owed for the month is paid. If the noncustodial parent pays more than the amount owed for the month, any extra amount will be applied to past-due support owed to you. Next, any past-due support ordered will be repaid to CHFS. If past-due support is not owed to you or CHFS, the extra amount will be held by CHFS until the first of the following month when it will then be forwarded to you.

**How long will I receive child support?** KRS 403.213(3) requires support payments to continue until the child emancipates (reaches the age of 18). If the child emancipates because of age, but not due to marriage, while still a high school student, the court-ordered support will continue while the child is a high school student, but not beyond completion of the school year during which the child reaches the age of 19. Child support may end sooner if the child emancipates because of marriage, induction into military service, death, or upon termination of parental rights.

**What can I do if the noncustodial parent does not pay his/her child support obligation?** If full child support services are requested, the Kentucky Child Support Program has various enforcement remedies from which choose in order to collect current or past-due child support obligations from the noncustodial parent. Some examples include, but are not limited to, the following: withhold income directly from paycheck, deny, revoke suspend a driver's or professional license or certificate; place a lien on personal or real property, deny or revoke passport, furnish the noncustodial parent's name for publication in a local newspaper, seize lottery winning funds held by a bank or other financial institution, and intercept federal and state tax refunds.

Past-due child or medical or spousal support or all that apply can be collected from the noncustodial parent income tax refund. In order to collect past-due spousal support through income tax refund intercept, the applicant (spouse or ex-spouse) must live with the child(ren) and CHFS must be collecting support for the child(ren).

If the noncustodial parent files a joint return with a present spouse, CHFS waits six months before sending you amount intercepted. The six months begins with the date CHFS receives the refund. The present spouse has years to file an amended return. If the present spouse files an amended tax return and the refund amount changed, you will have to return all or part of the amount sent to you.

**Can Kentucky enforce the child support order if the noncustodial parent lives in another state?** Yes, states must provide child support services regardless of where the other parent lives. The Uniform Interstate Family Support Act (UIFSA) requires states to work together to establish and enforce a child support order.

**Who can request a review for modification?** If there is a support order for your child(ren), either parent (a person who has physical custody of the child) has the right to send a written request for a review of the order for possible modification if there is a continuing change in circumstances that may increase or decrease the monthly support obligation by 15% or more. A review for possible modification is an objective review of a child support order to determine if the order is fair and based on the Kentucky Child Support Guidelines.

**Will the CHFS attorney represent me in court?** CHFS county attorneys contracted to provide child support services represent the best interests of the children in Kentucky. They do not represent you or your personal interest.

**How do I stop child support services?** You may stop child support services at any time by sending a written request to discontinue services to the child support office listed below. If your support order was initially issued on or after January 1, 1994, and there is an income withholding order in effect, payments will continue to be directed through the Division of Child Support's Centralized Collection Unit as required by federal and state law.

**How do I submit the enclosed forms?** Complete all applicable items on the enclosed forms and submit to your caseworker at the address below. Information provided must be complete and accurate. If possible, provide the Social Security number and birth certificate of the child(ren), copies of the divorce decree, and copies of any orders concerning paternity, child or medical support. In order to work your case adequately, all possible information about the noncustodial parent is needed, including social security number, last known home address, work place and work address. The Application for Direct Deposit is optional.

**How do I apply for direct deposit?** To have your child support payments deposited directly into your checking or savings account, complete the enclosed Application for Direct Deposit and return it to the address or FAX number listed on the form. If your account number or bank changes, use this same form to notify our office of the change(s). To stop direct deposit, send a written statement to the following address or FAX number: ATTN: EFT Coordinator, Division of Child Support, P. O. Box 2150, Frankfort, KY 40602-2150, FAX: 502-564-7938.

**What do I do if I move?** You must notify us when your address changes. If you need to report an address change or if you have questions concerning payment information, call a customer service representative toll-free at 1-800-443-1576. You will need a touch-tone phone, your social security number and date of birth to obtain or report information. If you need to speak to your caseworker, contact the office listed below.

(270) 524-5992  
Telephone Number

P.O. Box 307, 215 Main St. Munfordville  
Office Address  
Ky 42765

COMMONWEALTH OF KENTUCKY  
 Cabinet for Health and Family Services  
 Department for Income Support  
 Child Support Enforcement

APPLICATION FOR CHILD SUPPORT SERVICES

- ( ) Check this space if you are the custodial parent. Custodial parent includes the physical custodian.
- ( ) Check this space if you are the putative (alleged) father or the noncustodial parent.

FOR OFFICE USE ONLY

IV-D Number \_\_\_\_\_

Date Requested \_\_\_\_\_

Date Provided \_\_\_\_\_

Date Returned \_\_\_\_\_

Full child support services will be provided to you unless you check one of the two spaces shown below:

- ( ) I wish to receive only location services. Location Only Case - State Parent Locator Section (SPLS)
- ( ) I wish to receive only location services. Parental Kidnapping Case - SPLS

No other service will be provided by child support staff when you request only location services.

**I. NONCUSTODIAL PARENT'S (NCP) INFORMATION**

Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:	
Noncustodial Parent's Maiden Name, if applicable (First Name, Middle Name, Last Name)			
Alias(es) (First Name, Middle Name, Last Name)		Nickname(s) (First Name, Middle Name, Last Name)	
Email Address			
Current Residential Address Street Number & Name Apt/Suite Number City State Country Zip Code		Previous Address Street Number & Name Apt/Suite Number City State Country Zip Code	
Current Mailing Address (Enter if the Noncustodial Parent has a different Mailing Address) Street Number & Name Apt/Suite Number City State Country Zip Code		Date last at that address:	
Home Telephone Number ( ) - ( ) - ( )		Work Telephone Number ( ) - ( ) - ( )	
Cell Phone Number ( ) - ( ) - ( )			
Sex: M ___ F ___	Date of Birth	Country of Birth	State of Birth
		County of Birth	City of Birth
Race: ( ) American Indian/Alaskan ( ) Asian ( ) Black ( ) Caucasian ( ) Hispanic ( ) Oriental ( ) Unknown ( ) Other			
Hair Color	Eye Color	Weight	Height
Other Identifying Features			



What is the legal relationship status of Noncustodial Parent to child(ren)? (ex. Legal Father, Alleged Putative Father etc.)

What is employment status of the Noncustodial Parent? ( ) Full Time ( ) Part Time ( ) Unemployed ( ) Unknown ( ) Seasonal

Current Employer Name Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Salary _____ Per	Previous Employer Name Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Ending Pay _____ End Date Per
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How often is the NCP paid? \_\_\_\_\_ Per

Occupation \_\_\_\_\_

Union Name Union Number Address, if known Apt/Suite Number City State Country Zip Code	Military Branch:  Dates: (From) _____ (To) _____
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Arrest/Prison Record In which state did this occur? In which county did this occur? Which facility?	Incarceration Date  Release Date
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What is the current marital status of the NCP?  
( ) Divorced ( ) Married ( ) Never Married ( ) Separated ( ) Widowed

Name of Noncustodial Parent's current spouse: (First Name, Middle Name, Last Name)

Is the NCP currently receiving benefits? If so, select all that apply and list the state when applicable.

( ) Medical Assistance	State: _____	( ) RSDI/SSD	( ) SSI
( ) Food Stamps (SNAP)	State: _____	( ) Black Lung	( ) Veterans Assistance
( ) TANF (AFDC/KTAP)	State: _____	( ) Other : _____	
( ) Child Care Assistance	State: _____	( ) None : _____	

If the NCP is not currently receiving benefits, have benefits been received in the past? If so, select all that apply and list the state when applicable.

( ) Medical Assistance	State: _____	( ) RSDI/SSD	( ) SSI
( ) Food Stamps (SNAP)	State: _____	( ) Black Lung	( ) Veterans Assistance
( ) TANF (AFDC/KTAP)	State: _____	( ) Other : _____	
( ) Child Care Assistance	State: _____	( ) None : _____	

Does the Noncustodial Parent own a car? ( ) Yes ( ) No

Make	Model	Year
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NCP's Father's name (First Name, Middle Initial, Last Name)	NCP's Mother's name (First Name, Middle Initial, Last Name)
	NCP's Mother's Maiden Name
Is NCP's father living? ( ) Yes ( ) No ( ) Unknown	Is NCP's mother living? ( ) Yes ( ) No ( ) Unknown

Father's Address (if known)? Street Number & Name Apt/Suite Number City State Country Zip Code Home Telephone Number: ( ) -	Mother's Address (if known)? Street Number & Name Apt/Suite Number City State Country Zip Code Home Telephone Number: ( ) -
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## II. CUSTODIAL PARENT'S ( CP ) INFORMATION

Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:	
Custodial Parent's Maiden Name, if applicable (First Name, Middle Name, Last Name)			
Alias(es) (First Name, Middle Name, Last Name)		Nickname(s) (First Name, Middle Name, Last Name)	
Email Address			
Current Residential Address Street Number & Name Apt/Suite Number City State Country Zip Code		Current Mailing Address(Enter if the CP has a different mailing Address) Street Number & Name Apt/Suite Number City State Country Zip Code	
Home Telephone Number ( ) -		Work Telephone Number ( ) -	Cell Phone Number ( ) -
Sex: M ___ F ___	Date of Birth	Country of Birth	State of Birth
Race: ( ) American Indian/Alaskan ( ) Asian ( ) Black ( ) Caucasian ( ) Hispanic ( ) Oriental ( ) Unknown ( ) Other		County of Birth	
City of Birth		Other Identifying Features	
Hair Color	Eye Color	Weight	Height
What is the legal relationship status of CP to child(ren)? (ex. Mother, Father, Grandmother, Grandfather etc.).			
What is employment status of the CP? ( ) Full Time ( ) Part Time ( ) Unemployed ( ) Unknown ( ) Seasonal			
Current Employer Name		Previous Employer Name	
Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Salary		Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Ending Pay	
Per		End Date Per	
How often is the CP paid?			
Occupation			
Union Name Union Number Address, if known Apt/Suite Number City State Country		Military Branch:  Dates: (From) (To)	
Zip Code			
What is the current marital status of the CP? ( ) Divorced ( ) Married ( ) Never Married ( ) Separated ( ) Widowed			
Name of CP's current spouse: (First Name, Middle Name, Last Name)			



Is the CP currently receiving benefits? If so, select all that apply and list the state when applicable.

( ) Medical Assistance State ( ) RSDI/SSD ( ) SSI  
 ( ) Food Stamps (SNAP) State: ( ) Black Lung ( ) Veterans Assistance  
 ( ) TANF (AFDC/KTAP) State ( ) Other : \_\_\_\_\_  
 ( ) Child Care Assistance State ( ) None : \_\_\_\_\_

If the CP is not currently receiving benefits, have benefits been received in the past? If so, select all that apply and list the state when applicable.

( ) Medical Assistance State: ( ) RSDI/SSD ( ) SSI  
 ( ) Food Stamps (SNAP) State: ( ) Black Lung ( ) Veterans Assistance  
 ( ) TANF (AFDC/KTAP) State: ( ) Other : \_\_\_\_\_  
 ( ) Child Care Assistance State: ( ) None : \_\_\_\_\_

**III. CHILD(REN)'S INFORMATION**

Enter information about the child(ren) for whom services are being requested.( Child - 1 )

Complete Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:	
Date of Birth.		Sex: M F	
Race: ( ) American Indian/Alaskan ( ) Asian ( ) Black ( ) Caucasian ( ) Hispanic ( ) Oriental ( ) Unknown ( ) Other			
State where child conceived		Place of Birth	
Country of Birth	State of Birth	County of Birth	City of Birth
Was the mother married when this child was conceived? ( Yes/No )			
What is the name of the person to whom the mother was married?			
Was the child emancipated or married? ( Yes/No )			
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.			
( ) Medical Assistance	State:	( ) RSDI/SSD	
( ) TANF	State:	( ) SSI	
( ) Food Stamps	State:	( ) Veterans Assistance	
( ) Child Care Assistance	State:	( ) Other :	_____
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
( ) Medical Assistance	State:	( ) RSDI/SSD	
( ) TANF	State:	( ) SSI	
( ) Food Stamps	State:	( ) Veterans Assistance	
( ) Child Care Assistance	State:	( ) Other :	_____

Enter information about the child(ren) for whom services are being requested.( Child - 2 )

Complete Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:	
Date of Birth		Sex: M F	
Race: ( ) American Indian/Alaskan ( ) Asian ( ) Black ( ) Caucasian ( ) Hispanic ( ) Oriental ( ) Unknown ( ) Other			
State where child conceived		Place of Birth	
Country of Birth	State of Birth	County of Birth	City of Birth
Was the mother married when this child was conceived? ( Yes/No )			
What is the name of the person to whom the mother was married?			
Was the child emancipated or married? ( Yes/No )			
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.			
( ) Medical Assistance	State:	( ) RSDI/SSD	
( ) TANF	State:	( ) SSI	
( ) Food Stamps	State:	( ) Veterans Assistance	
( ) Child Care Assistance	State:	( ) Other :	_____
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
( ) Medical Assistance	State:	( ) RSDI/SSD	
( ) TANF	State:	( ) SSI	
( ) Food Stamps	State:	( ) Veterans Assistance	
( ) Child Care Assistance	State:	( ) Other :	_____

Enter information about the child(ren) for whom services are being requested.( Child - 3 )

Complete Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:	
Date of Birth		Sex: M      F	
Race: ( ) American Indian/Alaskan ( ) Asian ( ) Black ( ) Caucasian ( ) Hispanic ( ) Oriental ( ) Unknown ( ) Other			
State where child conceived		Place of Birth	
Country of Birth	State of Birth	County of Birth	City of Birth
Was the mother married when this child was conceived? ( Yes/No )			
What is the name of the person to whom the mother was married?			
Was the child emancipated or married? ( Yes/No )			
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.			
( ) Medical Assistance	State:	( ) RSDI/SSD	
( ) TANF	State:	( ) SSI	
( ) Food Stamps	State:	( ) Veterans Assistance	
( ) Child Care Assistance	State:	( ) Other :	
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
( ) Medical Assistance	State:	( ) RSDI/SSD	
( ) TANF	State:	( ) SSI	
( ) Food Stamps	State:	( ) Veterans Assistance	
( ) Child Care Assistance	State:	( ) Other :	

Enter information about the child(ren) for whom services are being requested.( Child – 4 )

Complete Name (First Name, Middle Name, Last name, Suffix)		Social Security Number:	
Date of Birth		Sex: M      F	
Race: ( ) American Indian/Alaskan ( ) Asian ( ) Black ( ) Caucasian ( ) Hispanic ( ) Oriental ( ) Unknown ( ) Other			
State where child conceived		Place of Birth	
Country of Birth	State of Birth	County of Birth	City of Birth
Was the mother married when this child was conceived? ( Yes/No )			
What is the name of the person to whom the mother was married?			
Was the child emancipated or married? ( Yes/No )			
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.			
( ) Medical Assistance	State:	( ) RSDI/SSD	
( ) TANF	State:	( ) SSI	
( ) Food Stamps	State:	( ) Veterans Assistance	
( ) Child Care Assistance	State:	( ) Other :	
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
( ) Medical Assistance	State:	( ) RSDI/SSD	
( ) TANF	State:	( ) SSI	
( ) Food Stamps	State:	( ) Veterans Assistance	
( ) Child Care Assistance	State:	( ) Other :	

\*Add page for additional children.

#### IV. BACKGROUND INFORMATION

Answer whether you are the putative father, noncustodial parent, or the custodial parent.

Why is the NCP absent? ( ) Desertion ( ) Divorce ( ) Separation ( ) Parents Not Married			
If the children's parents were married, on what date were they married?			Date:
When were the children's parents last together?			Date:
If the children's parents are divorced, when and where were they divorced?			
Date	Country	State	County      City
If the parents were not married has paternity been established? ( ) Yes ( ) No			
If yes, when and where?			
Date	Country	State	County      City

Have you previously requested (or) received Child Support Services for this child(REN)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when and where?		
Date	Country	State
		County
		City
Has the noncustodial parent paid any medical expenses for the child(ren)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Unknown
Has the noncustodial parent shared in the child(ren)'s support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Unknown

**V. COURT ORDER INFORMATION (Attach copy of any and all orders and/or affidavit of paternity)**

Is there currently a child or medical support order for the child(ren)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, enter Information from most recent order		
Date of Order	Country	State
		County
		City
Child Support order amount \$		per
Medical support ordered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any prior child support orders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**VI. MEDICAL SUPPORT INFORMATION**

Is the child(ren) covered by medical insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who is providing coverage?		
<input type="checkbox"/> CP	<input type="checkbox"/> NCP	<input type="checkbox"/> Commonwealth of Kentucky
<input type="checkbox"/> Other/ Name: _____		SSN: _____
If no, is medical insurance available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of the Company:		
Address		
Apt/Suite Number,		
City		
State		
Zip Code		
Policy Number:		
Policy Effective Date:		
Types of Coverage		
<input type="checkbox"/> Hospital	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental
<input type="checkbox"/> Vision	<input type="checkbox"/> Drugs	<input type="checkbox"/> Cancer Only
<input type="checkbox"/> VA Health Benefits	<input type="checkbox"/> Other	<input type="checkbox"/> (Accident/Casualty)
Attach a copy of Medical Insurance Card (Front + Back)		

Mail the completed form to:  
 \_\_\_\_\_  
 Office Address

I certify under penalty of law that the information I have provided is true to the best of my knowledge and belief and that the services I have requested are for the sole purpose of establishing paternity, if needed; obtaining and enforcing a support obligation; or requesting a modification review according to the Kentucky Child Support Guidelines. I understand that child support services will be provided based on the best interest of the child(ren) listed on this application. I agree to inform the area child support office or the IV-D contracting official's office to which I am providing this application of any changes in the information submitted on this application. I also understand as explained to me in the Authorization and Acknowledgment of No Legal Representation (Form CS-11), which I have signed, the IV-D Contracting Officials employed by the Cabinet for Health and Family Services represent the state and not me, and that an attorney-client relationship does not exist between any of the IV-D Contracting Officials and me. I further understand that the Cabinet for Health and Family Services will assess a nonrefundable annual fee of \$25.00 for child support services when \$500.00 has been disbursed during the federal fiscal year.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Complete the entire form carefully and accurately. Incorrect information will delay the processing of your application.

# INFORMATION ABOUT THE KENTUCKY CHILD SUPPORT PROGRAM

## Available Services:

- Location of noncustodial parents.
- Establishment of paternity.
- Establishment of child/medical support orders.
- Enforcement of child/medical support orders.
- Collection and disbursement of current and/or past-due child/medical support obligations.
- Enforcement and collection of spousal support when there is an existing spousal support order, the spouse or ex-spouse is living with the child, and CHFS is collecting support for the child.
- Review for possible modification of child/medical support obligations.
- Case closure if we are unable to contact you for 60 days.
- Termination of support order.

## Rights:

- All parties to the child support cases have equal status.
- Any party to the case can ask questions, raise issues, and request a review with or without assistance from an attorney.
- All parties have a right to have the support order reviewed every 36 months or sooner if there are on-going changes that cause a 15% increase or decrease in the support obligation amount.

## Responsibilities:

- The applicant must provide complete and accurate information regarding yourself, the other parent, and the child(ren).
- You must notify us when your address changes.

## State Fees:

- An annual fee of \$25.00 is collected from the applicant after \$500.00 has been collected within the Federal fiscal year.

## Distribution Policy:

- We are required to distribute payments received within two (2) working days of receipt of the payment.
- Applicants may choose to receive their child support payments by check, direct deposit, or on a debit card.

Notice!

\*\*\*\*\*KEEP THIS PAGE FOR YOUR RECORDS\*\*\*\*\*

2 Choices of Pay

1. Electronically deposited into Checking or Savings  
or

2. Prepaid Card Purchased by you

COMMONWEALTH OF KENTUCKY  
Cabinet for Health and Family Services  
Department for Income Support  
Child Support Enforcement

**AUTHORIZATION AND ACKNOWLEDGEMENT OF NO LEGAL REPRESENTATION**

Contracting Officials represent the Commonwealth of Kentucky, not you personally. If you apply for and use child support services through the Cabinet for Health and Family Services (CHFS), by signing below, you authorize and acknowledge the following:

- I request CHFS to assist me in my child support case, including court action, if necessary.
- I acknowledge that any CHFS attorney to whom I may be referred will be dealing with me only in my capacity as the adult representative (guardian, custodial parent) pursuant to his or her obligation to provide legal services to and for CHFS and the Commonwealth of Kentucky according to KRS 205.712(7).
- I understand I am not legally represented by a CHFS attorney and a CHFS attorney may take a position unfavorable to me.
- I understand an attorney-client relationship does not exist between CHFS's attorney and me, and I understand the consequences of this on the issues of confidentiality and attorney-client privilege.
- I understand I have the right to obtain legal representation for myself at any time I choose, now or in the future, and I will be responsible for attorney fees and costs. If I choose private legal representation, I will notify the contracting official's office.
- I understand that information I provide to CHFS is not completely confidential. It is sometimes necessary for CHFS to provide information from its files to other people who work with CHFS to establish, enforce or modify child support orders. In addition, CHFS may provide information to appropriate authorities for use in the investigation and prosecution of welfare fraud or other violations of state or federal law. Also, the court may require the release of information to the noncustodial parent(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DO NOT WRITE IN THIS SPACE**

**FOR AGENCY USE ONLY: IV-D NUMBER:** \_\_\_\_\_

**NONCUSTODIAL PARENT:** \_\_\_\_\_ **CUSTODIAL PARENT:** \_\_\_\_\_

**CHILD(REN):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



COMMONWEALTH OF KENTUCKY  
Cabinet for Health and Family Services  
Department for Income Support  
Child Support Enforcement

**ASSIGNMENT OF RIGHTS AND AUTHORIZATION TO COLLECT SUPPORT**

Noncustodial Parent:

\_\_\_\_\_

Child(ren):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IV-D Number: \_\_\_\_\_

I, \_\_\_\_\_, assign to the Cabinet for Health and Family Services (CHFS) medical support owed for the child not to exceed the amount of Medicaid payments made on behalf of the child.

I hereby authorize CHFS, to collect on my behalf all current and/or past-due child support, medical support and spousal support payable to me for the benefit of myself and/or my minor child(ren).

I authorize any and all current or past-due sums of child, medical and/or spousal support which are owed to me to be paid to CHFS and guarantee these monies have not already been paid.

I further understand that the Cabinet for Health and Family Services will assess a nonrefundable annual fee of \$25.00 for child support services when \$500.00 has been disbursed during the federal fiscal year.

CHFS shall distribute any and all payments received according to federal and state laws.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Return to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



COMMONWEALTH OF KENTUCKY  
Cabinet for Health and Family Services  
Department for Income Support  
Child Support Enforcement

**AUTHORIZATION FOR ELECTRONIC DEPOSIT OF CHILD SUPPORT PAYMENTS**

**Custodial parents must choose to receive their child support payments by electronic deposit to a checking or savings account or Kentucky Way2Go Card. Please complete this form and return to the address or fax number below to ensure timely receipt of your child support payments. Child support system records will be updated to match the address, telephone number, and financial account information provided below.**

Date:		Social Security Number of Custodial Parent:	
Name of Custodial Parent:		Telephone Number: ( )	
Mailing Address of Custodial Parent:			
City:	State:	ZIP Code:	
I would like to receive my child support payments by (choose only one):			
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Kentucky Way2Go Card	
*If you select the Kentucky Way2Go Card option, the card will be mailed to you at the address provided within 10 working days of CSE receiving this form. If you select the checking or savings account option, complete the banking information below.			
Name and address of Financial Institution (bank, credit union, etc):		Telephone Number of Financial Institution:	
		Account Number:	
		Routing Number: (this is a 9-digit number)	

**I hereby authorize Child Support Enforcement (CSE) to deposit my child support payments to the account above and agree to the following conditions:**

- After CSE receives this form and determines the information is complete and correct, CSE will disburse child support payments, received and due me, on all child support cases handled by CSE to the chosen account. If I select electronic deposit to a checking or savings account, CSE will disburse payments, received and due me, within five working days. If I select the Kentucky Way2Go Card, CSE will disburse payments, received and due me, within five working days, and I will receive the card in the mail within 10 working days. It may take two to three working days from the date CSE disburses the payment for the funds to be available in my account. I will not receive separate notice when child support payments are deposited into my account. I can obtain payment information 24 hours a day, 7 days a week by accessing the CSE website <https://KentuckyChildSupport.ky.gov>. I authorize CSE to adjust any overpayment made to my account.
- If all information provided is not correct and complete, there will be a delay in receiving my child support payments. If funds are returned by the Financial Institution, CSE will hold those funds and attempt to contact me to obtain new account information. CSE will not release the funds until new account information is received or will automatically mail a Kentucky Way2Go Card to me and disburse my child support payments to this card. It is my responsibility to keep CSE informed of my mailing address and telephone number.
- It is my responsibility to immediately notify CSE and complete a new authorization form when my account information changes. If I close my child support case, the account information on file at the time I closed my case will remain in effect until I complete a new authorization form. I can make changes to my account information electronically through the CSE website <https://KentuckyChildSupport.ky.gov>. I may also download the authorization form from this website or obtain from my local CSE office and return to the address or fax number below.

I must return this form by fax to (502) 564-7938 or mail to Child Support Enforcement, Attn: EFT Coordinator, P.O. Box 2150, Frankfort, Kentucky 40602-2150.

\_\_\_\_\_  
Printed Name of Custodial Parent

\_\_\_\_\_  
Signature of Custodial Parent