



Fort Belknap Child Support Program
P.O. Box 683
Harlem, Montana 59526

PHONE: 406.353.4230
FAX: 406.353.4216

Office is located at:
155 Blackfeet Street
Fort Belknap Agency

Application for Services

FORT BELKNAP CHILD SUPPORT PROGRAM

Client Instructions for Application Process

1. Please complete each application section as fully as possible. If you do not know an answer, write “Unknown” in the space. If a section is not applicable, write “N/A” in the space or **draw an X through the entire section which does not apply to you.**
2. The following documents will need to be provided in order to complete your application:
 - a. Copy of **state-issued** birth certificate for *each child*.
 - b. Copy of certificate of Indian blood/tribal enrollment verification for *you* and for *each child*. (**IF APPLICABLE**)
 - c. Proof of your income:
 - 1) Current pay stubs.
 - 2) Recent income tax filings.
 - d. Copies of relevant court orders (paternity, child support, divorce, legal separation, custody, legal guardianship, domestic violence protection order.)
 - e. Financial Affidavit
 - f. Copy of Social Security Card for *you* and for *each child*.
3. Initialed and Signed Release of Information forms.
Note: Some Release of Information forms and the Fort Belknap Child Support Program application require that your signature be notarized by a Notary Public. The Child Support Program has a Notary on staff.
4. If you have any questions about the application process or how to complete the application, please call 406.353.4230.
5. After you have completed the application, return it with all required documents listed above to the Fort Belknap Child Support Program Office or mail it to the address listed below.
 - a. **Off Fort Belknap Reservation** Applicant
 - 1) Mail the completed application and supporting documentation to:
**Mailing Address: Fort Belknap Child Support Program
P.O. Box 683
Harlem, MT 59526**
 - 2) Upon receipt of the completed application, FORT BELKNAP CHILD SUPPORT PROGRAM staff will review your application and contact you for a telephone intake interview.

Note: The Fort Belknap Child Support Program staff will make every attempt to return original documents, but will not be responsible if documents are lost/stolen.
 - b. **On Fort Belknap Reservation** Applicant:
 - 1) Mail and/or deliver the completed application and supporting documentation to:
**Mailing Address: Fort Belknap Child Support Program
P.O. Box 683
Harlem, MT 59526**

**Delivery Address: Fort Belknap Child Support Program
155 Blackfeet Street
Harlem, MT 59526**
 - 2) Upon receipt of the completed application, FORT BELKNAP CHILD SUPPORT PROGRAM staff will review your application and contact you for an in-person interview(up to 2 hours).

Note: The Fort Belknap Child Support Program staff will make every attempt to return original documents, but will not be responsible if documents are lost/stolen.

NOTE: Fort Belknap Child Support Program staff can make copies of any documents.

FORT BELKNAP CHILD SUPPORT PROGRAM

Applicant Checklist

Child/Children:

- _____ Copy of State-Issued Birth Certificate for each child
- _____ Copy of Social Security Cards for each child
- _____ Copy of Certificate of Indian Blood/Tribal Enrollment Verification for each child, if applicable

Applicant/Custodial Parent:

- _____ Completed, Signed & Notarized **Application**
- _____ Signed & Dated **Rights & Responsibilities Form**
- _____ Initialed, Signed, & Dated **Consent for Release/Exchange of Information Form**
- _____ Completed, Signed & Dated **Financial Affidavit**
- _____ Copy of Certificate of Indian Blood/Tribal Enrollment Verification for you, if applicable
- _____ Copy of Current pay stubs, if employed
- _____ Copy of most recent income tax return information, if you filed taxes
- _____ Copy of TANF Benefit Summary, if applicable
- _____ Copy of any other Income Verification, if applicable
- _____ Copy of Social Security Card for you

FORT BELKNAP CHILD SUPPORT PROGRAM

Application for Child Support Services

OFFICE USE ONLY:

Date Requested: _____ Date Received: _____

PLEASE PRINT WITH BLUE OR BLACK INK

Services Requested:

Paternity Establishment Child Support Establishment Child Support Enforcement Child Support Modification Locate

Please mark all that apply:

This is my first application with the Fort Belknap Child Support Services Program.

I am reopening my case with the Fort Belknap Child Support Program.

You **MUST** answer the following questions:

Have you or the child(ren) listed on this application EVER been on State or Tribal TANF?: YES NO

Have you or the child(ren) listed been on State or Tribal TANF since October 1, 2016?: YES NO

Are you or the child(ren) listed CURRENTLY on State or Tribal TANF?: YES NO

I understand that by submitting this application to the Fort Belknap Child Support Program (FBCSP), I am requesting child support services under Title IV-D of the Social Security Act. I also understand that these child support services may include submission of arrearages for offset of federal income tax refunds in accordance with a memorandum of understanding developed with a partner state.

SECTION I: CUSTODIAL/LEGAL GUARDIAN INFORMATION

A. INFORMATION ABOUT THE CUSTODIAL/LEGAL GUARDIAN

This section is about the person with whom the child(ren) reside with.

Full Legal Name (Last, First, Middle):			Maiden Name/Nickname:	
Date of Birth:	Social Security Number:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race:	Tribal Affiliation:	Are you enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Enrollment Number:
What is your relationship to the child(ren) listed on this application?				Who has legal custody?
Mailing Address(Street or P.O. Box Number, City, State, Zip Code):				
Physical Address(Street or Description, City, State, Zip Code):				
County of Residence:	Home Phone Number:	Cell Phone Number:	Message/Work Phone Number:	

EMPLOYMENT INFORMATION:

Employer Name:	Address:	Phone Number:
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DOMESTIC VIOLENCE INFORMATION:

Have you or the child(ren) of this application experienced any type of abuse from the non-custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate type: <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional	
Has the non-custodial parent had a protective order against him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what court issued the order?	Date:
Do you believe that you or the child(ren) may be at risk of emotional or physical harm if the other parent knows where to find you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, do you want a Family Violence Non-Disclosure Statement to complete and return to this office? <input type="checkbox"/> Yes <input type="checkbox"/> No If you decide not to fill out the statement at this time, you may request one at a later date.	

SECTION II:

BIOLOGICAL PARENT INFORMATION

A. INFORMATION ABOUT THE FATHER or the person who may be the father of the child(ren).

Custodial Parent Yes No

Full Legal Name (Last, First, Middle):				Nickname:	
Date of Birth:		Place of Birth (City & State):		Social Security Number	
Race:		Tribal Affiliation:	Is the father enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Enrollment Number:
Height:	Eye Color:	Hair Color:		Distinguishing Marks:	
Mailing Address(Street or P.O. Box Number, City, State, Zip Code):					
Physical Address(Street or Description, City, State, Zip Code):					
Home Phone Number:		Cell Phone Number:		Message/Work Phone Number:	
Is the father currently residing with other parties? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, with whom & what is the relationship?		
Has the father ever been in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, when & where? (City, State)		

LIST FATHER'S VEHICLE INFORMATION BELOW:

Year:	Make:	Model:	Color:	License Number:	State
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LIST FATHER'S MILITARY SERVICE INFORMATION BELOW:

Is/Was the father in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list dates of service:	
Branch of Service: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard			
Is/Was the father enlisted in the Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list dates of service:	

PLEASE PROVIDE ADDITIONAL INFORMATION ABOUT THE FATHER'S PARENTS/RELATIVES/FRIENDS BELOW:

Mother's Name (Last, First, Middle):		Phone Number:	
Address: (Street or Description, City, State, Zip Code):			
Father's Name (Last, First, Middle):		Phone Number:	
Address: (Street or Description, City, State, Zip Code):			
Relative/Friend's Name (Last, First, Middle):		Phone Number:	
Address: (Street or Description, City, State, Zip Code):			

PLEASE LIST BELOW ANY KNOWN EMPLOYMENT BEGINNING WITH THE MOST RECENT:

Name of Employer & Phone Number:	Address: (Street, City, State, Zip Code)	Occupation:	From: (MO./YR.)	To: (MO./YR.)	Hours Per Week:	Hourly Income:

B. INFORMATION ABOUT THE MOTHER

Custodial Parent Yes No

Full Legal Name (Last, First, Middle):			Maiden Name/Nickname:		
Date of Birth:		Place of Birth (City & State):		Social Security Number	
Race:		Tribal Affiliation:	Is the mother enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Enrollment Number:
Height:	Eye Color:		Hair Color:		Distinguishing Marks:
Mailing Address(Street or P.O. Box Number, City, State, Zip Code):					
Physical Address(Street or Description, City, State, Zip Code):					
Home Phone Number:		Cell Phone Number:		Message/Work Phone Number:	
Is the mother currently residing with other parties? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, with whom & what is the relationship?		
Has the mother ever been in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, when & where? (City, State)		

LIST MOTHER'S VEHICLE INFORMATION BELOW:

Year:	Make:	Model:	Color:	License Number:	State
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LIST MOTHER'S MILITARY SERVICE INFORMATION BELOW:

Is/Was the mother in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list dates of service:	
Branch of Service: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard			
Is/Was the mother enlisted in the Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list dates of service:	

PLEASE PROVIDE ADDITIONAL INFORMATION ABOUT THE MOTHER'S PARENTS/RELATIVES/FRIENDS BELOW:

Mother's Name (Last, First, Middle):			Phone Number:		
Address (Street or Description, City, State, Zip Code):					
Father's Name (Last, First, Middle):			Phone Number:		
Address (Street or Description, City, State, Zip Code):					
Relative/Friend's Name (Last, First, Middle):			Phone Number:		
Address: (Street or Description, City, State, Zip Code):					

PLEASE LIST BELOW ANY KNOWN EMPLOYMENT BEGINNING WITH THE MOST RECENT:

Name of Employer & Phone Number:	Address: (Street, City, State, Zip Code)	Occupation:	From: (MO./YR.)	To: (MO./YR.)	Hours Per Week:	Hourly Income:

SECTION III:**INFORMATION ABOUT THE CHILD(REN)**

Please list only children with the same mother and father. If the children have different mothers or different fathers then a separate application will have to be completed for those children and parents.

CHILD 1

Is this child receiving TANF, Medicaid, and/or Medical Benefits? Yes No If yes, where:

Full Legal Name (Last, First, Middle):				Social Security Number:	
Date of Birth:		City of Birth:		State of Birth:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Tribal Affiliation:	Is this child enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrollment Number:	
Does this child reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was this child born when you were married or unmarried? <input type="checkbox"/> Married <input type="checkbox"/> Unmarried		
If the child is 18 years old is he/she currently attending high school? <input type="checkbox"/> Yes <input type="checkbox"/> No			School Name:		
School Address (Street, City, State, Zip Code):					Graduation Year:
Will the father name anyone else as a possible father of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, who will the father name? (Last, First, Middle):		

CHILD 2

Is this child receiving TANF, Medicaid, and/or Medical Benefits? Yes No If yes, where:

Full Legal Name (Last, First, Middle):				Social Security Number:	
Date of Birth:		City of Birth:		State of Birth:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Tribal Affiliation:	Is this child enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrollment Number:	
Does this child reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was this child born when you were married or unmarried? <input type="checkbox"/> Married <input type="checkbox"/> Unmarried		
If the child is 18 years old is he/she currently attending high school? <input type="checkbox"/> Yes <input type="checkbox"/> No			School Name:		
School Address (Street, City, State, Zip Code):					Graduation Year:
Will the father name anyone else as a possible father of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, who will the father name? (Last, First, Middle):		

CHILD 3

Is this child receiving TANF, Medicaid, and/or Medical Benefits? Yes No If yes, where:

Full Legal Name (Last, First, Middle):				Social Security Number:	
Date of Birth:		City of Birth:		State of Birth:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Tribal Affiliation:	Is this child enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrollment Number:	
Does this child reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was this child born when you were married or unmarried? <input type="checkbox"/> Married <input type="checkbox"/> Unmarried		
If the child is 18 years old is he/she currently attending high school? <input type="checkbox"/> Yes <input type="checkbox"/> No			School Name:		
School Address (Street, City, State, Zip Code):					Graduation Year:
Will the father name anyone else as a possible father of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, who will the father name? (Last, First, Middle):		

CHILD 4Is this child receiving TANF, Medicaid, and/or Medical Benefits? Yes No If yes, where:

Full Legal Name (Last, First, Middle):				Social Security Number:	
Date of Birth:		City of Birth:		State of Birth:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Tribal Affiliation:	Is this child enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrollment Number:	
Does this child reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was this child born when you were married or unmarried? <input type="checkbox"/> Married <input type="checkbox"/> Unmarried		
If the child is 18 years old is he/she currently attending high school? <input type="checkbox"/> Yes <input type="checkbox"/> No			School Name:		
School Address (Street, City, State, Zip Code):				Graduation Year:	
Will the father name anyone else as a possible father of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, who will the father name? (Last, First, Middle):		

CHILD 5Is this child receiving TANF, Medicaid, and/or Medical Benefits? Yes No If yes, where:

Full Legal Name (Last, First, Middle):				Social Security Number:	
Date of Birth:		City of Birth:		State of Birth:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Tribal Affiliation:	Is this child enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrollment Number:	
Does this child reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was this child born when you were married or unmarried? <input type="checkbox"/> Married <input type="checkbox"/> Unmarried		
If the child is 18 years old is he/she currently attending high school? <input type="checkbox"/> Yes <input type="checkbox"/> No			School Name:		
School Address (Street, City, State, Zip Code):				Graduation Year:	
Will the father name anyone else as a possible father of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, who will the father name? (Last, First, Middle):		

CHILD 6Is this child receiving TANF, Medicaid, and/or Medical Benefits? Yes No If yes, where:

Full Legal Name (Last, First, Middle):				Social Security Number:	
Date of Birth:		City of Birth:		State of Birth:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Tribal Affiliation:	Is this child enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrollment Number:	
Does this child reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was this child born when you were married or unmarried? <input type="checkbox"/> Married <input type="checkbox"/> Unmarried		
If the child is 18 years old is he/she currently attending high school? <input type="checkbox"/> Yes <input type="checkbox"/> No			School Name:		
School Address (Street, City, State, Zip Code):				Graduation Year:	
Will the father name anyone else as a possible father of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, who will the father name? (Last, First, Middle):		

SECTION IV:**INFORMATION ABOUT CHILD SUPPORT OBLIGATION AND ANY COURT PROCEEDINGS**

The relationship between the Mother and Father of the above listed child(ren): (Check all that apply) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Married, but Living Apart <input type="checkbox"/> Divorced <input type="checkbox"/> Lived Together		
Date of Marriage:	City & County where Married:	State where Married:
Date of Separation:	Date of Living Apart:	Date of Decree of Divorce:

Have you ever appeared in any court regarding the above listed child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list Court Name, City, State	
Why did you appear in court? (Check all that apply)		
<input type="checkbox"/> Paternity Establishment	<input type="checkbox"/> Child Support Establishment	<input type="checkbox"/> Divorce/Legal Separation
<input type="checkbox"/> Child Custody	<input type="checkbox"/> Legal Guardianship	<input type="checkbox"/> Domestic Violence

Please complete A. & B. to the best of your knowledge. If you need assistance completing either A. or B. please call our office and our Staff will assist you.

A. COURT ORDER INFORMATION

Attach any and all copies of your court orders related to the parties listed above

Date of Order:	Court Case Number:	
Name of Court:	City & State of Court:	County of Court:
If a child support amount was ordered, how much was it?	Was this amount ordered per week, bi-weekly, or per month?	What is/was the length of this order?
If a private attorney was consulted for this order please provide his/her Name, Address, & Telephone Number:		
If an attorney is currently working on your case please provide his/her Name, Address, & Telephone Number:		

B. PENDING COURT ORDER INFORMATION

Attach any and all copies of your court orders related to the parties listed above

Is there any legal action pending that affects the child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child(ren) in the custody of Indian Child Welfare or DPHHS? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date the child(ren) were placed in ICW/DPHHS custody:	If the child(ren) are in ICW/DPHHS care, list the Tribe or State/County:
Date of Filing:	Court Case Number:
Name of Court:	Tribe/State/County of Court:
If a child support amount was ordered how much is the non-custodial parent ordered to pay?	Was this amount ordered per week, bi-weekly, or per month?
If a private attorney was consulted for this order please provide his/her Name, Address, & Telephone Number:	
If an attorney is currently working on your case please provide his/her Name, Address, & Telephone Number:	

SECTION V:**INFORMATION ON REFERRALS**

How were you referred to the Fort Belknap Child Support Program? (check all that apply)
<input type="checkbox"/> Court <input type="checkbox"/> TANF <input type="checkbox"/> Tribal Social Services <input type="checkbox"/> State Child Support Program <input type="checkbox"/> Friend/Family <input type="checkbox"/> Brochure/Pamphlet/Radio
<input type="checkbox"/> Other Tribal Agency (Specify): _____ <input type="checkbox"/> Other (Specify): _____

SECTION VI: INFORMATION ABOUT DISTRIBUTION OF CHILD SUPPORT

All distributions will be made by the Fort Belknap Finance Department in accordance with their policies and procedures.

SECTION VII: COMMENTS

Please provide additional information that you feel could assist the Fort Belknap Child Support Program in enforcing your child support order by writing on the back side of this page or attaching to this application

SECTION VIII: NOTARIZED AFFIDAVIT OF CHILD SUPPORT RECEIVED

Please list any and all amounts of money you received directly from the non-custodial parent, for the children listed in this application, below. If you have received any child support payments from both the non-custodial father and non-custodial mother you will need to fill this form out separately for each non-custodial parent.

If you **DID NOT** received any child support payments from the Non-Custodial Parent, please complete part **A** and have the application signed and notarized.

If you **DID** receive child support payments from the non-custodial parent, complete parts **A & B**. Start with the most recent year you received child support and work backward.

A. I, _____, state the following to be records of any/all direct payments from _____.

Custodial Parent Name *Non-Custodial Parent Name*

- I **DID NOT** received any child support payments from the Non-Custodial Parent listed in this application
- I **DID** receive child support payments from the Non-Custodial Parent listed in this application. These payments were made directly to me and not through any Child Support Receiving Program. Please see below for the amount and months the payments were made.

B. Use the table below to indicate any child support payments received from the non-custodial parent listed in this application. Indicate the amount in the corresponding month you received them. If, at any time, the child(ren) were not in your care for 30 days or more put an "X" in that month and year.

	2016	2015	2014	2013	2012	2011	2010	Other:
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								

Applicant's Signature: _____ Date: _____

State of _____
 County of _____

Signed and sworn before me, A Notary Public for this State, on the date and at the place written above.

 Notary Public Signature

Print Name: _____
 Residing at: _____
 My Commission Expires: _____

FORT BELKNAP CHILD SUPPORT PROGRAM

Consent for Release/Exchange of Confidential Information

I, the undersigned, am seeking services from the Fort Belknap Child Support Program.

I authorize the Fort Belknap Child Support Program to receive information about my application and contents therein, in an effort to serve me, my family, and my child(ren) as declared on my application for assistance.

In addition, I authorize the following programs or agencies to release information to the Fort Belknap Child Support Program in an effort to provide and facilitate assistance to my child(ren) and myself. Those programs and agencies include but are not limited to the following:

You **MUST INITIAL** each place below to give permission to release information to or from the Fort Belknap Child Support Program.

1. _____ Tribal Personnel/Payroll Offices: Income Verification, etc.
2. _____ Tribal Health and Human Services
3. _____ Tribal Education Department
4. _____ Montana State Offices of Public Assistance
5. _____ Fort Belknap Housing Authority
6. _____ Tribal Police
7. _____ Tribal Court
8. _____ Tribal Prosecutor
9. _____ Tribal Domestic Violence Program
10. _____ Office of the Special Trustee: Individual Indian Monies Account, etc.
11. _____ Indian Health Service
12. _____ Tribal Enrollment: Per-capita Statements, etc.
13. _____ Social Security Administration, Montana Disability Bureau, Veteran's Administration: Income Verification
14. _____ Employer Name, Address, & Telephone Number: _____
15. _____ Public School Systems
16. _____ Head Start Program
17. _____ Child Support Enforcement Division, State: _____
18. _____ United States Postal Service
19. _____ TANF
20. _____ Fort Belknap Child Care Program
21. _____ Other, please specify: _____

I understand that the information received by the Fort Belknap Child Support Program will be kept confidential and used for professional purposes only in terms of facilitating services received by me and my family and will not be released to other outside programs/agencies, unless prior authorization by me, in writing, is obtained. I understand that I may cancel this consent in writing at any time.

I hereby release the Fort Belknap Child Support Program from any and all liability from use of the released information as long as the information is utilized in the capacity approved in this release.

This ***Consent for Release/Exchange of Confidential Information*** is intended to allow the Fort Belknap Child Support Program to prepare the case for litigation and/or to resolve issues between me and any entity with whom I am doing business related to child support issues/obligations and I hereby waive any rights under the applicable sections of the Fort Belknap Indian Community Tribal Codes and/or State of Montana Code regarding the release of information.

This ***Consent for Release/Exchange of Confidential Information*** is valid for **ONE YEAR** from the date listed below.

Applicant Name(PLEASE PRINT):	Applicant Signature:	Date:
Case Specialist Name(PLEASE PRINT):	Case Specialist Signature:	Date:

I, _____, hereby revoke this ***Consent for Release/Exchange of Information*** on this day _____, 20____.

FORT BELKNAP CHILD SUPPORT PROGRAM

Rights and Responsibilities

INTRODUCTION

Either a parent or a guardian/caretaker of a child may open a case with the Fort Belknap Child Support Program by completing an application.

You may retain your own attorney at your own expense. The Fort Belknap Child Support Program represents the public interest. The Fort Belknap Child Support Program Attorney does not represent any individual.

CLIENT RIGHTS AND RESPONSIBILITIES

1. You have the right to be treated in a fair and courteous manner by the Fort Belknap Child Support Program Staff.
 2. It is your responsibility to complete an application with all supporting documents before services can be provided.
 3. You must keep the Fort Belknap Child Support Program informed of any change in your address, phone number, employment, or marital status. You must also provide updated information about other participants in the case.
 4. You must promptly inform the Fort Belknap Child Support Program of any changes in the physical custody of the children, modification of the support order, other collection actions, adoption proceedings, and any other matter that may affect or change the services the Fort Belknap Child Support Program is providing.
 5. You must forward any information that adds to, differs from, or contradicts information in the Fort Belknap Child Support Program case so that it may be considered.
 6. You must provide certified copies of all orders concerning your case. This includes actions that occur after Fort Belknap Child Support Program services begin.
 7. You must immediately forward any support payment you receive that has not been issued by the Fort Belknap Child Support Program.
 - (a) You may be liable if the Fort Belknap Child Support Program takes an enforcement action because you failed to timely forward a payment.
 - (b) Credit will not be given unless payments are made through the Fort Belknap Child Support Program.
 - (c) Personally deliver all child support payments to:
Fort Belknap Child Support Program
155 Blackfeet Street
Harlem, Montana 59526
- | |
|---|
| Mail all child support payments to: |
| Fort Belknap Child Support Program |
| P.O. Box 683 |
| Harlem, Montana 59526 |
8. You have the right to file a grievance with the Fort Belknap Child Support Program if you feel you have not been treated fairly.

PROGRAM SERVICES

1. The Fort Belknap Child Support Program Staff will treat all clients in a fair and courteous manner.
2. The Fort Belknap Child Support Program Staff will comply with the Fort Belknap Child Support Program Policies and Procedures and the Fort Belknap Child Support Program Codes to provide timely CS Services to each applicant.
3. The Fort Belknap Child Support Program will enter an order setting both parents support obligations when establishing or modifying a support order.
4. The Fort Belknap Child Support Program will collect medical support if it has been reduced to a judgment which is to be paid in a specific dollar amount.
5. The Fort Belknap Child Support Program, not a case participant, will determine the proper action or remedy to apply and the sequence of events, including the time frames within which each case will proceed. This includes attempts to establish paternity when necessary, secure financial and medical support and modify orders when appropriate.

6. The Fort Belknap Child Support Program will intercept federal and state income tax refunds when appropriate and apply them to the unpaid support debt. Persons receiving support may be required to repay intercepts if federal and state adjustments occur.
7. The Fort Belknap Child Support Program may charge an application fee. If another agency or entity charges collection fees, the Fort Belknap Child Support Program will pass on the cost to the person receiving support.
8. The Fort Belknap Child Support Program will collect interest on support debts only when the amount of unpaid interest is reduced to a lump sum judgment by an order. The Fort Belknap Child Support Program does not have the ability to calculate the amount of interest that may be due or that may become due. This limitation is not to be construed as a waiver of any right to collect interest independent of the Fort Belknap Child Support Program.
9. The Fort Belknap Child Support Program may seek reimbursement from persons who receive money to which they are not entitled. The Fort Belknap Child Support Program will provide an opportunity to repay or deny that money should be repaid. Failure to repay or deny within 10 days of notification allows the Fort Belknap Child Support Program to keep a portion of current support (and any amount that exceeds current support) for reimbursement. The Fort Belknap Child Support Program may also take action to recover these amounts either administratively or through a court order. The Fort Belknap Child Support Program is not required to collect amounts owed to the parent who paid the support.

OTHER INFORMATION

1. The Fort Belknap Child Support Program cannot guarantee success in establishing paternity, establishing a support order, or collecting support. The Fort Belknap Child Support Program may not be able to continue to provide services because of circumstances outside the Fort Belknap Child Support Program control. All warranties, expressed or implied, are specifically disclaimed. Please be aware the enforcement of child support is a complex undertaking. It will take time to process your case thoroughly.
2. The Fort Belknap Child Support Program requests your social security number and the social security numbers of the children and the children's parents. The numbers are necessary for case processing. The Fort Belknap Child Support Program may not be able to work your case without them. They are used as identifiers on the child support computer system. They are also used to credit payments, locate persons, and track case activities. The Fort Belknap Child Support Program will not release the numbers unless it is in the course of a Fort Belknap Child Support Program action to establish paternity or support; to enforce a financial or medical support obligation; or to modify a support obligation. The Fort Belknap Child Support Program cannot guarantee confidentiality these instances.
3. Information received becomes a part of the case record. The Fort Belknap Child Support Program may disclose this information, including your name, address, and phone number, to other parties in the case. If you believe the release of this information may put you or the children at risk, you must contact the Fort Belknap Child Support Program immediately. If the Fort Belknap Child Support Program determines there is a clear evidence or risk, your address and phone number will be removed from documents issued in the future. Additionally, if you have a protective or restraining order, please provide the Fort Belknap Child Support Program with a copy.
4. These terms and conditions govern all child support enforcement services. Any changes to the terms and conditions will not be binding until the Fort Belknap Child Support Program notifies you.
5. It is the policy of the Montana Department of Public Health and Human Services to provide equal agency services to all persons regardless of race, color, religion, creed, sex, national origin, age, physical or mental disability, marital status, or political belief.
6. Alternative accessible formats of this document will be provided upon request.

Applicant Name(PLEASE PRINT):	Applicant Signature:	Date:
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FORT BELKNAP CHILD SUPPORT PROGRAM

155 Blackfeet Street & P.O. Box 683
 Harlem, Montana 59526
 Phone (406)353-4230 Fax (406)353-4216

FINANCIAL AFFIDAVIT

The Fort Belknap Child Support Program, bound by Federal requirements, must have financial information on file for both the Custodial and Non-Custodial Parent.

Full Legal Name (Last, First, Middle):		Case Number:	
Date of Birth:		Social Security Number:	
Mailing Address(Street or P.O. Box Number, City, State, Zip Code):			
Physical Address(Street or Description, City, State, Zip Code):			
County of Residence:	Home Phone Number:	Cell Phone Number:	Message/Work Phone Number:

Do you have a high school diploma or its equivalent(GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have education beyond high school or special skills? <input type="checkbox"/> Yes <input type="checkbox"/> No
College/University, School, Training, Degree, Certificate:	Number of Years:
College/University, School, Training, Degree, Certificate:	Number of Years:
College/University, School, Training, Degree, Certificate:	Number of Years:

Number of dependents claimed on the past two years tax forms: _____ (please list below)

Dependents Name	Date of Birth	Social Security Number

YOU MUST ATTACHED COPIES OF YOUR TAX FORMS FOR THE LAST TWO YEARS AND COPIES OF WAGE STATEMENTS OR PAY STUBS FROM YOUR EMPLOYER FOR THE LAST SIX WEEKS.

EMPLOYER INFORMATION:

Employer Name:	Occupation/Job Title:
Employers Address (Street or P.O. Box Number, City, State, Zip Code)	
Hourly Rate of Pay:	Pay Period Term: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Average Hours Per Week:	Weekly Pay (Hourly Rate of Pay x Average Hours Per Week): \$
GROSS MONTHLY INCOME: If paid weekly(Weekly Pay Amount x 4.3) If paid bi-weekly(Weekly Pay Amount x 2.15)	
\$	

OTHER SOURCES OF INCOME:

Description	Monthly	% Tax Paid
Per Capita Income from Any Tribe	\$	
IIM Accounts	\$	
Rental Income	\$	
Maintenance/Alimony	\$	
Voluntarily Deferred Income	\$	
Pensions & Retirement	\$	
Social Security Income	\$	
Worker's Unemployment Compensation	\$	
Dividends/Interest/Capital Gains	\$	
Military/Veterans	\$	
Business/Farm/Jobs for Cash	\$	
Public Assistance	\$	
Bonus/Commissions	\$	
Student Grants, Loans, Scholarships, & Other Financial Aid	\$	
Any other Source of Income(Specify): _____	\$	
Any other Source of Income(Specify): _____	\$	
TOTAL MONTHLY OTHER INCOME:	\$	

PLEASE ATTACH COPIES OF ANY DOCUMENTATION OF ANY INCOME LISTED ABOVE FOR USE IN COURT PROCEEDINGS.

OTHER ASSETS:

Bank/Financial Institution Name & Address:	Type of Account:	Average Balance Over Six Months: \$
Bank/Financial Institution Name & Address:	Type of Account:	Average Balance Over Six Months: \$

Real Estate Owned Address/Location:	Mortgage Balance: \$	Type of Interest
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Stocks & Securities:	Number of Shares:	Value: \$	Issuer:
Stocks & Securities:	Number of Shares:	Value: \$	Issuer:

Type of Insurance & Issuing Company:	Beneficiary Name:	Face Value: \$	Cash Value: \$
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Motorized Vehicle	Year:	Make:	Model:	Loan Balance: \$
Motorized Vehicle	Year:	Make:	Model:	Loan Balance: \$
Motorized Vehicle:	Year:	Make:	Model:	Loan Balance: \$

List any other item that has a value of \$250.00 or more including collectibles, equipment, machinery, furniture, electronics, precious metals or stones, tools, implements, and livestock below:

Type of Asset:	Loan Balance: \$	Net Value: \$
Type of Asset:	Loan Balance: \$	Net Value: \$
Type of Asset:	Loan Balance: \$	Net Value: \$
Type of Asset:	Loan Balance: \$	Net Value: \$

FUTURE INCOME:

What date do you expect to receive your next pay raise from your employer?	What was the amount of your last two pay raises? \$	\$
Do you expect to receive monies, from any source, in the next year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, from what source and when?	

PLEASE ATTACH COPIES OF BANK STATEMENTS, ACCOUNT STATEMENTS, INSURANCE INFORMATION, REAL ESTATE INFORMATION, ETC.

EXPENSES:

Expense Description	Per Month
Mortgage or Rent:	\$
Property Taxes:	\$
Federal Taxes:	\$
State Taxes:	\$
Electricity:	\$
Gas/Propane/Wood:	\$
Water/Sewer:	\$
Telephone:	\$
Travel/Fuel to and from work:	\$
Educational Expenses (books, enrollment fees, lunch, field trips, etc.):	\$
Medical Expenses:	\$
Household Food Costs:	\$
Household Clothing Costs:	\$

- If you are not married, but share a household with any other adult, indicate only your share of those expenses; i.e., if rent is \$400.00 and you pay half then enter \$200.00 for Rent.
- If you rent, and utilities, food or any other expenses are included with your rent payment, do not enter that amount separately, but indicate that they are included in your rent.
- If you need additional space, complete your answer on the backside of one of the pages.

I declare under penalty of perjury that the foregoing and any attachments hereto are true and correct.

Print Name:	Signature:	Date:
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