

APPLICATION FOR CHILD SUPPORT SERVICES NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT

IMPORTANT: If you are receiving ADC or Medicaid, do not complete this application because you became eligible for child support services when you signed the ADC/Medicaid application.

I, _____, request child support services from the Lorain CSEA (Child Support Enforcement Agency). I understand and agree to the following:

- A. I am a resident of the county in which services are requested and no other Ohio county has jurisdiction over support – OR – I am requesting services from the Ohio county of jurisdiction.
- B. The only fee that can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).
- D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

The Child Support Enforcement Agency can assist you in providing the following services:

- 1. **Location of Absent Parents.**
The agency can assist in finding where an absent parent is currently living, in what city, town, or state. The applicant can request 'Location Only Services', if the sole need is to find the whereabouts of the absent parent.
- 2. **Establishment or Adjustment of Child Support and Medical Support.**
The CSEA can assist you to obtain an order for support if you are separated, have been deserted, or need to establish paternity (fatherhood). The CSEA can also assist you in changing the amount of support orders (adjustment), and to establish a medical support order.
- 3. **Enforcement of Existing Orders.**
The CSEA can help you collect current and past-due child support.
- 4. **Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.**
The agency can collect past-due support (arrearages) by intercepting a payor's federal and state income tax refunds in some cases.
- 5. **Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.**
The agency can help you get payroll deductions for current and past-due child support and can intercept unemployment compensation to collect child support.
- 6. **Establishment of Paternity.**
The agency can obtain an order for the establishment of paternity (fatherhood), if you were not married to the father of the child. An absent parent may request paternity services.
- 7. **Collection and Disbursement of Payments.**
The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Past-due support collected will be paid to you until all of the past-due support you are owed is paid.
- 8. **Interstate Collection of Child Support.**
The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.

APPLICANT INFORMATION

Name: _____	Date of Birth: _____
Home Address: _____ _____	Mailing Address: _____ _____
Home Phone #: _____	
Social Security #: _____	Sex: _____
Race: _____	<input type="checkbox"/> Single <input type="checkbox"/> Married
Relationship to Children: _____	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Military Service (Branch, Dates): _____	Ever been on Public Assistance? (When and Where) _____

EMPLOYER INFORMATION

Employer Name: _____	Employer Phone #: _____
Employer Address: _____ _____	Is Medical Insurance Available? _____

	CHILD 1	CHILD 2	CHILD 3
Name:			
Sex:			
Race:			
Social Security #:			
Date of Birth:			
Home Address:			

Location of Birth: (Country, State, City)			
Has Paternity (Fatherhood) been Established?			
Name(s) of Absent Parent(s):			
Is there an Order for Support?			
Is the Child covered by Medical Insurance?			

ABSENT PARENT INFORMATION

	PARENT 1	PARENT 2	PARENT 3
Name (and alias):			
Home Address:			
Mailing Address:			
Social Security #:			
Date of Birth:			
Location of Birth (Country, State, City):			
Race:			
Sex:			
Height / Weight:			
Hair / Eye Color:			
Identifying Marks (Tattoos, scars, etc.):			
Names of Children:			
Name and Address of Employer:			

Employer Phone #:			
Medical Insurance Provided?			
Support Order #:			
Date of Support Order:			
Amount of Support:	\$	\$	\$
Order Frequency:	Per	Per	Per
Location where Order was issued:			
Military Service (Branch, Dates):			
Ever Incarcerated? (Location, Dates):			
Arrest Record (Location, Dates):			
Name, Address Current Spouse:			
Father's Name:			
Mother's Name (Maiden):			
Ever been on Public Assistance? (Location, Dates)			

Type(s) of Service(s) Requested:

- All services listed
- Location of absent parent only
- Other (please explain)

I understand that the Child Support Agency within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (IV-D Services).

Signature of Applicant: _____

Date: _____

Investigator Initials: _____

11. Are there any orders involving Mother or the children in effect or pending *in this state or any other state or country* (examples include but not limited to: **Children Services Orders, Domestic Violence or Protection Orders**)? ___ Yes./No If yes, State _____ Case Number _____

Short Explanation _____

12. Tattoos or Identifying Marks? ___ Yes/No; Describe _____

Father's Information

1. _____
First Name Middle Name Last Name (Maiden Name)

2. _____
Street Address City State Zip Code Phone Number

3. _____
Date of Birth SSN Sex Race

4. _____
Birthplace (City/State)

5. _____
Employer Name Hire Date Phone Number Address

6. Driver's License or State ID Number: State _____ License/ID Number _____

7. Is Father incarcerated? ___ Yes/No If yes, Institution Name _____
Inmate Number _____ Release Date _____

8. List Military Service _____ Active ___ Yes/No **OR** Retired ___ Yes/No

9. Is Father married to Mother of the child(ren)? ___ Yes/No If yes, Date _____

10. Divorced or Pending Divorce? ___ Yes/No If Yes, Date _____ County _____ State _____
Case Number _____

11. Are there any orders involving Mother or the children in effect or pending *in this state or any other state or country* (examples include but not limited to: Children Services Orders, Domestic Violence or Protection Orders)? ___ Yes./No

If yes, State _____ Case Number _____
Short Explanation _____

12. Tattoos or Identifying Marks? ___ Yes/No; Describe _____

See Next Page

If applicable, Caretaker's Information (other than Mother or Father)

1. _____
First Name Middle Name Last Name (Maiden Name)
2. _____
Street Address City State Zip Code Phone Number
3. _____
Date of Birth SSN Sex Race
4. Driver's License or State ID Number: State _____ License/ID Number _____
5. Are there any orders involving the children in effect or pending *in this state or any other state or country* (examples include but not limited to: Children Services Orders, Domestic Violence or Protection Orders)? _____ Yes./No

If yes, State _____ Case Number _____
Short Explanation _____

Child's Information

CHILD ONE

1. _____
First Name Middle Name Last Name (Maiden Name)
2. _____
Date of Birth SSN Sex Race
3. Is child receiving public assistance?
 - a. TANF/Cash Benefits _____ Yes/No
 - b. Medicaid _____ Yes/No
 - c. Both _____ Yes/No
4. Is child covered by Private Medical Insurance? _____ Yes/No If yes, please answer the following:
 - a. Name of Party Responsible for Coverage _____
 - b. Responsible Party listed above's employer _____
 - c. Name of Insurance Coverage _____
 - d. **Please provide documentation that the child is covered under by private medical insurance.**

CHILD TWO

1. _____
First Name Middle Name Last Name (Maiden Name)

2. _____
Date of Birth SSN Sex Race

3. Is child receiving public assistance?
 - a. TANF/Cash Benefits _____ Yes/No
 - b. Medicaid _____ Yes/No
 - c. Both _____ Yes/No

4. Is child covered by Private Medical Insurance? _____ Yes/No If yes, please answer the following:
 - a. Name of Party Responsible for Coverage _____
 - b. Responsible Party listed above's employer _____
 - c. Name of Insurance Coverage _____
 - d. Please provide documentation that the child is covered under by private medical insurance.**

CHILD THREE

1. _____
First Name Middle Name Last Name (Maiden Name)

2. _____
Date of Birth SSN Sex Race

3. Is child receiving public assistance?
 - a. TANF/Cash Benefits _____ Yes/No
 - b. Medicaid _____ Yes/No
 - c. Both _____ Yes/No

4. Is child covered by Private Medical Insurance? _____ Yes/No If yes, please answer the following:
 - a. Name of Party Responsible for Coverage _____
 - b. Responsible Party listed above's employer _____
 - c. Name of Insurance Coverage _____
 - d. Please provide documentation that the child is covered under by private medical insurance.**

CHILD FOUR

1. _____
First Name Middle Name Last Name (Maiden Name)

2. _____
Date of Birth SSN Sex Race

3. Is child receiving public assistance?
 - a. TANF/Cash Benefits _____ Yes/No
 - b. Medicaid _____ Yes/No
 - c. Both _____ Yes/No

4. Is child covered by Private Medical Insurance? _____ Yes/No If yes, please answer the following:
 - a. Name of Party Responsible for Coverage _____
 - b. Responsible Party listed above's employer _____
 - c. Name of Insurance Coverage _____
 - d. **Please provide documentation that the child is covered under by private medical insurance.**

CHILD FIVE

1. _____
First Name Middle Name Last Name (Maiden Name)

2. _____
Date of Birth SSN Sex Race

3. Is child receiving public assistance?
 - a. TANF/Cash Benefits _____ Yes/No
 - b. Medicaid _____ Yes/No
 - c. Both _____ Yes/No

4. Is child covered by Private Medical Insurance? _____ Yes/No If yes, please answer the following:
 - a. Name of Party Responsible for Coverage _____
 - b. Responsible Party listed above's employer _____
 - c. Name of Insurance Coverage _____
 - d. **Please provide documentation that the child is covered under by private medical insurance.**

ADDITIONAL CHILDREN

Please use additional sheet for additional children

RIGHTS AND RESPONSIBILITIES OF PARENTS RECEIVING CHILD SUPPORT SERVICES

Confidentiality of Case Material Information

You have the right to see the parts of your file at the Child Support Enforcement Agency (CSEA) about you and action taken for you by the agency.

You cannot see some parts of your file that are protected by confidentiality laws, such as information obtained from the Internal Revenue Service (IRS).

Information about you in the CSEA file is confidential. However, certain portions of your file become public record when a court is notified about your case.

Hearing Rights

If you disagree with any action, lack of action or delay by the CSEA, you can ask for a state hearing. For a full explanation of your hearing rights and the hearing process, please read the attached JFS 04059, Explanation of State Hearing Procedures.

OWF Participants

As a condition of eligibility to receive OWF benefits, you give up the right to keep child and spousal support up to the amount of assistance you received.

You must cooperate in establishing paternity for each child born, if you were not married to the father.

You must assist the (CSEA) in getting support payments and any other payments.

If you fail to cooperate without good cause (determined by your CSEA), you may be ineligible to receive OWF benefits.

While a family is receiving OWF, support collections are used to repay benefits. When a family leaves OWF, current support and family arrears are released to the family. Payments from the IRS are applied to repay benefits before being applied to support payable to the household.

Medicaid Participants

While Medicaid benefits are received, medical support is paid to ODJFS to reimburse Medicaid benefits. If health insurance is available, that insurance will be used first for payment of medical bills. If you are eligible for Medicaid and are also covered by a health insurance plan, it is your responsibility to notify the physician, hospital or other provider of medical services that you have medical insurance coverage and Medicaid coverage for the uninsured costs.

IV-E Foster Care Participants

If a child receives Title IV-E foster care benefits, the assignment includes current child support during the time the child is eligible for benefits and child support arrearages accruing before and during the time the child is eligible for benefits. Support received that does not exceed foster care maintenance payments is distributed to reimburse Title IV-E benefits. When IV-E foster care maintenance benefits stop, the assignment of support rights terminates, except for the amount of any unpaid support that accrued under the assignment.

The CSEA Can Assist You With the Following Available Services:

1. **Location of Absent Parent(s)** including "Location Only Services": If the sole need is to find the absent parent.
2. **Establishing Paternity:** Obtaining an order to establish paternity if you were not married to the father of the child. An absent parent may also request paternity services.
3. **Establishment of Child Support and Medical Support:** The CSEA can help with the establishment of an order for child support and medical support if you are separated, living apart, or need to establish paternity.
4. **Enforcement of Existing Orders:** Current support and back child support.
5. **Federal and State Income Tax Refund Offset:** Intercepting a payor's federal and state income tax refunds.
6. **Withholding of Various Types of Income:** Payroll deductions for current and back support.
7. **Collection and Disbursement of Payments:** Collect support payments and send to you the amount of support payments received.
8. **Interstate Collection of Support:** Can assist you if the payor is living in another state or in some foreign countries.
9. **Review and Adjustment of Child Support Orders:** Each party to the support order has a right to request a review of the child support and medical support order thirty-six (36) months from the establishment of the order or from the date of the most recent review, or sooner, if certain circumstances are met. Contact the CSEA for further details.

Fees:

There is an application fee of one dollar for applicants not receiving OWF, Medicaid, or IV-E foster care benefits. The application fee may be absorbed by the CSEA.

There is no charge to recipients of OWF, Medicaid, and IV-E foster care.

Child Support Overpayments:

An overpayment is child support that you are not entitled to keep because:

You have assigned (transferred) your rights to support to ODJFS.

The payment was made to you instead of ODJFS.

The payment was sent to you in error by ODJFS.

I understand that I am personally liable for returning any amounts paid to me in error, including amounts that must be returned because IRS or the Ohio Department of Taxation (ODT) accepts an amended tax return or complaint from the non-obligated spouse. I also understand that, in tax refund situations, I may be required to sign an affidavit attesting to the amount of support arrears.

Received:

X
Signature

Date