



Child Support Program

Information Needed to Provide Services

┌
<<RecipientName>>
<<RecipientAddress>>

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<<Date>>
Child Support Case Number: <<CaseNumber>>
<<Option 1>>
<<Option 2>>

The Child Support Program received a request to open a child support case for you from the Department of Children and Families (DCF). We received this request because you recently began receiving temporary cash assistance or food assistance for you and your child(ren).

You are required by Florida law to cooperate with the Child Support Program. You must provide the requested information to continue to receive benefits. If you do not provide the requested information, we are required to notify DCF and they may stop some or all benefits to your family. If your case is closed, or your public assistance benefits have been reduced or terminated, you must provide the requested information before we will tell the public assistance agency you are cooperating with us.

If you are in fear of the other parent, please contact us using the phone numbers at the bottom of this page to discuss your options regarding how to cooperate.

WHAT YOU NEED TO DO

1. Complete and sign the form on the back of this letter. Provide as much information as possible.
2. If you have more than one child in the household, update a separate *Child Information* form included with the information for each child.
3. If there is more than one father associated with your child(ren), please complete a separate *Father/Alleged Father Information* form with the information for each father.
4. Attach or provide copies of any documents listed in Part 2 and Part 3a on the back of this letter.

<<Option 3>>

Mail everything above to the Child Support Program before <<INSERT DATE 20 DAYS FROM DATE OF NOTICE>> at:

Florida Department of Revenue
Child Support Program
P.O. Box 5320
Tallahassee, FL 32314-5320

***If you do not have additional documents, you must still return this completed form.**

Call <<CountyPhoneNumber>> if you have questions or need help filling out this form.

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If you receive **Temporary Cash Assistance**:

- We are required by law to provide child support services for you and your child(ren).
- We will try to identify and locate the other parent; establish paternity if needed; establish, modify, and enforce support orders as needed; and pay you any support we collect that you are owed. By law, you are required to cooperate with us by providing information about yourself and the other parent.
- As a condition of receiving public assistance, you are required to assign your support rights to the state. We will use the assignment to pay back the payors of public assistance with the support collected. Any support we collect that exceeds the amount of cash assistance you receive will be paid to you.
- If we are able to collect support for you, any payments you are owed will be made electronically. You can choose either direct deposit to your own bank account or choose a debit card we provide. If you do not choose either, you will receive a debit card in the mail. For more information go to [<<CSE web link to payment options>>](#)
- There are no fees or costs that you are required to pay. If the Programs pays money to you that you are not entitled to, we will seek to collect it from you.

If you receive **Medicaid**:

- We are required by law to provide child support services for you and your child(ren), if you want services. If you do not want us to collect child support for you, please tell us. We will still obtain a medical support obligation.
- We will try to identify and locate the other parent; establish paternity if needed; establish, modify, and enforce support orders as needed; and pay you any support we collect that you are owed. By law you are required to cooperate with us by providing information about yourself and the other parent. Because you receive Medicaid, we will try to establish and enforce an order that requires the other parent to provide health insurance for the child(ren) and payment of noncovered medical expenses.
- As a condition of receiving Medicaid, you are required to assign your rights to medical support to the state. We will use the assignment to collect and pay back any Medicaid expenses for the child(ren). The assignment of medical support rights does not affect your rights to periodic child support payments. Any medical support we collect beyond any Medicaid expenses will be paid to you.
- If you want to receive full child support services and we are able to collect support for you, any payments you are owed will be made electronically. You can choose either direct deposit to your own bank account or to a debit card we will provide. If you do not choose either, you will receive a debit card in the mail. For more information go to [<<CSE web link to payment options>>](#)
- There are no fees or costs that you are required to pay. If the Program pays money to you that you are not entitled to, we will seek to collect it from you.

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Case Number: <<INSERT CASE NUMBER>>

Part 1 – Your Information		
Your Full Name (First, Middle, Last, Suffix):		Email Address:
Date of Birth:	Social Security Number:	Phone Number (include area code): <input type="checkbox"/> Home <input type="checkbox"/> Cell
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Unknown		
Part 2 – Please attach a copy of any paternity judgments, support orders, payment records, or written agreements between you and the other parent with this form.		
County of Order:	State of Order:	Date Order Signed by a Judge:
Person Ordered to Pay Support:		Court Case or Docket Number:
Person Receiving Support:		
Name(s) of Child(ren) Included in the Order:		
Date last child support payment was received: _____/_____/_____	I am receiving or I have received child support payments through another state's child support program: <input type="checkbox"/> Yes <input type="checkbox"/> No Other state: _____ Name the child(ren) in which payments were received: _____	
Do you have an open child support case with another state but not currently receiving payments? <input type="checkbox"/> Yes <input type="checkbox"/> No Other State: _____ Name of child(ren) on the case: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No I receive Medicaid, but not cash assistance and do not want you to collect child support for me.		
Part 3 – Child's Information		
Child's Full Name (First, Middle, Last, Suffix):	Social Security Number:	Date child began living with you: _____/_____/_____
Date of Birth:	Birth State or Country (See Part 3a):	Birth Certificate Number:
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Child's Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Does this child receive Social Security benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what amount? _____		Is this child disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is a father's name on the birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please print father's name: _____		
Is there a support order for <u>this child</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Person who is ordered to pay support: _____ Person receiving support: _____ Date of order: _____/_____/_____ Court Case number: _____ County/state/country where order was entered: _____ Where is support paid? <input type="checkbox"/> Clerk of Court <input type="checkbox"/> State Disbursement Unit <input type="checkbox"/> Directly to me <input type="checkbox"/> Other state's Child Support Agency Date last child support payment was received: _____/_____/_____ Other state: _____		
Is there a pending legal action that involves this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, type of pending legal action: <input type="checkbox"/> Custody <input type="checkbox"/> Adoption <input type="checkbox"/> Mediation <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification <input type="checkbox"/> Other: _____ Please print the name of the person taking legal action: _____ Your attorney's name, address and phone #: _____		
Please list the name(s) of all possible fathers of <u>this child</u> :		
Where did the mother become pregnant? State: _____ Country: _____		
Was the mother married when she became pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to whom? _____ Date of marriage: _____/_____/_____ Married where (City/County/State/Country): _____		
Was the mother married when <u>this child</u> was born? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to whom? _____ Date of marriage: _____/_____/_____ Married where (City/County/State/Country): _____		

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Option 1 – Will list the dependent names under the case number. Multiple dependent names will be separated by commas.

<<DP 1 Name>>, <<DP 2 Name>, <<DP n Name>>

Option 2 – Will list the Father/Alleged Father associated with the case. Multiple names will be separated by commas.

Other Parent: <<Insert NCP/Alleged Father Name>>

Option 3 – Will populate if a *Paternity Declaration* is included.

5. Complete the enclosed *Paternity Declaration* and return it with this letter.