

COMMONWEALTH OF VIRGINIA DEPARTMENT OF SOCIAL SERVICES
ABSENT PARENT/PATERNITY INFORMATION

CREATE NEW _____ OR UPDATE _____

MUST HAVE VaCMS CASE # FOR CREATE OR ANY OF *FIELDS FOR UPDATE

6 NEW AP FOR EXISTING CASE: _____

1 *VaCMS CASE#:		2 *APID#:		3 *MPI#:		4 *SSN#:		
5 *CHILD CLIENT ID#:								
7 *ABSENT PARENT LAST NAME:				FIRST:		MIDDLE:		
ALIAS NAME: LAST				FIRST:		MIDDLE:		
8 ADDRESS:				9 WHEN CURRENT:				
10 CITY:		11 STATE:			12 ZIP:			
13 COUNTRY:				14 FOREIGN POSTAL CODE:				
4 SSN:		15 DOB:		16 AGE:		17 SEX:		18 RACE:
19 BIRTH CITY/20 STATE/21 COUNTRY:				22 TELEPHONE#:				
23 GOOD CAUSE:				24 AP CURRENT RELATIONSHIP TO CASE NAME:				
ABSENT PARENT OCCUPATION DATA								
25 OCCUPATION:				26 EMPLOYER:				
27 AS OF DATE:				28 ADDRESS:				
29 TELEPHONE:		30 CITY:			31 STATE:			
32 ZIP:		33 DOES ABSENT PARENT RECEIVE BENEFITS? YES NO UNKNOWN			34 IF YES, WHICH TYPE:			

ABSENT PARENT MILITARY DATA

35 BRANCH:		36 STATUS:			37 END DATE:		
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ABSENT PARENT BANK DATA

38 BANK:				39 ACCOUNT#:			
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NOTES:

BOLD FIELDS ARE REQUIRED FIELDS.

DOUBLE ASTERISK FIELD (**) DATA IS TO BE ENTERED IN COMMENT AREA OF MAPPER 501 SYSTEM.

ABSENT PARENT MOTOR VEHICLE/DRIVER'S LICENSE DATA			
40 VEHICLE LICENSE NUMBER	41 STATE	**MAKE:	**MODEL:
**DRIVER'S LICENSE NUMBER IF DIFFERENT THAN SSN:			
ABSENT PARENT CRIME/CONVICTIONS DATA			
42 ANY CRIME/CONVICTIONS?	43 TYPE:	44 ENTER JAIL DATE:	
45 JAIL CITY/COUNTY:		46 STATE:	
47 IS ABSENT PARENT CURRENTLY ON PROBATION OR PAROLE?			
ABSENT PARENT FATHER/MOTHER DATA			
48 FATHER'S LAST NAME:	FIRST:	MIDDLE:	
49 ADDRESS:			
50 TELEPHONE #:	51 CITY:	52 STATE:	53 ZIP:
54 COUNTRY:		55 FOREIGN POSTAL CODE:	
56 MOTHER'S LAST NAME:	FIRST:	MIDDLE:	
57 ADDRESS:			
TELEPHONE #:	CITY:	STATE:	ZIP:
COUNTRY:		FOREIGN POSTAL CODE:	
ABSENT PARENT EMERGENCY CONTACTS			
58 LAST NAME:	FIRST:	MIDDLE:	
59 ADDRESS:		60 RELATIONSHIP: 61 TELEPHONE #:	
62 CITY:	63 STATE:		64 ZIP:
LAST NAME:	FIRST:	MIDDLE:	
ADDRESS:		RELATIONSHIP: TELEPHONE #:	
CITY:	STATE:		ZIP:
LAST NAME:	FIRST:	MIDDLE:	
ADDRESS:		RELATIONSHIP: TELEPHONE #:	
CITY:	STATE:		ZIP:

NOTES: **BOLD FIELDS ARE REQUIRED FIELDS.** DOUBLE ASTERISK FIELD (**) DATA IS TO BE ENTERED IN COMMENT AREA OF MAPPER 501 SYSTEM.

**ABSENT PARENT - SCHOOLS ATTENDED		
**SCHOOL NAME:	**LOCATION:	**WHEN ATTENDED:
**SCHOOL NAME:	**LOCATION:	**WHEN ATTENDED:
**ABSENT PARENT - PLACES OF SOCIAL CONTACT		
**		

65 MEM#	66 CHILD'S BIRTH CITY	67 CHILD'S BIRTH STATE	68 PAT. ACK.	69 DOES AP HAVE MED. INS. FOR CHILD/REN	70 INS. NAME INS. #	71 COURT NAME	72 COURT ORDER #	73 TERMS 74 TYPE	75 COURT EFF. DATE	76 AMOUNT ORDERED

MEM#	77 LAST AMOUNT PAID	78 LAST AMT. PAID DATE	79 PAYMENT FREQUENCY	80 PAID TO:	81 MULTIPLE ORDERS	MOTHERS MARITAL ST. AT CHILD'S BIRTH

NOTES:

BOLD FIELDS ARE REQUIRED FIELDS.

DOUBLE ASTERISK FIELD (**) DATA IS TO BE ENTERED IN COMMENT AREA OF VaCMS .

I certify that the information given is true and accurate to the best of my knowledge.

Recipient/Custodial Parent Signature _____

DIVISION OF CHILD SUPPORT ENFORCEMENT SERVICES REFERRAL

AGENCY USE ONLY									
Program Code (Put Code Below for Each Child) 1 = TITLE IV-E Non-Maintenance Child Case 2 = Medicaid Case	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Locality Name/FIPS</td> </tr> <tr> <td colspan="2">Locality Case Number</td> </tr> <tr> <td colspan="2">Worker Name/Telephone Number</td> </tr> <tr> <td>DCSE Case Number</td> <td>Date</td> </tr> </table>	Locality Name/FIPS		Locality Case Number		Worker Name/Telephone Number		DCSE Case Number	Date
Locality Name/FIPS									
Locality Case Number									
Worker Name/Telephone Number									
DCSE Case Number	Date								

Applicant/Custodial Parent/Custodial Agency Information

Name (Last, First, Middle)	Date of Birth	SSN	Sex	Race
Mailing Address	City/Town	State/Zip	Home Phone #	
Employer Name, Address, Employer's Phone #				

Code	Child's Name	Child's Social Security Number	Child's Date of Birth	Relationship to Applicant

Division of Child Support Enforcement (DCSE) Services

I realize I must cooperate with DCSE as a condition of eligibility for the Child Care Subsidy Program.

DCSE Full Services:

- o locating any legal/potentially legal parent of the child and the source/location of income/assets.
- o establishing paternity, if needed, for the child born during a time when the parents were not married.
- o establishing, enforcing and collecting for you and the child current or past due support, including medical support, from anyone who has a legal duty to support the child.
- o endorsing and cashing checks and money orders or other forms of payment which are made out to you for support payments, issuing you checks from the State Treasurer, and providing receipts to the payor.

Note: Child Support services will continue after a Child Care Subsidy case closes unless the recipient of services requests that DCSE close the case.

Applicant/Custodial Parent/Custodial Agency Signature: _____ Date: _____

ABSENT PARENT/PATERNITY INFORMATION FORM

FORM NUMBER –

PURPOSE OF FORM - This form is used to obtain identifying information about absent responsible persons of children eligible for Child Care Subsidy assistance.

USE OF FORM - Absent parent information is usually collected by the worker during an interactive interview. When absent parent/paternity information is not entered into VaCMS during the interactive interview, an Absent Parent/Paternity Information form must be used to collect the absent parent information.

The form is not to be completed for an SSI child.

NUMBER OF COPIES - Original only.

DISPOSITION OF COPIES – Enter the information obtained into VaCMS or complete a hard copy. .

INSTRUCTIONS FOR PREPARATION OF FORM – The worker should complete pages 1 – 3 of this form with the assistance of the applicant/recipient. The applicant/recipient must be advised of what he is attesting to when signing the certification statement.

In the absence of a face-to-face interview, i.e., when adding a child to the assistance unit between redeterminations, the form can be completed by the worker during a phone interview and sent to the client to sign or the form can be sent to the caretaker to be completed and returned.

Upon receipt of the completed form, the information must be entered into VaCMS which transmits the information to the Division of Child Support Enforcement (DCSE) through the VaCMS/APECS interface.