

7. Residential Parent's Family:

Father: _____ Telephone Number: _____

Address: _____

Mother: _____ Telephone Number: _____
Married Name / Maiden Name

Address: _____

Other Message Phone: _____ Relationship: _____

CHILD

1. Name: _____
First Middle Last

2. Male _____ Female _____ Race: _____ SSN: _____

3. Birth Date: _____ Birth Place: _____

4. Residence: _____
Street City State Zip

Address Verified? Yes No How? _____
(Agency Use Only)

5. Born out of wedlock? Yes No Child's relationship to caretaker: _____

6. Is child covered by medical insurance? Yes No Is child deemed disabled? Yes No

7. Is there a support order for this child? Yes No

Is child living with an Ohio Welfare Family recipient? Yes No

15. Non-Residential Parent's Family:

Father: _____ Telephone Number: _____

Address: _____

Mother: _____ Telephone Number: _____
Married Name / Maiden Name

Address: _____

Is the Non-Residential Parent a minor? Yes No

If Yes, with whom do they reside? _____

Brother / Sister / Friend (Circle One): _____

Address: _____ Telephone Number: _____

16. Non-Residential Parent's Current: Spouse / Girlfriend / Boyfriend (Circle One): Marital Status
Spouse/Friend

Name: _____ Telephone Number: _____

Address: _____

Any Children in the Home: _____ How Many? _____

Ordered to pay child support to anyone else? _____ To Whom? _____

What County, State? _____

17. Are you currently residing with the Non-Residential Parent? Yes No

If No, last address you shared: _____ Date: _____

18. Last date of contact with Non-Residential Parent: _____ Phone or Person?

19. Additional Comments: _____

IF YOU AND THE NON-RESIDENTIAL PARENT WERE MARRIED WHEN THE CHILD WAS BORN:

1. Date you were married: _____ County and State: _____
Date you were separated: _____
Have either of you filed for: Legal Separation: _____ Dissolution: _____ Divorce: _____
Date: _____ County and State: _____ Docket No. _____
2. Has the Non-Residential Parent been Court ordered to pay child support? Yes No
Date: _____ County and State: _____
Docket No. _____ Support Amount Ordered: \$ _____ per _____
Has there been any change in the initial Court Order? Yes No
Are these payments taken directly from wages? Yes No
Was the Non-Residential Parent ordered to pay through the Child Support Enforcement Agency?
Yes No
When was the last time support was paid? _____
3. Is this case: Interstate Only ____ Locate Only ____ Support Only ____ Medical Support Only ____
4. Have you ever received public assistance in Licking County? If so, in what name? _____

5. Is Good Cause claimed? _____ Is this a confidential case? _____
6. Additional Comments: _____

IF YOU AND THE NON-RESIDENTIAL PARENT WERE NOT MARRIED WHEN THE CHILD WAS BORN:

1. Has paternity been established? Yes No Date: _____

County and State: _____ Docket No. _____

If not, is the Putative Father willing to cooperate in establishing paternity through the court?

Yes No

Did the alleged Putative Father sign the birth certificate? Yes No

Method of establishment: _____ Filed with Central Paternity Registry? Yes No

Conception date: _____ State: _____ City: _____

2. Has the Non-Residential Parent been Court ordered to pay child support? Yes No

Date: _____ County and State: _____

Docket No. _____ Support Amount Ordered: \$ _____ per _____

Has there been any change in the initial Court Order? Yes No

Are these payments taken directly from wages? Yes No

Was the Non-Residential Parent ordered to pay through the Child Support Enforcement Agency?

Yes No

When was the last time support was paid? _____

3. Is this case: Interstate Only ___ Locate Only ___ Support Only ___ Medical Support Only ___

4. Have you ever received public assistance in Licking County? If so, in what name? _____

5. Is Good Cause claimed? _____ Is this a confidential case? _____

6. Additional Comments: _____

ACKNOWLEDGMENTS

Initials

_____ I UNDERSTAND CSEA FILES AND PAYMENT INFORMATION ARE CONFIDENTIAL AND IF I WISH TO DESIGNATE AN AUTHORIZED REPRESENTATIVE I MUST DO SO IN WRITING.

_____ I UNDERSTAND THE OTHER PARTY MAY HAVE ACCESS TO THE FILE AND THEREFORE MY ADDRESS MAY BE RELEASED, UPON REQUEST, UNLESS I OBTAIN A COURT ORDER TO KEEP IT CONFIDENTIAL.

_____ I UNDERSTAND I HAVE A RIGHT TO A STATE ADMINISTRATIVE HEARING. I ACKNOWLEDGE I HAVE RECEIVED A COPY OF ODHS FORM 7040 "EXPLANATION OF STATE ADMINISTRATIVE HEARING PROCEDURES".

_____ I UNDERSTAND I HAVE AN OBLIGATION TO COOPERATE WITH THE CHILD SUPPORT ENFORCEMENT AGENCY BY KEEPING SCHEDULED APPOINTMENTS, PROVIDING REQUESTED INFORMATION AND ATTENDING COURT HEARINGS.

_____ I UNDERSTAND IF I AM A RECIPIENT OF THE OHIO WORKS FIRST PROGRAM THAT:

1. I must cooperate with enforcement efforts or risk termination of my OWF Grant.
2. Upon the receipt of an OWF Grant in any given month I am assigning all child support payments to the CSEA received in that month. Should any support payments be directed to me in error by the CSEA or direct payments made to me by the non-residential parent, I am obligated to return these monies directly to the CSEA. I understand that failure to return child support payments while receiving an OWF Grant will result in potential termination of my OWF Grant and prosecution for welfare fraud.
3. Upon termination of an OWF Grant, all monies paid over current child support obligation (other than monies received through the IRS/ODT Offset Program) will first satisfy my arrearage, and then will be applied towards any arrearage owed to ODHS.

_____ I ACKNOWLEDGE I HAVE RECEIVED THE "LICKING COUNTY CHILD SUPPORT ENFORCEMENT AGENCY'S REPORTING RESPONSIBILITIES AND PROCEDURES" FORM.

_____ I UNDERSTAND THAT THE CHILD SUPPORT ENFORCEMENT AGENCY DOES NOT REPRESENT ME OR THE OTHER PARTY IN ANY ACTION, BUT RATHER REPRESENTS THE STATE OF OHIO. IF ISSUES RELATING TO RESIDENTIAL PARENT STATUS/CUSTODY OR PARENTING TIMES ARISE, THE ATTORNEYS AND OTHER INDIVIDUALS IN THE CHILD SUPPORT ENFORCEMENT AGENCY WILL NOT REPRESENT ME OR THE OTHER PARTY.

PATERNITY/INTAKE PROGRAM SPECIALIST

CLIENT'S SIGNATURE

DATE

DATE