

COMMONWEALTH OF KENTUCKY  
Cabinet for Health and Family Services  
Department for Income Support  
Child Support Enforcement

**APPLICATION FOR CHILD SUPPORT SERVICES**

- ( ) **Check this space if you are the custodial parent. Custodial parent includes the physical custodian.**
- ( ) **Check this space if you are the putative (alleged) father or the noncustodial parent.**

FOR OFFICE USE ONLY	
IV-D Number	_____
Date Requested	_____
Date Provided	_____
Date Returned	_____

Full child support services will be provided to you unless you check one of the two spaces shown below:

- ( ) I wish to receive only location services. Location Only Case - State Parent Locator Section (SPLS)
- ( ) I wish to receive only location services. Parental Kidnapping Case – SPLS
- No other service will be provided by child support staff when you request only location services.

**I. NONCUSTODIAL PARENT'S (NCP) INFORMATION**

Name (First Name, Middle Name, Last Name, Suffix)				Social Security Number:	
Noncustodial Parent's Maiden Name, if applicable (First Name, Middle Name, Last Name)					
Alias(es) (First Name, Middle Name, Last Name)			Nickname(s) (First Name, Middle Name, Last Name)		
Email Address					
Current Residential Address Street Number & Name Apt/Suite Number City State Country Zip Code			Previous Address Street Number & Name Apt/Suite Number City State Country Zip Code  Date last at that address:		
Current Mailing Address (Enter if the Noncustodial Parent has a different Mailing Address) Street Number & Name Apt/Suite Number City State Country Zip Code					
Home Telephone Number ( ) -		Work Telephone Number ( ) -		Cell Phone Number ( ) -	
Sex: M____ F____	Date of Birth	Country of Birth	State of Birth	County of Birth	City of Birth
Race: ( ) Native American or Alaskan Native ( ) Asian ( ) Black or African American ( ) Hispanic ( ) Native Hawaiian or Other Pacific Islander ( ) White ( ) Unknown ( ) Other					
Hair Color	Eye Color	Weight	Height	Other Identifying Features	

What is the legal relationship status of Noncustodial Parent to child(ren)? (ex. Legal Mother, Legal Father, Alleged Putative Father etc.) _____			
What is employment status of the Noncustodial Parent? ( ) Full Time ( ) Part Time ( ) Unemployed ( ) Unknown ( ) Seasonal			
Current Employer Name Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Salary _____ Per _____		Previous Employer Name Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Ending Pay _____ End Date _____ Per _____	
How often is the NCP paid? _____			
Occupation _____			
Union Name Union Number Address, if known Apt/Suite Number City State Country Zip Code		Military Branch:   Dates: (From) _____ (To) _____	
Arrest/Prison Record In which state did this occur? In which county did this occur? Which facility?		Incarceration Date  Release Date	
What is the current marital status of the NCP? ( ) Divorced ( ) Married ( ) Never Married ( ) Separated ( ) Widowed			
Name of Noncustodial Parent's current spouse: (First Name, Middle Name, Last Name)			
Is the NCP currently receiving benefits? If so, select all that apply and list the state when applicable. ( ) Medicaid State: _____ ( ) RSDI/SSD ( ) SSI ( ) Food Stamps (SNAP) State: _____ ( ) Black Lung ( ) Veterans Assistance ( ) TANF (KTAP) State: _____ ( ) Other : _____ ( ) Child Care Assistance State: _____ ( ) None : _____			
If the NCP is not currently receiving benefits, have benefits been received in the past? If so, select all that apply and list the state when applicable. ( ) Medicaid State: _____ ( ) RSDI/SSD ( ) SSI ( ) Food Stamps (SNAP) State: _____ ( ) Black Lung ( ) Veterans Assistance ( ) TANF (KTAP) State: _____ ( ) Other : _____ ( ) Child Care Assistance State: _____ ( ) None : _____			
Does the Noncustodial Parent own a car? ( ) Yes ( ) No		Make _____	Model _____ Year _____
NCP's Father's name (First Name, Middle Initial, Last Name)		NCP's Mother's name (First Name, Middle Initial, Last Name)	
		NCP's Mother's Maiden Name	
Is NCP's father living? ( ) Yes ( ) No ( ) Unknown		Is NCP's mother living? ( ) Yes ( ) No ( ) Unknown	
Father's Address (if known)? Street Number & Name Apt/Suite Number City State Country Zip Code Home Telephone Number: ( ) - _____		Mother's Address (if known)? Street Number & Name Apt/Suite Number City State Country Zip Code Home Telephone Number: ( ) - _____	

## II. CUSTODIAL PARENT'S ( CP ) INFORMATION

Name (First Name, Middle Name, Last Name, Suffix)						Social Security Number:					
Custodial Parent's Maiden Name, if applicable (First Name, Middle Name, Last Name)											
Alias(es) (First Name, Middle Name, Last Name)						Nickname(s) (First Name, Middle Name, Last Name)					
Email Address											
Current Residential Address Street Number & Name Apt/Suite Number City State Country Zip Code						Current Mailing Address(Enter if the CP has a different mailing Address) Street Number & Name Apt/Suite Number City State Country Zip Code					
Home Telephone Number (     ) -				Work Telephone Number (     ) -				Cell Phone Number (     ) -			
Sex: M ____ F ____		Date of Birth	Country of Birth		State of Birth		County of Birth		City of Birth		
Race: <div>(    ) Native American or Alaskan Native      (    ) Asian      (    ) Black or African American      (    ) Hispanic (    ) Native Hawaiian or Other Pacific Islander      (    ) White      (    ) Unknown      (    ) Other</div>											
Hair Color	Eye Color	Weight	Height		Other Identifying Features						
What is the legal relationship status of CP to child(ren)? (ex. Mother, Father, Grandmother, Grandfather etc.). _____											
What is employment status of the CP?      (    ) Full Time      (    ) Part Time      (    ) Unemployed      (    ) Unknown      (    ) Seasonal											
Current Employer Name  Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Salary                          Per						Previous Employer Name  Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date                          End Date Ending Pay                          Per					
How often is the CP paid? _____											
Occupation											
Union Name Union Number Address, if known Apt/Suite Number City                          State Country                      Zip Code						Military Branch:    Dates: (From)    (To)					
What is the current marital status of the CP? (    ) Divorced                  (    ) Married                  (    ) Never Married                  (    ) Separated                  (    ) Widowed											
Name of CP's current spouse: (First Name, Middle Name, Last Name)											

Is the CP currently receiving benefits? If so, select all that apply and list the state when applicable.			
<input type="checkbox"/> Medicaid	State: <input type="checkbox"/> RSDI/SSD	<input type="checkbox"/> SSI	
<input type="checkbox"/> Food Stamps (SNAP)	State: <input type="checkbox"/> Black Lung	<input type="checkbox"/> Veterans Assistance	
<input type="checkbox"/> TANF (KTAP)	State: <input type="checkbox"/> Other : _____		
<input type="checkbox"/> Child Care Assistance	State: <input type="checkbox"/> None : _____		
If the CP is not currently receiving benefits, have benefits been received in the past? If so, select all that apply and list the state when applicable.			
<input type="checkbox"/> Medicaid	State: <input type="checkbox"/> RSDI/SSD	<input type="checkbox"/> SSI	
<input type="checkbox"/> Food Stamps (SNAP)	State: <input type="checkbox"/> Black Lung	<input type="checkbox"/> Veterans Assistance	
<input type="checkbox"/> TANF (KTAP)	State: <input type="checkbox"/> Other : _____		
<input type="checkbox"/> Child Care Assistance	State: <input type="checkbox"/> None : _____		

### III. CHILD(REN)'S INFORMATION

Enter information about the child(ren) for whom services are being requested.( Child – 1 )

Complete Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:	
Date of Birth		Sex: M_____ F_____	
Race:	<input type="checkbox"/> Native American or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Unknown
State where child conceived		Place of Birth	
Country of Birth	State of Birth	County of Birth	City of Birth
Was the mother married when this child was conceived? ( Yes/No )			
What is the name of the person to whom the mother was married?			
Is the child emancipated or married? ( Yes/No )			
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.			
<input type="checkbox"/> Medicaid	State:	<input type="checkbox"/> RSDI/SSD	
<input type="checkbox"/> TANF	State:	<input type="checkbox"/> SSI	
<input type="checkbox"/> Food Stamps	State:	<input type="checkbox"/> Veterans Assistance	
<input type="checkbox"/> Child Care Assistance	State:	<input type="checkbox"/> Other : _____	
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
<input type="checkbox"/> Medicaid	State:	<input type="checkbox"/> RSDI/SSD	
<input type="checkbox"/> TANF	State:	<input type="checkbox"/> SSI	
<input type="checkbox"/> Food Stamps	State:	<input type="checkbox"/> Veterans Assistance	
<input type="checkbox"/> Child Care Assistance	State:	<input type="checkbox"/> Other : _____	

Enter information about the child(ren) for whom services are being requested.( Child – 2 )

Complete Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:	
Date of Birth		Sex: M_____ F_____	
Race:	<input type="checkbox"/> Native American or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Unknown
State where child conceived		Place of Birth	
Country of Birth	State of Birth	County of Birth	City of Birth
Was the mother married when this child was conceived? ( Yes/No )			
What is the name of the person to whom the mother was married?			
Is the child emancipated or married? ( Yes/No )			
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.			
<input type="checkbox"/> Medicaid	State:	<input type="checkbox"/> RSDI/SSD	
<input type="checkbox"/> TANF	State:	<input type="checkbox"/> SSI	
<input type="checkbox"/> Food Stamps	State:	<input type="checkbox"/> Veterans Assistance	
<input type="checkbox"/> Child Care Assistance	State:	<input type="checkbox"/> Other : _____	
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
<input type="checkbox"/> Medicaid	State:	<input type="checkbox"/> RSDI/SSD	
<input type="checkbox"/> TANF	State:	<input type="checkbox"/> SSI	
<input type="checkbox"/> Food Stamps	State:	<input type="checkbox"/> Veterans Assistance	
<input type="checkbox"/> Child Care Assistance	State:	<input type="checkbox"/> Other : _____	

Enter information about the child(ren) for whom services are being requested.( Child – 3 )

Complete Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:	
Date of Birth		Sex: M _____ F _____	
Race: <input type="checkbox"/> Native American or Alaskan Native		<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White	<input type="checkbox"/> Unknown
<input type="checkbox"/> Hispanic		<input type="checkbox"/> Other	
State where child conceived		Place of Birth	
Country of Birth	State of Birth	County of Birth	City of Birth
Was the mother married when this child was conceived? ( Yes/No )			
What is the name of the person to whom the mother was married?			
Is the child emancipated or married? ( Yes/No )			
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.			
<input type="checkbox"/> Medicaid	State:	<input type="checkbox"/> RSDI/SSD	
<input type="checkbox"/> TANF	State:	<input type="checkbox"/> SSI	
<input type="checkbox"/> Food Stamps	State:	<input type="checkbox"/> Veterans Assistance	
<input type="checkbox"/> Child Care Assistance	State:	<input type="checkbox"/> Other : _____	
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
<input type="checkbox"/> Medicaid	State:	<input type="checkbox"/> RSDI/SSD	
<input type="checkbox"/> TANF	State:	<input type="checkbox"/> SSI	
<input type="checkbox"/> Food Stamps	State:	<input type="checkbox"/> Veterans Assistance	
<input type="checkbox"/> Child Care Assistance	State:	<input type="checkbox"/> Other : _____	

Enter information about the child(ren) for whom services are being requested.( Child – 4 )

Complete Name (First Name, Middle Name, Last name, Suffix)		Social Security Number:	
Date of Birth		Sex: M _____ F _____	
Race: <input type="checkbox"/> Native American or Alaskan Native		<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White	<input type="checkbox"/> Unknown
<input type="checkbox"/> Hispanic		<input type="checkbox"/> Other	
State where child conceived		Place of Birth	
Country of Birth	State of Birth	County of Birth	City of Birth
Was the mother married when this child was conceived? ( Yes/No )			
What is the name of the person to whom the mother was married?			
Is the child emancipated or married? ( Yes/No )			
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.			
<input type="checkbox"/> Medicaid	State:	<input type="checkbox"/> RSDI/SSD	
<input type="checkbox"/> TANF	State:	<input type="checkbox"/> SSI	
<input type="checkbox"/> Food Stamps	State:	<input type="checkbox"/> Veterans Assistance	
<input type="checkbox"/> Child Care Assistance	State:	<input type="checkbox"/> Other : _____	
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
<input type="checkbox"/> Medicaid	State:	<input type="checkbox"/> RSDI/SSD	
<input type="checkbox"/> TANF	State:	<input type="checkbox"/> SSI	
<input type="checkbox"/> Food Stamps	State:	<input type="checkbox"/> Veterans Assistance	
<input type="checkbox"/> Child Care Assistance	State:	<input type="checkbox"/> Other : _____	

**\*Add page for additional children.**

#### IV. BACKGROUND INFORMATION

Answer whether you are the putative father, noncustodial parent, or the custodial parent.

Why is the NCP absent? <input type="checkbox"/> Desertion <input type="checkbox"/> Divorce <input type="checkbox"/> Separation <input type="checkbox"/> Parents Not Married				
If the children's parents were married, on what date were they married?				Date:
When were the children's parents last together?				Date:
If the children's parents are divorced, when and where were they divorced?				
Date	Country	State	County	City
If the parents were not married has paternity been established? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, when and where?				
Date	Country	State	County	City

Have you previously requested (or) received Child Support Services for this child(ren)?				( ) Yes	( ) No
If yes, when and where?					
Date	Country	State	County	City	
Has the noncustodial parent paid any medical expenses for the child(ren)?				( ) Yes	( ) No
				( ) Unknown	
Has the noncustodial parent shared in the child(ren)'s support?				( ) Yes	( ) No
				( ) Unknown	

**V. COURT ORDER INFORMATION (Attach copy of any and all orders and/or affidavit of paternity)**

Is there currently a child or medical support order for the child(ren)?				( ) Yes	( ) No
If yes, enter information from most recent order					
Date of Order	Country	State	County	City	
Child Support order amount \$			per		
Medical support ordered?		( ) Yes	( ) No		
Are there any prior child support orders?		( ) Yes	( ) No		

**VI. MEDICAL SUPPORT INFORMATION**

Is the child(ren) covered by medical insurance?		( ) Yes	( ) No			
If yes, who is providing coverage?						
( ) CP		( ) NCP		( ) Commonwealth of Kentucky		
( ) Other/ Name: _____				SSN: _____		
If no, is medical insurance available?		( ) Yes	( ) No			
Name of the Company:						
Address						
Apt/Suite Number,						
City						
State						
Zip Code						
Policy Number:						
Policy Effective Date:						
Types of Coverage						
( )	( )	( )	( )	( )	( )	( )
Hospital	Medical	Dental	Vision	Drugs	Cancer Only	VA Health Benefits
						( ) Other (Accident/Casualty)
Attach a copy of Medical Insurance Card (Front + Back)						

**Mail the completed form to:**

\_\_\_\_\_  
Office Address

**I certify under penalty of law that the information I have provided is true to the best of my knowledge and belief and the services I have requested are for the sole purpose of establishing paternity, if needed; obtaining and enforcing a support obligation; or requesting a modification review according to the Kentucky Child Support Guidelines. I understand child support services will be provided based on the best interest of the child(ren) listed on this application. I agree to inform the child support office of any changes in the information submitted on this application. I understand as explained to me in the Authorization and Acknowledgment of No Legal Representation (Form CS-11), the IV-D Contracting Officials employed by the Cabinet for Health and Family Services represent the state and not me, and that an attorney-client relationship does not exist between any of the IV-D Contracting Officials and me. I further understand the Cabinet for Health and Family Services will assess a nonrefundable annual fee of \$35.00 for child support services when \$550.00 has been disbursed during the federal fiscal year.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Complete the entire form carefully and accurately. Incorrect information will delay the processing of your application.**