



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING



ISMAEL AHMED
DIRECTOR

August 20, 2010

CP NAME
ADDRESS
CITY, STATE ZIP (MAIL MERGE ADDRESSES/CHILDREN)

RE: IV-D Case Number-
Child 1, Child 2, etc. ON CASE

**WARNING – YOUR PUBLIC ASSISTANCE WILL BE STOPPED OR REDUCED.
YOU MUST COMPLETE AND RETURN THE ATTACHED FORM.**

This is not a notice of case action. You are receiving this letter because the Department of Human Services (DHS) Office of Child Support (OCS) records show that you have not cooperated with child support requirements. As a result of your noncooperation, DHS will impose sanctions to your public assistance program which may include removing you from the case, or reducing or stopping your public assistance benefits if you do not take action.

To cooperate with child support requirements:

- Complete the attached form by filling in all known information about the non-custodial parent responsible for the children listed above;
- Return it in the envelope provided.

If any additional information is needed, your child support specialist will contact you.

If you think you are already cooperating with the Office of Child Support or have any questions, call 1-866-540-0008. You will be asked for information that will help us connect you with your child support specialist, who will help you.

Sanctions include:

Assistance Program	Sanction for Noncooperation
Family Independence Program (FIP)	FIP Case Closure
Food Assistance Program (FAP)	Noncooperating person removed from the case (Benefits reduced)
Medical Assistance (MA)	Noncooperating person removed from the case*
Child Development and Care (CDC)	CDC Case Closure

*The children do not lose MA coverage when the support disqualification is applied. Only an adult eligible grantee will lose MA benefits, unless she is pregnant or is less than two months postpartum.

State and federal laws require that you cooperate with child support to receive assistance unless you have a **good cause reason not to cooperate**. If you believe you have a good reason not to cooperate with child support actions, **contact your DHS Family Independence Specialist (FIS)/Eligibility Specialist (ES) worker immediately**. You may be asked for records that support your good cause claim.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area. In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs or disability. To file a complaint of discrimination, write USDA Director, Office of Civil Rights, 1400 Independence Avenue S.W., Washington, DC 20250-9410 or call (800) 705-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity employer.

CHILD SUPPORT INFORMATION

FOR OFFICE USE ONLY

Return to:

Michigan Department of Human Services – Office of Child Support
 235 S. Grand Blvd., P.O. Box 30750, Lansing, MI 48909-8250
 Your support specialist may contact you to get additional information.

Support Specialist	IV-D Case Number	Returned On
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INFORMATION ABOUT THE CUSTODIAL PARENT/CARETAKER OF THE CHILD

Name (First, Middle, Last, Suffix)		Maiden Name (If applicable)	Birth Date	Social Security No.	
Home Address (P.O. Box No., No. and Street)			City	State	Zip Code
Home Phone No. ()	Work Phone No. ()	Cell Phone No. ()		County	
I believe that disclosure of my address or other identifying information may result in physical or emotional harm to me or the child. <input type="checkbox"/> Yes <input type="checkbox"/> No					

MARITAL STATUS INFORMATION Note: If you are not the mother, provide as much information as you can.

Has the mother ever been married? <input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes ▶		Full Name of Mother's CURRENT Spouse		Date Married	Place (City, County, State)
Is the mother currently: <input type="checkbox"/> Separated <input type="checkbox"/> Legally Separated ▶		Date	Court Order Exist? <input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes ▶	Court Order No.	Place (City, County, State)
<input type="checkbox"/> Divorced <input type="checkbox"/> Divorce Filed ▶		Date	Court Order Exist? <input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes ▶	Court Order No.	Place (City, County, State)
Full Name(s) of Mother's FORMER Spouse(s)				Date Married	Place (City, County, State)
Mother's Former Spouse(s): <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased ▶		Date Divorced/Deceased	Court Order Exist? <input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes ▶	Court Order No.	Place (City, County, State)

INFORMATION ABOUT THE PARENT WHO IS NOT IN THE HOME Note: If both parents are out of the home, provide information for each parent by attaching a separate sheet of paper for the other parent. If you are not the parent, provide as much information as you can.

Parent's Name (First, Middle, Last, Suffix)		Maiden Name (If applicable)		Birth Date	Social Security No.		Age
Home Address (P.O. Box No., No. and Street) <input type="checkbox"/> Current <input type="checkbox"/> Last Known			City	State	Zip Code	Home Phone No. ()	Cell Phone No. ()
Weight	Height	Hair Color	Eye Color	Race	Noticeable scars, tattoos, facial hair, glasses		
Employer Name <input type="checkbox"/> Current <input type="checkbox"/> Last Known		Employer Address (P.O. Box No., No. and Street)		City	State	Zip Code	Phone No. ()

If address or employer is not in Michigan, has the parent ever lived or worked in Michigan? No Yes, If Yes, provide address:

Parent's Mother's Name	Parent's Father's Name	Has this parent ever been in jail? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where?		Has this parent ever been in prison? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where?	
Does this parent have any other children? <input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes ▶	Child(ren)'s Name(s) and Sex(es) (M or F)		Mother's Name(s)	Child(ren)'s Age(s)	City and State Where Child(ren) Lives
Where did you meet the parent?					

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INFORMATION ABOUT THE CHILD(REN)

Note: Provide the information below for all children in your home. Attach additional pages, if necessary.

Child One

Child's Full Name (First, Middle, Last, Suffix)		Birth Date	Social Security No.	Sex (M or F)
Conception Date	Conception City and State	Birthplace City and State	Who paid for the birth of the child (Medicaid, Private Insurance, Mother, Father, Other)?	
Has the father completed a document admitting he is the father of the child, such as an Affidavit of Parentage, or is there a court order establishing paternity?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, check one: <input type="checkbox"/> Affidavit of Parentage <input type="checkbox"/> Court Order		Provide the following information about that document:		
Date Signed	Place Signed ▶	City	County	State
What is your relationship to this child?				

Child Two

Child's Full Name (First, Middle, Last, Suffix)		Birth Date	Social Security No.	Sex (M or F)
Conception Date	Conception City and State	Birthplace City and State	Who paid for the birth of the child (Medicaid, Private Insurance, Mother, Father, Other)?	
Has the father completed a document admitting he is the father of the child, such as an Affidavit of Parentage, or is there a court order establishing paternity?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, check one: <input type="checkbox"/> Affidavit of Parentage <input type="checkbox"/> Court Order		Provide the following information about that document:		
Date Signed	Place Signed ▶	City	County	State
What is your relationship to this child?				

Child Three

Child's Full Name (First, Middle, Last, Suffix)		Birth Date	Social Security No.	Sex (M or F)
Conception Date	Conception City and State	Birthplace City and State	Who paid for the birth of the child (Medicaid, Private Insurance, Mother, Father, Other)?	
Has the father completed a document admitting he is the father of the child, such as an Affidavit of Parentage, or is there a court order establishing paternity?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, check one: <input type="checkbox"/> Affidavit of Parentage <input type="checkbox"/> Court Order		Provide the following information about that document:		
Date Signed	Place Signed ▶	City	County	State
What is your relationship to this child?				

ADDITIONAL INFORMATION

If you cannot provide information about the parent who is not in the home, such as, date of birth and/or Social Security number, attach a written statement that could assist in identifying and locating the parent. Include the following information in your statement:		Authorities: R 400.3009 MAC and R 400.5008 MAC Failure to complete may result in loss of benefits from Child Development and Care (CDC) and the Food Assistance Program (FAP). 42 USC 654(29) Failure to provide information may result in loss of Family Independence Program (FIP) benefits for all family members and loss of Medicaid (MA) for all adult members.	
<ul style="list-style-type: none"> • How long you have known the parent. • Date and type of last contact with the parent. • Name(s) of the parent's family members (parents, siblings and/or children). 	<ul style="list-style-type: none"> • Parent's current or former roommate(s). • Parent's former address(es). • Parent's current or former spouse(s). • Any other information you feel may assist in identifying and locating the parent. 		
I declare that the information provided above is true and correct to the best of my knowledge and agree to report changes in my circumstances that may affect support action in my case.		Signature	Date