

IV-D CHILD SUPPORT SERVICES APPLICATION/REFERRAL

Michigan Department of Health and Human Services
Office of Child Support

FOR OFFICE USE ONLY

Date Requested	Date Provided 03-21-2024	Date Filed	Program	[] 748 Provided	
IV-D Case No.	MDHHS Case No.	County	District	Unit	Worker

Please check your relationship to the child(ren) for whom you are applying for child support services:

[] Custodial Parent [] Non-Custodial Parent or Alleged Father [] Other Caretaker, Specify _____

- * **Custodial Parent** - Complete all sections of the form, enter information about you in Section A.
- * **Non-Custodial Parent or Alleged Father** - Complete all sections of the form except Section F, enter information about you in Section B.
- * **Other Caretaker** - Complete all sections of the form, enter information about you in Section A. Complete information about each parent who is not in the home in Section B. (Please complete a separate application for each parent who is not in the home.)

A. INFORMATION ABOUT THE CUSTODIAL PARENT/CARETAKER OF THE CHILD

1. Name (First, Middle, Last, Suffix) Jane Jean Doe		Maiden Name (If applicable) Jones		2. Date of Birth 8/11/1991	3. Social Security No. 333-33-3333
4. Home Address (P.O. Box No., No. and Street) 111 West North Street		City Tamer	State MI	Zip Code 49999	County Ingham
5. Home Phone No. (517) 629-6687	6. Work Phone No. (658) 888-9874	7. Cell Phone No. (517) 289-8877		8. Email Address jdoe@yahoo.com	
9. Race (Please select one) <input type="checkbox"/> Black/African American <input type="checkbox"/> East/Southeast Asian (Chinese, Japanese, Korean) <input type="checkbox"/> Indigenous (Native People, Native Alaskan) <input type="checkbox"/> Middle Eastern, North African, Arab (Iranian, Syrian, West Asian) <input type="checkbox"/> Native Hawaiian, Pacific Islander <input type="checkbox"/> White (German, Irish, English) <input type="checkbox"/> South Asian (East Indian, Pakistani, Bangladeshi) <input checked="" type="checkbox"/> Multi-Racial <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer/unknown				10. Ethnicity (Please select one) <input type="checkbox"/> Hispanic, Latino, Spanish origin <input checked="" type="checkbox"/> Not of Hispanic, Latino, Spanish origin <input type="checkbox"/> Prefer not to answer/unknown	

B. INFORMATION ABOUT THE PARENT WHO IS NOT IN THE HOME

11. Parent's Name (First, Middle, Last, Suffix) David John Doe		Maiden Name (If applicable)		12. Social Security No. 444-44-4444	13. Date of Birth 4/1/1990	14. Age 31	15. Sex (M or F) M
16. Home Address [X] Current [] Last Known (P.O. Box No., No. and Street) 2384 Hertel Road		City Lessing	State MI	Zip Code 48374	17. Home Phone No. (616) 444-8757		18. Cell Phone No. (616) 777-8888
19. Weight 190	20. Height 6' 0"	21. Hair Color Brown		22. Eye Color Brown		23. Email Address djdoe@gmail.com	
24. Birthplace (City, State) Lansing, MI		25. Driver's License Number D 28383747472		26. Vehicle Year, Make, Model 2019 Ford F150		27. License Plate Number RYD 399	
28. Race (Please select one) <input type="checkbox"/> Black/African American <input type="checkbox"/> East/Southeast Asian (Chinese, Japanese, Korean) <input type="checkbox"/> Indigenous (Native People, Native Alaskan) <input type="checkbox"/> Middle Eastern, North African, Arab (Iranian, Syrian, West Asian) <input type="checkbox"/> Native Hawaiian, Pacific Islander <input type="checkbox"/> White (German, Irish, English) <input type="checkbox"/> South Asian (East Indian, Pakistani, Bangladeshi) <input checked="" type="checkbox"/> Multi-Racial <input type="checkbox"/> Other				29. Ethnicity (Please select one) <input type="checkbox"/> Hispanic, Latino, Spanish origin <input checked="" type="checkbox"/> Not of Hispanic, Latino, Spanish origin		30. Identifying Marks (Scars, Tattoos, etc.) Tattoo on chest and back	
31. Tribe Name Chippewa				32. Is there a tribal child support order? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
33. First Employer Name [X] Current [] Last Known Bikes R Us		34. Employer Address (P.O. Box No., No. and Street) 9292 Drewery Ln, Suite 222		City Lansing	State MI	Zip Code 48933	35. Phone No. (517) 333-3333
36. Second Employer Name [] Current [X] Last Known TATs for ALL		37. Employer Address (P.O. Box No., No. and Street) 23132 Holmes Road		City Lansing	State MI	Zip Code 48910	38. Phone No. (222) 456-5447

C. MARITAL STATUS INFORMATION

39a. Has the mother ever married? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, If Yes >>	b. Name of Spouse David John Doe		c. Date Married 8/15/2015	d. Place (City, County, State) Lansing, Ingham, MI	
40a. Is the mother [X] Separated [] Legally Separated >>	b. Date	c. Court Order Exist? <input checked="" type="checkbox"/> No [] Yes, If Yes >>	d. Court Order No.	e. Where (City, County, State)	
41a. Is the mother [] Divorced [] Divorce filed >>	b. Date	c. Court Order Exist? <input type="checkbox"/> No [] Yes, If Yes >>	d. Court Order No.	e. Where (City, County, State)	

Please attach a copy of all court orders pertaining to the family members listed on this application, including Personal Protection Orders and guardianship papers.

D. INFORMATION ABOUT CHILD(REN)**Child One**

42a. Child's Full Name (First, Middle, Last, Suffix) Cammy Ann Doe		b. Date of Birth 5/1/2015	c. Social Security Number 111-11-1111	d. Sex (M or F) F
e. City, County & State of Birth Eaton Rapids, Eaton, MI		f. Who paid for the birth of child (Medicaid, Private Insurance, Mother, Father, Other)? Medicaid		
g. When and where did the mother become pregnant?				
Date 9/1/2016	City Lansing	County Ingham	State MI	
h. 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? [] Yes [X] No If yes, provide the following information about that document:				
Date	City	County	State	
CHILD'S HEALTH CARE COVERAGE INFORMATION (attach copy of card(s), front & back)				
43a. Policy Holder's Name	b. Health Care Company Name (Non-Medicaid)	c. Coverage Type PPO [] PPOM [] Traditional []		d. Policy or Group No.

Child Two

44a. Child's Full Name (First, Middle, Last, Suffix) Zandy B. Doe		b. Date of Birth 6/1/2016	c. Social Security Number 222-22-2222	d. Sex (M or F) M
e. City, County & State of Birth Lansing, Ingham, MI		f. Who paid for the birth of child (Medicaid, Private Insurance, Mother, Father, Other)? Medicaid		
g. When and where did the mother become pregnant?				
Date 10/1/2015	City Lansing	County Ingham	State MI	
h. 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? [] Yes [X] No If yes, provide the following information about that document:				
Date	City	County	State	
CHILD'S HEALTH CARE COVERAGE INFORMATION (attach copy of card(s), front & back)				
45a. Policy Holder's Name	b. Health Care Company Name (Non-Medicaid)	c. Coverage Type PPO [] PPOM [] Traditional []		d. Policy or Group No.

Child Three

46a. Child's Full Name (First, Middle, Last, Suffix) Andy Doe		b. Date of Birth 7/1/2017	c. Social Security Number 123-45-6788	d. Sex (M or F) M
e. City, County & State of Birth Lansing, Ingham, MI		f. Who paid for the birth of child (Medicaid, Private Insurance, Mother, Father, Other)? Medicaid		
g. When and where did the mother become pregnant?				
Date 11/1/2016	City Lansing	County Ingham	State MI	
h. 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? [] Yes [] No If yes, provide the following information about that document:				
Date	City	County	State	
CHILD'S HEALTH CARE COVERAGE INFORMATION (attach copy of card(s), front & back)				
47a. Policy Holder's Name	b. Health Care Company Name (Non-Medicaid)	c. Coverage Type PPO [] PPOM [] Traditional []		d. Policy or Group No.

Child Four

a. Child's Full Name (First, Middle, Last, Suffix) Diane Ann Doe		b. Date of Birth 8/1/2018	c. Social Security Number 123-11-3333	d. Sex (M or F) F
e. City, County & State of Birth Eaton Rapids, Eaton, MI		f. Who paid for the birth of child (Medicaid, Private Insurance, Mother, Father, Other)? Medicaid		
g. When and where did the mother become pregnant?				
Date 11/1/2016	City Lansing	County Ingham	State MI	
h. 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? [] Yes [X] No If yes, provide the following information about that document:				
Date	City	County	State	
CHILD'S HEALTH CARE COVERAGE INFORMATION (attach copy of card(s), front & back)				
a. Policy Holder's Name	b. Health Care Company Name (Non-Medicaid)	c. Coverage Type PPO [] PPOM [] Traditional []		d. Policy or Group No.

Child Five

a. Child's Full Name (First, Middle, Last, Suffix) Yumel B. Doe		b. Date of Birth 8/1/2019	c. Social Security Number 222-54-9944	d. Sex (M or F) M
e. City, County & State of Birth Lansing, Ingham, MI		f. Who paid for the birth of child (Medicaid, Private Insurance, Mother, Father, Other)? Medicaid		
g. When and where did the mother become pregnant?				
Date 10/1/2018	City Lansing	County Ingham	State MI	
h. 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? [] Yes [X] No If yes, provide the following information about that document:				
Date	City	County	State	
CHILD'S HEALTH CARE COVERAGE INFORMATION (attach copy of card(s), front & back)				
a. Policy Holder's Name	b. Health Care Company Name (Non-Medicaid)	c. Coverage Type PPO [] PPOM [] Traditional []		d. Policy or Group No.

Child Six

a. Child's Full Name (First, Middle, Last, Suffix) Tank Doe		b. Date of Birth 10/1/2020	c. Social Security Number 658-44-9998	d. Sex (M or F) M
e. City, County & State of Birth Lansing, Ingham, MI		f. Who paid for the birth of child (Medicaid, Private Insurance, Mother, Father, Other)? Medicaid		
g. When and where did the mother become pregnant?				
Date 1/01/2020	City Lansing	County Ingham	State MI	
h. 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? [] Yes [] No If yes, provide the following information about that document:				
Date	City	County	State	
CHILD'S HEALTH CARE COVERAGE INFORMATION (attach copy of card(s), front & back)				
a. Policy Holder's Name	b. Health Care Company Name (Non-Medicaid)	c. Coverage Type PPO [] PPOM [] Traditional []		d. Policy or Group No.

E. GENERAL INFORMATION

48. I believe that disclosure of my address or other identifying information may result in physical or emotional harm to me or the child. [X] Yes [] No
49. I have received or I am currently receiving benefits from the Family Independence Program (FIP) or I have received past benefits from Aid to Dependent Children (ADC). [X] Yes [] No If yes, when? 1/UNK/2018 to 1/UNK/2020 Where? AR
50. I have received or I am currently receiving Medicaid (MA). [X] Yes [] No If yes, when? 1/UNK/2018 to 1/UNK/2020 Where? AR
51. I am currently receiving: Food Assistance Program (FAP) [X] Yes [] No Child Development and Care (CDC) [X] Yes [] No

F. ACKNOWLEDGEMENT FOR CUSTODIAL PARENTS AND CARETAKERS

The Michigan Office of Child Support (OCS) processes child support payments through the Michigan State Disbursement Unit (MiSDU), which is part of the Michigan Department of Health and Human Services (MDHHS). The MiSDU receipts and distributes payments by direct deposit to a bank account, to a debit card, or by paper check.

If I am sent money in error or overpaid, the MiSDU will take all the necessary steps to correct errors in the processing of my child support payments. By checking the "yes" box below, I give OCS permission to withhold an incremental amount specified below from future child support payments owed to me. To revoke my consent, I must notify the Friend of the Court office. Failure to check "yes" has no effect on my eligibility for IV-D Child Support services through OCS.

Yes, (check one) 10% 25% or 50% Failure to choose a percentage will result in a default amount of 25%.

No, please contact me before you attempt to recover an amount from my support payments.

G. ACKNOWLEDGEMENT FOR ALL APPLICANTS

I request child support services available under Title IV-D of the Social Security Act.

All Services

Locate Only (for custodial parents and caretakers only)

Medical Support Only (for Medicaid cases only)

I understand that disclosure of my Social Security number is mandated by the Social Security Act, 42 USC 666(a)(13), in order that Michigan's child support program may provide services related to the establishment of paternity and the establishment, modification and enforcement of child support obligations. I understand that I must cooperate in taking support action to ensure that my child support case remains open. 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.

I certify that I have received a copy of DHS Publication 748, "Understanding Child Support, A Handbook for Parents."

Applicant's Signature (Signature is Required)

Jane Jean Doe

Date

3/21/2024

Return completed application to:

Michigan Department of Health and Human Services
Office of Child Support
PO Box 30744
Lansing, MI 48909

Applicant's Printed Name

Jane Jean Doe

Application Submitted Electronically

Application ID: 123456 – 999999

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

This institution is an equal opportunity provider.