

(for office use only)
INRD#
KAECSES#

Child Support Services Enrollment Form¹

□Parent Locate □Establishment of an Order for □Enforcement of an Existing Order for □Enforcement of □Enforc	Order for Child and Medical So enrollment form call Child Sup ww.dcf.ks.gov/services/CSS/P	y □Mod upport pport Services tages/Contract	at (888) 757-2	Existing Ordon 2445 or visit y 1.aspx. Pleas	our nearest Child e email this	
enrollment form along with a c (if you have one) to <u>DCF.CSSCu</u>		order, income	withholding	order, and a	rrears calculatio	
Were you referred to Departmo		es Child Supp	ort Services	by a Court T	rustee?	
	APPLICANT IN	FORMATION				
APPLICANT IS ➤ □Birth Pa		Other				
What is your Relationship to the			sustodian 🗆 C	Other		
	ner Names Used (Alias, Maide					
Social Security Number (SSN):	Date of Birth (DOB):		Sex: □Male □Female			
Address (Include street name, floor number)	apartment number and/or	City		State	Zip Code	
Phone Number (cell):	Phone Number (work): Phone Number (other):					
Would you Like to Receive text	Messages from CSS? □No	□Yes and tex	xt number:		· · · · · · · · · · · · · · · · · · ·	
Email Address:						
Are you willing to participate in	•					
If yes, how would you like to receive the surveys: □Text □Email □Both, text & email						
Do you have an attorney? □No	○ □ Yes If yes, what is the r	name/address,	/phone numbe	er of the attor	ney? 	
Do you believe that pursuing ch □No □Yes (If yes, additional documentation			or emotional h	arm to you o	r your child(ren)?	
Is either parent of the minor chi Tribe Name:	ld a member of a Native Ame	erican Tribe?[□No □Yes:			
Which Parent: □Mother - Tribe			Father - Tribe	Name		

 $^{^{\}rm 1}$ The CSS Application is now called the Child Support Services Enrollment Form

If you are a tribal member you may to choose to have your case worked by the tribal agency or our agency. Please										
check the box below if you wish to open your case with the tribe. If so, we will mail your enrollment form to their										
agency. You may contact them for questions about their program. Check one box: □ Delaware Tribe □ PBPN Tribe □ Kickapoo										
☐ Delaware Tribe 5100 Tuxedo Blvd, Ste C			L	_ PBPN 11 11400 15			□ Kickapoo P.O. Box 163			
Bartlesville, Ok	•			P.O. Box	_				S 66439	a a
(918) 337-6510					KS 66509	9		77) 864		9
(0.13)				(785) 966			(, , , , ,		
	ОТ	HER PA	ARENT	INFORMA						
Name (First, Middle, Last):	(Other Na	ames U	lsed (Alias	, Maiden,	Nickna	me, et	c.):		
SSN:	DOB/approxi	imate aç	age: Sex			Sex: [ex: □Male			Race:
	□Fer]Femal	le				
Address (Include street name, a	apartment num	ber and	d/or	City			State		Zip	Code
floor number)										
	T = -				T					
Phone Number (cell):	Phone Numb	er (wor	k):		Phone N	Numbe	r (othe	r):		
Email Address:	Hoight:		10/6	oiaht:	Hoir Co	lor:			Evo Col	or:
Email Address.	Height:		Weight: Hair		Hall Co	ir Color:			Eye Color:	
Is the other parent employed? □No □Yes □Unknown										
If yes, please provide name/add				over						
in yes, please provide name/add	aress/priorie ric	arriber o	n chipic	Jyci				• • • • • • • • • • • • • • • • • • • •		
Le the other person receiving Co	aial Caarmitur b	an afita O) DNa		Links					
Is the other parent receiving So	•							lmon	th.	
If yes, do you receive auxiliary		•			S, Φ			/mon	uı	
Is the other parent in the militar	<u>- </u>									
Does the other parent have a U					n					
Does the other parent have an	•									
If yes, please provide name/address/phone number of attorney:										
DEPENDENT #1 INFORMATION										
Name (First, Middle, Last):	SSN:	I LINDE		DC				Sex: [∃Male	
									⊒iviaic ⊒Femal	۵
City & State of Birth: County & State Child Conceived:				_i ciliai						
County & State Offilia Conceived.										
la Fathan Listad an Birth Contificate 2 DNa DVaa Was Mathan Marriad British the Brancas of DNA DVa										
Is Father Listed on Birth Certificate? □No □Yes			Was Mother Married During the Pregnancy? □No □Yes					es		
If yes, please provide name of father: If yes, please provide name of spouse:										
Has paternity been established for this child? How was paternity established? Where was paternity established?					nity est	ablished?				
□No □Yes □Unknown □Court Order (County/State)										
(If yes, then complete the next two boxes) □ Paternity Affidavit										

DEPENDENT #2 INFORMATION							
Name (First, Middle, La	st):	SSN	l:	DOB:			Sex: □Male
							□Female
City & State of Birth:			County & Sta	te Child Co	nceive	d:	
			, ,				
Is Father Listed on Birth	n Certificate? □No □Y	es	Was Mother I	Married Du	rina the	Pregnan	ıcy? □No □Yes
If yes, please provide na			If yes, please		-	_	,
,,			,, p			-,	
Has paternity been esta	hlished for this child?	How was	s naternity esta	hlished?	Wher	e was na	ternity established?
□No □Yes □Unknow		□Court				nty/State)	•
(If yes, then complete the			ity Affidavit			nig/ Giaic/	
(ii yes, then complete th	<u> </u>		#3 INFORMAT	ION			
Name (First, Middle, La		SSI		DOB:			Sex: □Male
Traine (Friet, Middle, Ed	otj.	001	••	D D D .			
City 9 Ctata of Diuth.			County & Cta	to Child C		. al.	□Female
City & State of Birth:			County & Sta	ite Uniid U	onceive	ea:	
Is Father Listed on Birth	Cortificate 2 DNo DV	00	Mas Mother	Marriad Du	ring the	Drognor	nov2 □No. □Voo
If yes, please provide na		62	If yes, please		-	•	ncy? □No □Yes
ii yes, piease provide na	arrie or iatrier.		ii yes, piease	provide na	arrie oi	spouse.	
Has notarnity been esta	blished for this shild?	Номи	no poternity set	abliab ad2	\//bor		tornity optoblished?
Has paternity been esta □No □Yes □Unknow						ternity established?	
				` -			
(If yes, then complete th	<u> </u>		nity Affidavit		4	:£ 4:	\
(If you	have additional depende	•	e attached a se	eparate sne	et with	intormati	on)
le there e child accomment				lagae como	-l-t- th	tion	halaw).
	order(s) for the child(ren	i): ⊔NO	Child #2:	lease com	piete in	Child #3	
For which child(ren)?	Child #1.		Crilla #2.			Crilia #3	
	Child #4:		Ob. 11-1 #F.			OF:14 #0	
	Child #4:		Child #5:			Child #6	•
				1 0			
Court Case Number: County:				St	ate:		
MEDICAL INFORMATION							
la compone providing b							
Name of person who is	ealth insurance for the c	, ,					
-	i .		. ,				· · · · · · · · · · · · · · · · · · ·
Relationship to the child(ren):							
What type of insurance is being provided? ☐ Private Insurance ☐ State of Kansas Insurance							
If private insurance, name of the Insurance Company:							
Address of the Insurance Company:Phone number of the Insurance Company:							
Policy# Group#							
Which child(ren) are covered under this policy:							
What type of coverage is provided: □ Medical □Pharmacy □ Dental □Optical/Vision							
Effective Date:							
Is this insurance provided through an employer? □No □Yes							
If so, please provide the name of the employer:							
Address of the employer:							
Phone number of the employer:							
APPLICANT'S AFFIRMATION AND AGREEMENT							

- I hereby swear and affirm under the penalties of perjury that the information contained in this enrollment form is true and correct to the best of my knowledge. Providing false information could result in perjury charges being filed against me.
- I understand the attorneys who work for the Child Support Services (CSS) program work only for the Secretary of DCF. Even if you benefit from their work, they do not represent you. They cannot give you legal advice. They cannot do any legal work on your case that goes beyond CSS services. The role of the CSS attorney in the child support case is to act in the public interest to make sure parents support their children. If the other parent raises issues that are beyond CSS services, such as parenting time or custody, you will need to talk with a lawyer of your own to protect your rights or for personal legal advice.
- I understand that I must cooperate with CSS. If you are receiving mandatory programs such as TANF, food assistance, medical assistance or child care and fail to cooperate, your benefits could be affected.
- I understand that I may terminate services by notifying CSS in writing or by phone that services are no longer desired. Services may only be terminated in accordance with 45 C.F.R. 303.11. Termination of IV-D child support services does not modify or terminate existing child support orders.
- By signing this enrollment form, you agree to assign (turn over) your rights to past, present and future support to the Secretary of DCF. This lets CSS do the work that is needed for your case. By signing this enrollment form it gives the Secretary of DCF the legal power to endorse support check while your CSS case is open. This allows the State to handle and process your support payments quickly.

I have reviewed and understand the content in the Child Support Services Handbook, www.dcf.ks.gov. I have read the notices contained in this Section of this form. My signature below authorizes the CSS office to get certified copies of my child's birth certificate if the certificate is needed in the administration of the CSS Program.

	•		
Printed Name of Applicant	Signature of Applicant	Date Signed	
		(mm/dd/yyyy)	
	X		
Printed Name of Parent/Guardian (if applicant	Signature of Parent/Guardian (if applicant is	Date Signed	
is an unemancipated minor)	an unemancipated minor)	(mm/dd/yyyy)	
	X		