

GETTING STARTED

**Please read and initial each of the following statements. By initialing each statement, you understand and agree:**

**HOW WE WORK TOGETHER**

INITIAL

\_\_\_\_ CSE represents the People of the State of Colorado. No attorney-client relationship or privilege exists between either party and the CSE staff.

INITIAL

\_\_\_\_ CSE does **not** handle parental responsibility (custody), parenting time (visitation), or property settlement.

INITIAL

\_\_\_\_ CSE will not accept the application for services if all the children associated with the applicant are emancipated.

INITIAL

\_\_\_\_ CSE determines the appropriate actions to be used when providing services.

INITIAL

\_\_\_\_ If you believe that there is a change that could cause an adjustment to the amount of the order (e.g. financial, medical, etc.), you may submit a written request for a review.

INITIAL

\_\_\_\_ A written request from the applicant to stop CSE services may be made. However, if you are receiving TANF or assigned arrears are owed, the case may remain open. CSE may also close your case by using criteria established by current state and federal regulations (e.g. not being able to locate you, you do not supply a forwarding address, you do not provide required documents to take the next step to work your case, etc.).

INITIAL

\_\_\_\_ Each individual county determines optional services. Inquire about services available in the county of application.

**YOUR RESPONSIBILITIES**

INITIAL

\_\_\_\_ You are the best source of information regarding the other party. The information you provide may help in the progress of your case. There may be a delay in the progress of your case due to lack of information and/or involvement with another state.

INITIAL

\_\_\_\_ You are required to cooperate with CSE in the processing of your case. Failure to do so may result in closure.

INITIAL

\_\_\_\_ If you are a caretaker/relative (e.g. grandparent, aunt, uncle, adult sibling, stepparent, etc.) you are required to open a child support case against both biological parents. CSE will not close only one of the two cases against the biological parents at your request.

INITIAL

\_\_\_\_ You may be required to complete and sign an affidavit agreeing to the amount of child support arrears owed (if there is a current child support order).

INITIAL

\_\_\_\_ If you have special needs or need special accommodations under the Americans With Disabilities Act, contact the county of application.

GETTING STARTED

INITIAL

\_\_\_\_\_ You must notify the CSE office in writing if any of the following changes occur. Failure to do so may affect your child support payments or medical support payments.

1. Change to your legal name, residence/ mailing address, telephone or contact numbers, place of employment, or health insurance, or if you know of changes about the other party.
2. If child support payments are made directly to the custodial party instead of through the FSR.
3. When a child no longer lives with the custodial party.
4. If parenting time (visitation) changes for longer than one month.
5. If you retain a private attorney or private collection agency regarding child support, parenting time (visitation) or parental responsibility (custody).
6. If an action has been filed with a court that CSE was not involved with (e.g. separation, divorce, parental responsibility, etc.).

INITIAL

\_\_\_\_\_ Arrears owed to the custodial party are paid before TANF arrears are paid to the State of Colorado, unless there is a federal tax intercept.

INITIAL

\_\_\_\_\_ If a payment is sent in error or is unfunded (i.e. bounced check), it is your responsibility to pay back the unfunded amount. You may repay in full, or CSE will deduct 10% or \$10.00 (whichever is greater) from each payment received until the balance is paid in full. The non-custodial parent will still owe the unfunded amount.

INITIAL

\_\_\_\_\_ Once a Family Support Registry (FSR) account number has been assigned, sending or receiving direct payment may result in case closure. Note: the FSR is the central payment processing center for Colorado.

INITIAL

\_\_\_\_\_ Federal law requires CSE to withhold \$25.00 one time each year from the child support collected on a non-public assistance case, if over \$500.00 is collected during the year.

The provision of your Social Security Number (SSN) is mandatory (§42 U.S.C. 666(a) (13)). However, if you do not have a SSN, your application for services will not be denied. SSNs are used by the CSE Program to locate individuals to establish paternity or support obligations, modify and enforce support obligations, and to distribute child support payments.

Confidentiality laws protect all information provided to CSE. CSE offices throughout the United States and some countries have access to this information through State and Federal Child Support Case Registries. If family/domestic violence is an issue, you must alert CSE to further safeguard this information.

Print Legal Name: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For more child support information and additional forms you may visit our website at:**

**[www.childsupport.state.co.us](http://www.childsupport.state.co.us)**

## CUSTODIAL PARTY (CP) INFORMATION

**Legal Name:** \_\_\_\_\_  
Last First Middle Maiden/Other

**Social Security #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:**  M  F

**Place of Birth:** \_\_\_\_\_  
City State County

**Residence address:** \_\_\_\_\_  
Street Apt/Unit City State Zip

**Mailing address (if different):** \_\_\_\_\_  
Street Apt/Unit City State Zip

**Phone Numbers:**

|                     |                     |                     |                    |
|---------------------|---------------------|---------------------|--------------------|
| <small>Home</small> | <small>Work</small> | <small>Cell</small> | <small>Fax</small> |
|---------------------|---------------------|---------------------|--------------------|

**Message #:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Employer and/or Union:** \_\_\_\_\_  
Name

\_\_\_\_\_  
Address City State Zip

**Occupation or Trade:** \_\_\_\_\_

Is it ok to contact you at work?  Yes  No **Work Schedule:** \_\_\_\_\_

**Relationship to the child(ren):**  Mother  Father  Other, explain: \_\_\_\_\_

\_\_\_\_\_  
**When was custody of the child(ren) obtained?** \_\_\_\_\_

**What was the situation (leading to obtaining custody)?** \_\_\_\_\_

Is there currently an attorney involved in this child support case?  Yes  No

If yes: **Attorney's Information:** \_\_\_\_\_  
Name

\_\_\_\_\_  
Address City State Zip Phone

**Have the child(ren) received public assistance?**  Yes  No

If yes: Type received  TANF  Medicaid  Foster Care

**What County/State?** \_\_\_\_\_ **Begin/End Date** \_\_\_\_\_

**If you are the mother, are you pregnant?**  Yes  No, if yes what is the due date? \_\_\_\_\_

**Who is the father?** \_\_\_\_\_

**Emergency Contact (if CP can't be reached):** \_\_\_\_\_  
Name

\_\_\_\_\_  
Address City State Zip Phone

# NON-CUSTODIAL PARENT (NCP) INFORMATION

**Legal Name:** \_\_\_\_\_  
Last First Middle Maiden/Other

Relationship to the child(ren):  Mother  Father  Alleged Father (paternity not established)

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  M  F

Place of Birth: \_\_\_\_\_  
City State County

**Current or Last Known residence address:** \_\_\_\_\_  
Street Apt/Unit

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mailing address (if different):** \_\_\_\_\_  
Street Apt/Unit City State Zip

**Phone Numbers:**

| Home | Work | Cell | Fax |
|------|------|------|-----|
|      |      |      |     |

Message #: \_\_\_\_\_ Email address: \_\_\_\_\_

**Employer and/or Union:** \_\_\_\_\_  
Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation or Trade: \_\_\_\_\_

**Physical Description:** Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_  
Identifying Marks (i.e., scars, tattoos, piercing ...) \_\_\_\_\_

Race:  Caucasian  African American  Hispanic  Asian  Other \_\_\_\_\_

In prison?  Yes  No Date of release: \_\_\_\_\_

Which facility: \_\_\_\_\_ DOC# \_\_\_\_\_

In the military?  Yes  No Branch of service \_\_\_\_\_

Disabled?  Yes  No If yes, receives Social Security?  Yes  No

List any assets (i.e., real estate, bank accounts, and license to work a profession ...)

List any vehicles (model, make, year, and color) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

List any other biological child(ren) \_\_\_\_\_

Child(ren)'s other biological parent \_\_\_\_\_

NCP's Mother's information \_\_\_\_\_  
Name Address Phone

NCP's Father's information \_\_\_\_\_  
Name Address Phone

Is there any other information that may help us locate the other party? \_\_\_\_\_

Emergency Contact (if NCP can't be reached) \_\_\_\_\_  
Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## CHILD(REN)'S INFORMATION

|  | Child 1 | Child 2 | Child 3 |
|--|---------|---------|---------|
| <b>Legal Name</b>  |         |         |         |
| <b>Gender (M or F)</b>   |         |         |         |
| <b>Date of Birth</b>   |         |         |         |
| <b>Social Security Number</b>                                  |         |         |         |
| <b>City &amp; State of Birth</b>                               |         |         |         |
| <b>State or County of Conception</b>                           |         |         |         |
| <b>Who are listed as the Parents on the Birth Certificate?</b> |         |         |         |
| <b>Child Support Order #, County and State</b>                 |         |         |         |
|  | Child 4 | Child 5 | Child 6 |
| <b>Legal Name</b>  |         |         |         |
| <b>Gender (M or F)</b>   |         |         |         |
| <b>Date of Birth</b>   |         |         |         |
| <b>Social Security Number</b>                                  |         |         |         |
| <b>City &amp; State of Birth</b>                               |         |         |         |
| <b>State or County of Conception</b>                           |         |         |         |
| <b>Who are listed as the Parents on the Birth Certificate?</b> |         |         |         |
| <b>Child Support Order #, County and State</b>                 |         |         |         |

## PARENT RELATIONSHIP STATUS

Were the parents of the child(ren) ever married?  Yes  No Date of Marriage: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Date Divorced: \_\_\_\_\_ In what city, county, state? \_\_\_\_\_

Date of last contact with other parent: \_\_\_\_\_

If paternity has been established, how?  Genetic Testing  Acknowledgement of Paternity  Court

Did this person ever live with the child(ren) in the State of Colorado?  Yes  No

Where and when? \_\_\_\_\_

Is domestic violence a concern?  Yes  No

Is there a restraining order?  Yes  No

## MEDICAL INSURANCE INFORMATION

**A copy of the benefit card used to process medical claims MUST be provided.**

Is your child(ren) on MEDICAID?  Yes  No

Does your child(ren) have health insurance coverage other than Medicaid?  Yes  No

If yes, name of child(ren) covered by other insurance: \_\_\_\_\_

### Other insurance company's information:

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone number: \_\_\_\_\_
- Policy number: \_\_\_\_\_
- Group number: \_\_\_\_\_
- Date insurance began: \_\_\_\_\_
- Type of Coverage(s) provided:  Medical  Dental  Vision  Other \_\_\_\_\_

### Who provides other insurance coverage?

- Name: \_\_\_\_\_
- Social Security Number: \_\_\_\_\_
- Relation to the covered child(ren): \_\_\_\_\_
- Address: \_\_\_\_\_  
Street City State Zip
- Phone numbers: \_\_\_\_\_  
Work Home Cell Message

**Child Support Information.** This section must be completed if you have a parent absent from your home and you are applying for Colorado Works (TANF) or Adult Medicaid with SSI Children. You may complete this section if you would like assistance with child support.

Are there any children in your household who have a parent(s) not living in the home?  Yes  
 No  If yes, please complete the following pages:

Applicant's Full Name (last, first, middle initial; include maiden or any other names used) \_\_\_\_\_ SSN \_\_\_\_\_

Phone Number \_\_\_\_\_

Message Number \_\_\_\_\_

Home Address (street, PO Box, etc.) \_\_\_\_\_

Mailing Address (if different than home address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**IMPORTANT** If cooperation could result in serious physical or emotional harm to you or the child(ren) due to the absent parent becoming angry about paying child support or providing health insurance, you may apply for good cause. For good cause to be approved you must provide the county department with evidence within 20 days of your good cause claim. If you need more time you may request it.

Examples of such evidence includes:

Court, criminal, child protective services, social services, psychological or law enforcement records that indicate that the alleged non-custodial parent might inflict physical or emotional harm on you or the children,

The child was born after forcible rape or incest. Evidence include medical or law enforcement records indicating incest or forcible rape occurred, or sworn statement from persons who have knowledge of the basis of claim,

The child is in the process of being adopted. Evidence includes court documents or a written statement from the public or private agency handling the adoption.

If it is decided, with your evidence that good cause is granted, your benefits will not be affected. If you do not have good cause you will receive notice from the county department to cooperate with the CSE unit, unless you appeal the decision.

Do you wish to request good cause?  Yes No  *AS*

The Colorado Child Support Enforcement (CSE) Program assists you in getting child support for your children from the absent parent (parent not living in your home). Also, the CSE unit can assist in obtaining spousal maintenance. Such assistance includes locating the absent parent, establishing paternity if needed and a child support order. The CSE unit also modifies child support orders when appropriate. As a condition of your Colorado Works (TANF) and/or Medicaid eligibility, *you must cooperate with the CSE unit.* Cooperating means giving information about the absent parent to the CSE unit needed to proceed.

Failure to cooperate with the CSE unit could cause you to lose all or part of your Colorado Works (TANF) benefits or Medicaid for yourself. By cooperating, the absent parent is held to their responsibility for your child or children.

You will receive a periodic notice of support payments collected by the CSE unit. When you are no longer receiving Colorado Works (TANF) or Medicaid, the CSE Office will continue to provide child support services unless you tell them in writing to stop. At that time, the money collected for current child support will go directly to you. Should the money collected be unfunded (a bad check for example), it is possible you would be responsible for returning the money.

**Child Support Information.** This section must be completed if you have a parent absent from your home and you are applying for Colorado Works (TANF) or Adult Medicaid with SSI Children. You may complete this section if you voluntarily would like assistance with child support.

This section collects needed information about your child(ren) and the parent(s) who are not included in your household but who may have a responsibility to children in your household. Please complete this section **only if you are applying for Colorado Works (TANF) and/or Adult Medicaid with SSI children** (recipients of other Medicaid types may apply for child support services).

|   | First Child | Second Child | Third Child |
|---|-------------|--------------|-------------|
| Full Legal Name                                       |             |              |             |
| Gender (M or F)                                       |             |              |             |
| Date of Birth   |             |              |             |
| SSN*  |             |              |             |
| State or County of Conception                         |             |              |             |
| Who is listed as the father on the birth certificate? |             |              |             |

|   | Fourth Child | Fifth Child | Sixth Child |
|---|--------------|-------------|-------------|
| Full Legal Name                                       |              |             |             |
| Gender (M or F)                                       |              |             |             |
| Date of Birth   |              |             |             |
| SSN*  |              |             |             |
| State or County of Conception                         |              |             |             |
| Who is listed as the father on the birth certificate? |              |             |             |

\*SSNs are used by the CSE Program to locate individuals or to establish paternity and support obligations. Also, the SSN assists to modify and enforce support obligations and to distribute child support payments. However, if your child(ren) or the absent parent's SSN is unknown, the CSE unit will not deny your request for assistance. The CSE unit may request more information at a later date, as needed, in their effort to get child and medical support for your family.



**Affidavit**  
**for the Colorado Department of Human Services**  
**and the Department of Health Care Policy and Financing**  
**as Proof of Lawful Presence in the United States**

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one);

\_\_\_\_\_ I am a United States citizen, or

\_\_\_\_\_ I am a legal Permanent Resident of the United States, or

\_\_\_\_\_ I am lawfully present in the United States pursuant to federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall construe a separate criminal offense each time a public benefit is fraudulently received.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## COLORADO WORKS DOMESTIC VIOLENCE SCREENING DOCUMENT

**PLEASE READ:** The information you provide is very important, because there are time limits on how long you can receive benefits. It is important for us to discuss anything that will make it difficult or prevent you from working. If we know this, we can develop with you, a safe and workable plan. We can also help you find the services you need to stay out of danger. The information you provide on this form will not affect your eligibility for assistance. Your answers are confidential, except if you state that a child(ren) is being abused, workers are required by state law to report that information to child protective services.

CUSTOMER NAME: \_\_\_\_\_ M/F (circle one)

CASE NUMBER: \_\_\_\_\_ SSN: \_\_\_\_\_

- Yes  No    1) Will pursuing child support put you or your children in danger?
- Yes  No    2) Does a former or current partner make you feel unsafe now?
- Yes  No    3) Has a former or current partner kept you away from people you care about such as family or friends?
- Yes  No    4) Do you ever feel frightened, anxious or uncomfortable because of anything a former or current partner says or does?
- Yes  No    5) Has a former or current partner
- hurt
  - threatened
  - intimidated
  - insulted or
  - screamed at you?
- (things like stalking or threatening to hurt you, your children, your pets, or other family or friends, pushing, grabbing shoving, slapping, hitting, choking or holding you down; constantly putting you down or telling you that you are worthless, or asking you to do anything sexually that you don't want to do?)
- Yes  No    6) Has a former or current partner taken advantage of you financially by doing such things as
- taking your money or other things of value
  - prohibited you from working or required you to work only in certain jobs
  - prohibited you from going to school or training, destroyed your school material, clothing, or other things that you need to work or attend school or training?
- Yes  No    7) Is there anything you would like me to know about a past or present relationship that would impact your ability to work?

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE FOR THE CUSTOMER:** If you have answered "no" to these questions, **please let us know at any time if you feel that you or your child(ren) are in danger.** I am giving you a Resource Packet that includes places to call and information on how to stay safe.

**TO BE COMPLETED BY PERSON CONDUCTING THE SCREENING:**

County Worker Printed Name & Signed Initials \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS:** Place one copy in the **participant file and offer one copy to the participant.** The customer does not have to take the copy.