



State of Colorado
Department of Human Services
Department of Health Care Policy and
Financing

Application for Assistance Part 2A

Child Support Information

Complete *Only If*:

- You have a parent absent from your home and
- You are applying for:
 - Colorado Works
 - Family Medicaid
 - Adult Medicaid with SSI Children

Please read and answer each question carefully.

This application is to help us collect information needed to determine whether you are eligible for public assistance programs. The information contained in this application will help determine your eligibility and benefit amount.

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:**



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**Child Support Services for Colorado
Works and Medicaid Applicants**

Child Support/Absent Parent Information

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

Social Security Number

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:

For information about Child Support Enforcement (CSE), please read the tear off section entitled "Required Child Support Services for Recipients of Colorado Works and/or Medicaid" at the back of this section.

If cooperation with child support could result in serious physical or emotional harm to you or your child(ren), you may apply for good cause. If good cause due to possible harm to you or your child(ren) is approved then child support enforcement services would be stopped.

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

The section on the next page 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 and/or Medicaid benefits (recipients of 1931 Medicaid are required referrals to child support, other Medicaid types can voluntarily apply for child support services).

CHILD(REN)'S INFORMATION

	Child 1	Child 2	Child 3
Full legal Name			
Gender (M or F)			
Date of Birth			
Social Security Number*			
State or County of Conception			
Who is listed as the father on the birth certificate?			
	Child 4	Child 5	Child 6
Full legal Name			
Gender (M or F)			
Date of Birth			
Social Security Number*			
State or County of Conception			
Who is listed as the father on the birth certificate?			

*Social Security Numbers are used by the CSE Program to locate individuals or to establish paternity and support obligations. Also the Social Security Number assists to modify and enforce support obligations and to distribute child support payments. However, if the your child(ren) or 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.

Legal Name of Absent Parent	1 st Absent Parent	2 nd Absent Parent	3 rd Absent Parent
Is there a court order for this Absent Parent to pay Child Support?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, for which child? 1 2 3 4 5 6 PLEASE CIRCLE	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, for which child? 1 2 3 4 5 6 PLEASE CIRCLE	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, for which child? 1 2 3 4 5 6 PLEASE CIRCLE
<ul style="list-style-type: none"> If yes, enter the Court case number. 			
<ul style="list-style-type: none"> If yes, enter the date of the order. 			
<ul style="list-style-type: none"> If yes, enter court's city and state. 			
<ul style="list-style-type: none"> If yes, enter the amount of child support order and how often to be paid (example: \$200 a month). 			
<ul style="list-style-type: none"> If yes, was medical support a part of the order? 	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Last known address of Absent Parent:			
Last known phone number:			
*Social Security Number of Absent Parent, date and place of birth (if neither is known, approximate age of absent parent).	SSN Dob Or approximate age Place of birth	SSN Dob Or approximate age Place of birth	SSN Dob Or approximate age Place of birth
Is there any other information about the absent parent? i.e. (absent parent's physical description, name, address and phone of Absent Parent's parents, siblings or friends)			
Name of Absent Parent's most recent employer and address or phone number of this employer			
Last known date Absent Parent was employed:			
If this absent parent has died, enter the date and city and state of death:			
If the absent parent is disabled or incarcerated, describe the disability or where they are incarcerated:			



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Required Child Support Services for Recipients of Colorado Works and Medicaid

About Child Support and your Cooperation

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 and/or 1931 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 benefits or 1931 Medicaid for yourself. Also 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 or 1931 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 un-funded (a bad check for example), it is possible you would be responsible for returning the money.

Good Cause

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.