

Recertification Absent Parent Questionnaire

Under current law, Cash Assistance (CA) families are entitled to receive up to the first \$100.00 of support monies collected each month as a bonus. This means that you will continue to receive your Cash Assistance grant plus up to \$100.00 monthly of any support monies paid by the absent parent to the Office of Child Support Enforcement.

As a condition of eligibility for CA, you are required by law to provide information about the absent parent of the children receiving assistance. YOU MUST ANSWER EVERY QUESTION.

FOR AGENCY USE
SSN from CSMS

1. What is the name of the absent parent? _____

2. What is the absent parent's Social Security number? _____

3. Where does he/she live? _____
Street Number City/State Borough

4. What is his/her telephone number? (_____) _____

How do you contact the absent parent during an emergency? _____

5. Is the absent parent working? No Yes If Yes, give employer's name, address and/or phone number.

6. Where did he/she used to work? Past Employer's name: _____
 Past employer's address and/or telephone number: _____

7. Does the absent parent have work-related income? No Yes If Yes, check which one(s) : UIB
 Worker's Compensation Disability Benefits Social Security Benefits Other (specify): _____

8. Did the absent parent ever receive any of the following? If Yes, check :
 Cash Assistance Medicaid Food Stamps

If Yes, what was the case number? _____ Center/Office: _____

FOR AGENCY USE
DOB from CSMS

9. What is the absent parent's date of birth? _____
Month Day Year

10. Where was the absent parent born? _____
City State/Country

11. What is the absent parent's mother's full maiden name? _____

12. What is the absent parent's father's name? _____

13. Have you and the absent parent been to court? No Yes
 If Yes, indicate reason: a divorce to establish paternity to obtain support an order of protection

If Yes, which court? Name of court _____ Docket/Index No.: _____

Location of court _____

14. Give names, addresses, and telephone numbers of the absent parent's relatives and/or friends:

Name	Relationship	Complete Address	Telephone Number

15. Has the absent parent ever served in the U.S. military? No Yes If Yes, which branch?
 Army Navy Air Force Marines Coast Guard National Guard
 If currently in the service, the address is: _____

Participant's Signature:	Date:
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TO BE COMPLETED BY THE WORKER
 (A separate M-384d is to be used for each absent parent)

Case Name:		Case Number:	
Participant's Address:		Absent Parent's Name:	
Center No.:	OCSE Office:	Participant's SSN:	Wedlock Status (circle one): IW OW
Date of Marriage:	Place of Marriage: City	State	

Names of Dependent Children	Sex	Date of Birth

Worker:	Telephone Number:	Date:
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FOR AGENCY USE
CSMS WORKER-CODE

FOR AGENCY USE
PARTICIPANT'S CSMS CASE NUMBER

For Agency Use:	
<input type="checkbox"/> No record of absent parent on CSMS.	Any one or more of the following questions has/have been completed.
<input type="checkbox"/> Question(s) 9, 10 and 11 or 12 have been completed.	<input type="checkbox"/> 2 through 8 <input type="checkbox"/> 13 through 15
ROUTING INSTRUCTIONS Forward this form to OCSE ONLY in instances in which one or more of the above boxes have been checked, and when information provided by participant/applicant has/have not been previously sent to OCSE. Destroy if NONE of the above has been checked.	