Human Resources Administration
Department of Social Services
Family Independence Administration

Absent Parent Questionnaire

IMPORTANT MESSAGE

Your cooperation is essential in locating the absent parent. We may also need you to participate in the court process of establishing paternity, if necessary, and obtaining a court order for the support of your child(ren).

Under current law, Family Assistance/Safety Net families are entitled to receive up to the first $100.00 of support money paid in the current month as a bonus. This means that you can receive a Cash Assistance grant and up to $100.00 monthly of any support money paid by the absent parent to the Office of Child Support Enforcement. If you and the child(ren) stop receiving Cash Assistance, **all** current support money collected will be sent to you.

Your expenses for your child's daily care, education and health care may lead to an increase in the amount of the support order, and it is important that you provide proof of these expenses.

You must complete one of these forms for each absent parent (father and/or mother) of the child(ren) for whom you are applying for or receiving Cash Assistance. You must answer all questions.

If you are scheduled for an appointment at the Office of Child Support Enforcement before your case is accepted, bring this completed questionnaire and the documents listed in the box below to your scheduled appointment.

Please bring the following to the interview at the Office of Child Support Enforcement:

1. Birth certificates for all your child(ren)
   - Tax returns
   - Old identification cards (Cash Assistance, medical, military, alien registration)
   - Bank books (active or closed)
   - Absent parent's birth certificate or school records

2. Any documents that can help the Agency locate the absent parent. For example:
   - Absent parent's pay stubs
   - Military records (discharge papers, VA claims)
   - Bills (telephone, utilities, etc.)
   - Installment sales agreements
   - Driver's license and/or car registration
   - Your marriage license if you were ever married
   - Any divorce decree or separation agreement
   - Correspondence (from absent parent's employer, union, etc.)
   - Any document with the absent parent's Social Security number on it

If you are NOT scheduled for an appointment at the Office of Child Support Enforcement before your case is accepted, you may be notified at a later date when to come in and what documents to bring.

Print your name:			**Your Social Security number:**
Last	First	Middle Initial	

Affirmation – must be signed. I hereby apply pursuant to Social Services Law 111-g and 111-h for child support services under Title IV-D of the Social Security Act as amended. I subscribe and affirm under penalty of perjury that this application is made for the sole purpose(s) of obtaining assistance in establishing paternity and/or obtaining child support from an individual who is (or may be) legally responsible for the support of dependent children; and that statements made in this application or accompanying document(s) have been examined by me and to the best of my knowledge and belief are true and correct. I understand that the information given by me may be investigated.

Signature	**Date**

Include in CA Application Kit

1. What is the absent parent's name? _____
Last First Middle Initial

2. What is the absent parent's Social Security number (do not insert your Social Security number) – from his/her pay stubs, tax returns, bank loans, old I.D. cards or official papers? _____

3. What is the absent parent's date of birth? _____

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

4. What is the absent parent's mother's maiden name? _____
Last First Middle Initial

What is the absent parent's father's name? _____
Last First Middle Initial

5. Have you and the absent parent ever been to court for any reason?

☐ No ☐ Yes Reason: _____

Name and Place of Court: _____ Date: _____

6. Is the absent parent supposed to provide child support under a court order?

☐ No ☐ Yes (If Yes, provide the information requested below and bring a copy of the court order to the interview.)

Amount $_____ per: _____ Date last received: _____
Week/Month

Name and Place of Court: _____ Docket or Index number: _____

7. Has the absent parent voluntarily given you child support money (without a court order)?

☐ No ☐ Yes (If Yes, provide the information requested below and bring a copy of the court order to the interview.)

A. Directly to you: Amount $ _____ per: _____ Date last received: _____
Week/Month

For which child(ren)? _____

B. To your Landlord: Amount $ _____ per: _____ Date last paid: _____
Week/Month

C. Tuition or school expenses: Amount $ _____ per _____ Date last paid: _____
Week/Month

Name and address of school: _____

For which child(ren)? _____

D. Other payment? Specify: _____ Amount $ _____ per _____
Week/Month

Date last paid: _____ Paid to whom? _____ For which child(ren) _____

8. Are you, or were you ever married? ☐ No ☐ Yes Date: _____ To who(m): _____

9. Are you, or were you:

A. Legally married to this absent parent? ☐ No ☐ Yes Date: _____ Where: _____

B. Legally separated from this absent parent? ☐ No ☐ Yes Date: _____ Where: _____

C. Legally divorced from this absent parent? ☐ No ☐ Yes Date: _____ Where: _____

Supreme Court Index Number: _____ If in New York City, what borough: _____

10. When did you last see the absent parent? _____ Where? _____

11. Where does the absent parent live now?

_____
Complete Street Address/Apt. Number City State Telephone Number

12. Does the absent parent have a mailing address different from the address above? ☐ No ☐ Yes (indicate below)

_____
Complete Street Address/Apt. Number City State Telephone Number

13. What is the previous address of the absent parent?

_____
Complete Street Address/Apt. Number City State Telephone Number

14. How would you contact the absent parent in an emergency? _____

15. How long have you known the absent parent? _____ Months _____Years

16. What kind of work does the absent parent do? _____
Employer's Name

Name of Union: _____ Address: _____

17. Do you know where the absent parent works now? ☐ No ☐ Yes

If Yes, what is the employer's name and address? _____

Telephone number: _____

18. Do you know where the absent parent previously worked? ☐ No ☐ Yes

If Yes, what was the employee's name and address? _____

Telephone number: _____

19. Does the absent parent provide medical insurance coverage for you and/or his child(ren)?

☐ No ☐ Yes If Yes, insurance company name: _____

☐ Don't know Policy number: _____ Who is covered? _____

20. Has the absent parent ever been:

☐ In the military? Branch: _____ Where: _____ When: _____

☐ In the hospital? Reason: _____ Where: _____ When: _____

☐ Arrested? Reason: _____ Where: _____ When: _____

☐ In prison? Reason: _____ Where: _____ When: _____

21. Is the absent parent receiving, or has he/she ever received?

☐ Cash Assistance ☐ SSI ☐ Medicaid ☐ Food Stamps ☐ Social Security ☐ UIB

☐ Pension (explain) _____

☐ Disability Benefits (explain) _____

☐ Worker's Compensation (explain) _____

22. Does the absent parent have a driver's license?

☐ No ☐ Yes, in which state _____

23. Does the absent parent have any of the following?

A. A car, truck or motorcycle? ☐ A boat? ☐ Specify: Year and make _____

B. A house? ☐ A vacation home? ☐

Where? _____
City County State Country

C. Life insurance policy? Name of insurance company: _____ Policy #: _____

D. Other assets? Specify: _____

24. What are the names and addresses of the absent parent's relatives and friends?

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE

25. Do you pay or do you receive from Cash Assistance any of the following:

A. Child care expenses for the absent parent's child(ren)?

☐ No ☐ Yes (If Yes, provide the information requested below.)

Name and address of child care provider: _____

Social Security number of provider: _____ Amount $ _____ per _____
Week/Month

Care fare _____ Amount $ _____ per _____
Week/Month

B. Special educational expenses for the absent parent's child(ren)?

☐ No ☐ Yes (If Yes, provide the information requested below.)

Amount $_____ per _____ To who(m)? _____
Week/Month

For what purpose? _____ For which child(ren)? _____

C. Are there special health expenses for the absent parent's child(ren)?

☐ No ☐ Yes (If Yes, provide the information requested below.)

Amount $_____ per _____ To who(m)? _____
Week/Month

For which child(ren)? _____

Describe type of expense: _____

D. Other expenses? Specify: _____ Amount $_____ per_____
Week/Month

For Office Use – To be Completed by Worker

1. From Ctr. _____ PPL UC FFR	Absent Parent (AP) is: ☐ New ☐ Known	2. To OCSE: _____ Borough Office

3. Case Name: Last First MI	4. Relationship to Children:	5. Absent parent's name: Last First MI

6. AP Relationship to Applicant	7. Cat./Case No.:	8. Applicant's CIN:	9. Date referred:	10. Applicant's SSN:	11. Applicant's DOB:

12. Applicant's complete street address (including apt. number, city, zip code):	13. Applicant's day time telephone number:

14. AP's SSN:	15. AP's DOB:	16. AP's Mother's maiden name:	17. AP's Father's name:	18. AP's place of birth:

19. Absent parent's employer (name of company and address, including city and state):	20. AP's phone number:
21. AP's complete home address (apt., city, state, zip code):	22. AP provides or is under: Check applicable box(es): ☐ Current court order ☐ Direct voluntary agreement ☐ Pays Applicant's excess rent ☐ Tuition ☐ Other expenses

23. Name of children	Date of birth	CIN	SSN	Sex M	Sex F	Wedlock In	Wedlock Out

Prepared by _____ Section _____ Date _____

Include in CA Application Kit