



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION  
**REFERRAL/INFORMATION FOR CHILD SUPPORT SERVICES**

**THIS SECTION TO BE COMPLETED BY INCOME MAINTENANCE STAFF**

APPLICANT'S DEPARTMENTAL CLIENT NUMBER (DCN)

☐ TEMPORARY ASSISTANCE

☐ MEDICAID-ONLY

**THIS SECTION TO BE COMPLETED BY THE APPLICANT**

COMPLETE EVERY ITEM ON THIS FORM EVEN IF YOU HAVE GIVEN THE INFORMATION BEFORE. THIS FORM REQUESTS INFORMATION NEEDED TO TAKE ACTION ON YOUR CHILD SUPPORT CASE.

THE APPLICANT IS (i.e., relationship to the child) ► ☐ MOTHER ☐ FATHER ☐ GRANDPARENT

☐ OTHER \_\_\_\_\_

**CUSTODIAL PARENT/CUSTODIAN INFORMATION**

NAME (LAST)		(FIRST)	(MIDDLE)
ADDRESS (NUMBER AND STREET)		(CITY)	(STATE) (ZIP CODE)
HOME PHONE NUMBER (INCLUDE AREA CODE)	CELL PHONE NUMBER (INCLUDE AREA CODE)		WORK PHONE NUMBER (INCLUDE AREA CODE)
SOCIAL SECURITY NUMBER	DATE OF BIRTH	RACE	SEX

**NONCUSTODIAL PARENT or ALLEGED FATHER INFORMATION**

NAME (LAST)		(FIRST)	(MIDDLE)	ALIAS
ADDRESS (CURRENT OR LAST KNOWN)		(CITY)	(STATE)	(ZIP CODE)
DATE ADDRESS LAST KNOWN	PHONE NUMBER (INCLUDE AREA CODE)	CELL PHONE NUMBER (INCLUDE AREA CODE)	SOCIAL SECURITY NUMBER	
DATE OF BIRTH	BIRTHPLACE (CITY AND STATE)		RACE	SEX

**CHILDREN OF THE CUSTODIAL PARENT AND NONCUSTODIAL PARENT/ALLEGED FATHER**

CHILD'S DCN OR SSN	NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	COUNTY/STATE OF BIRTH	RACE	SEX

IF THE CHILD(REN) WERE BORN OUT OF STATE, ATTACH A COPY OF THE BIRTH CERTIFICATE, IF AVAILABLE.

**MARITAL STATUS AND COURT INFORMATION**

ARE THE PARENTS OF THE CHILD(REN) ☐ MARRIED? ☐ NEVER MARRIED? ☐ FILED FOR DIVORCE?  
☐ DIVORCED?

IF THE PARENTS ARE/WERE MARRIED, PROVIDE DATE AND LOCATION	►	DATE	LOCATION (CITY, COUNTY AND STATE)
IF THE PARENTS ARE DIVORCED OR HAVE FILED FOR DIVORCE, PROVIDE DATE AND LOCATION	►	DATE	LOCATION (CITY, COUNTY AND STATE)

DID THE CUSTODIAL PARENT OF THE CHILD(REN) LIVE OUTSIDE MISSOURI AFTER THE CHILD(REN)'S BIRTH?

☐ YES ☐ NO ☐ UNKNOWN

IF YES	►	WHERE (CITY, COUNTY AND STATE)	WHEN
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WAS THE MOTHER MARRIED TO A MAN OTHER THAN THE NONCUSTODIAL PARENT/ALLEGED FATHER WHEN SHE BECAME PREGNANT OR WHEN THE CHILD(REN) WAS/WERE BORN? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN</span>			
IF YES, GIVE NAME	<input type="checkbox"/>	NAME	DATE OF MARRIAGE
HAVE CHILD SUPPORT PAYMENTS BEEN ORDERED BY A COURT? <span style="float: right;"><input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN</span>			
IF YES, COMPLETE COURT INFORMATION	<input type="checkbox"/> YES (ATTACH A COPY OF THE ORIGINAL COURT ORDER AND ANY MODIFICATIONS)	<input type="checkbox"/> NO	
		<input type="checkbox"/> UNKNOWN	
		IF YES, COMPLETE COURT INFORMATION	
COUNTY AND STATE OF COURT ORDER		DATE OF ORDER	
ORDER NUMBER		AMOUNT PER CHILD \$	FREQUENCY (WEEKLY, MONTHLY, ETC.)
<b>COMPLETE THE FOLLOWING IF THE PARENTS WERE NOT MARRIED WHEN THE CHILD(REN) WERE BORN</b>			
HAS PATERNITY BEEN LEGALLY ESTABLISHED BY A COURT? <span style="float: right;"><input type="checkbox"/> YES (ATTACH A COPY OF THE COURT ORDER) <input type="checkbox"/> NO</span>			
IF YES, COMPLETE COURT INFORMATION	<input type="checkbox"/> NO <input type="checkbox"/> YES (ATTACH A COPY OF THE DOCUMENT)	IF YES, IN WHICH STATE?	
		IF YES, IN WHICH STATE?	
HAS A PATERNITY TEST BEEN COMPLETED TO DETERMINE THE BIOLOGICAL FATHER OF THE CHILD(REN)? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>			
IF YES, IN WHICH STATE?			
IS IT POSSIBLE THAT ANOTHER MAN, OTHER THAN THIS ALLEGED FATHER, MIGHT BE THE FATHER OF THE CHILD(REN) LISTED? (ATTACH ADDITIONAL SHEET IF NECESSARY) <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>			
IF YES	<input type="checkbox"/>	NAME	ADDRESS
		NAME	ADDRESS
		NAME	ADDRESS
		NAME	ADDRESS
PHONE NUMBER (INCLUDE AREA CODE)			
PHONE NUMBER (INCLUDE AREA CODE)			
<b>OCCUPATIONAL AND SOCIAL INFORMATION</b>			
IS THE NONCUSTODIAL PARENT/ALLEGED FATHER <b>NOW</b> EMPLOYED? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN</span>			
IF YES	<input type="checkbox"/>	NAME OF EMPLOYER	
		ADDRESS	
		WORK HOURS	
FROM		TO	
WHAT ARE THE NAMES AND ADDRESSES OF THE NONCUSTODIAL PARENT'S/ALLEGED FATHER'S PARENTS?			
FATHER'S NAME		FATHER'S ADDRESS	
MOTHER'S NAME		(MAIDEN NAME)	MOTHER'S ADDRESS
<b>About our request for Social Security number (SSN) information:</b> We need <i>your</i> SSN and that of your <i>child(ren)</i> ; the SSNs will be used to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations. Disclosure of these SSNs is mandatory per section 466(a)(13) of the Social Security Act. We also ask that you provide the <i>noncustodial parent's or alleged father's</i> SSN if you know it. We need this information in order to identify the other parent in our records, to establish a support order, or to enforce a support order. Failure to provide this information may cause delays in delivering appropriate services to you.			
I certify that all information I gave on this form is true and complete to the best of my knowledge.			
APPLICANT SIGNATURE			DATE
<b>THIS SECTION TO BE COMPLETED BY INCOME MAINTENANCE STAFF</b>			
WORKER'S NAME (PLEASE PRINT)		IM OFFICE	DATE
NOTATIONS OF INCOME MAINTENANCE WORKER			
Return the completed form to: Family Support Division, PO Box 6790, Jefferson City, MO 65102-6790.			