

☐ IM

☐ CS

☐ IM

☐ CS

|      |
|------|
| NAME |
|------|

EMAIL ADDRESS \_\_\_\_\_

|                 |
|-----------------|
| CASELOAD NUMBER |
|-----------------|

| UNIT/COUNTY/AGENCY |
|--------------------|
| /                  |

|                  |
|------------------|
| TELEPHONE NUMBER |
| - -              |

☐ IM    ☐ CS    ☐ CD    ☐ MWA

CASE NAME

DEPARTMENTAL CLIENT NUMBER

|            |
|------------|
| INDIVIDUAL |
|------------|

|                                  |
|----------------------------------|
| NONCUSTODIAL PARENT NAME AND DCN |
|----------------------------------|

|                        |     |
|------------------------|-----|
| SOCIAL SECURITY NUMBER | - - |
|------------------------|-----|

- ☐ Address Change, Phone Number
- ☐ Grant Change
- ☐ Case Transferred
- ☐ Household Member Change
- ☐ Eligibility Unit Members Change
- ☐ Employer Information

☐ Resource Change

☐ Case Closed/Rejected, Last month received check

☐ Other:

☐ Request For Information

☐ Participant Reaching Lifetime Limit

☐ Noncustodial Parent Information

☐ Refusal to Cooperate - Child Support

☐ Refusal to Cooperate - Medical

☐ Good Cause Approved

☐ Support Payments

☐ Other

IV-D Case Number \_\_\_\_\_

☐ FSD Action Requested (explain below)

☐ Other (explain below)

☐ Child(ren) removed from home

☐ Child(ren) returned to the home and FACES case is closed.

☐ Other

## This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings visible.