FORM: CSE–201

REFERRAL/INFORMATION FOR SERVICES

PURPOSE:

To provide information about the noncustodial parent (NCP) or alleged father (AF) when a referral is made from the Division of Family Services (DFS) to the Division of Child Support Enforcement (DCSE) or when an individual applies for non–Temporary Assistance for Needy Families (TANF) services. This is the basic form upon which DCSE builds a case. Therefore, it is essential that the form be completed as thoroughly as possible.

REFERENCE:

DCSE Procedural Manual, Section II, Chapter 2.

GENERAL PROCEDURES:

TANF case: The applicant must complete a CSE–201 for each NCP or AF of the child(ren) who are to receive TANF benefits. If the parental rights of an NCP have been terminated, a CSE–201 must still be submitted, including the date of termination. Although an individual does not owe current support once his/her parental rights are terminated, unpaid support that came due prior to the termination is assigned to the state.

DFS sends the CSE–201 to DCSE within two working days after DFS staff enter the IMU5 approval transaction into the computer system.

DFS may reject an application for public assistance or close a public assistance case. If the applicant reapplies within 30 days of the rejection or case closing, DFS staff may use the previously completed CSE–201. However, the applicant must check for any necessary changes in information and re–sign and re–date the form. If the applicant indicates that extensive changes are necessary, DFS staff will have the applicant complete a new
CSE–201.

If more than 30 days elapse from the rejection of the application or from the reapplication for public assistance, the applicant must complete a new CSE–201.

Medicaid–only case: The applicant must complete a CSE–201 for each NCP or AF of the child(ren) who are to receive Medicaid benefits.

> **NOTE:** The CSE–201 includes a section on page 4 that addresses applicants for public assistance. This section informs the applicant that should (s)he **and** his/her children be eligible for Medicaid only, (s)he must cooperate with DCSE to establish paternity and/or establish and enforce a medical support order. A Medicaid-only recipient is not required to cooperate with DCSE to establish and enforce a child support (cash) order. A child-only Medicaid recipient is not required to cooperate with DCSE to establish paternity or to establish and/or enforce a medical support or child support order. DCSE will provide full child support services to Medicaid-only recipients unless the CP requests otherwise.

Non–Parent Caretaker Relative (NPCR) case: The caretaker must complete a CSE–201 for both parents.

Deceased NCP: If the death is verified, it is not necessary to complete a CSE–201. A referral is not required.

Non–TANF case: The applicant must complete a CSE–201 for each parent of the child(ren) for whom the applicant seeks child support enforcement services.

> **NOTE:** The CSE–201 is not used in Alternative Care (Foster Care) cases. Children's Services staff use the Referral/Information for Services/AC (CSE–201AC) to refer parents of children in foster care to DCSE.

(THE BALANCE OF THIS PAGE WAS INTENTIONALLY LEFT BLANK SO THAT THE FIELD–BY–FIELD INSTRUCTIONS CAN BE GIVEN SEPARATELY TO APPLICANTS AT STAFF DISCRETION.)

<u>**INSTRUCTIONS FOR COMPLETION:**</u>

<u>**Completed by Division of Family Services (DFS) or Division of Child Support Enforcement (DCSE) staff**</u>:

<u>Field   1</u> – Enter the IV–D case number.

<u>Field   2</u> – Enter the custodial parent's/custodian's (CP's) departmental client number (DCN) [Temporary Assistance for Needy Families (TANF) or Medicaid case].

<u>Field   3</u> – Check the appropriate box.

<u>**Completed by applicant**</u>:

<u>Field   4</u> – Check the appropriate box to indicate if the applicant is the CP, noncustodial parent (NCP) or alleged father (AF).

Custodial Parent/Custodian (CP) Information

<u>Field   5</u> – Enter the CP's name.

<u>Field   6</u> – Enter the CP's date of birth.

<u>Field   7</u> – Enter the CP's address.

<u>Field   8</u> – Enter the CP's home telephone number.

<u>Field   9</u> – Enter the CP's work telephone number.

<u>Field   10</u> – Enter the CP's Social Security number.

<u>Field   11</u> – Enter the CP's race.

<u>Field   12</u> – Enter the CP's sex.

Noncustodial Parent (NCP) or Alleged Father (AF)

Information

    <u>Field   13</u>   –   Enter the NCP/AF's name.

    <u>Field   14</u>   –   Enter the NCP/AF's alias, if any.

    <u>Field   15</u>   –   Enter the NCP/AF's address.

    <u>Field   16</u>   –   Enter the date the NCP/AF was last known to live at this address.

    <u>Field   17</u>   –   Enter the NCP/AF's telephone number.

    <u>Field   18</u>   –   Enter the NCP/AF's date of birth.

    <u>Field   19</u>   –   Enter the NCP/AF's place of birth (city and state).

    <u>Field   20</u>   –   Enter the NCP/AF's race.

    <u>Field   21</u>   –   Enter the NCP/AF's sex.

    <u>Field   22</u>   –   Enter the NCP/AF's height.

    <u>Field   23</u>   –   Enter the NCP/AF's weight.

    <u>Field   24</u>   –   Enter the NCP/AF's hair color.

    <u>Field   25</u>   –   Enter the NCP/AF's eye color.

    <u>Field   26</u>   –   Enter the NCP/AF's Social Security number.

Child Information

    <u>Field   27</u>   –   Enter the child's DCN or Social Security number.

    <u>Field   28</u>   –   Enter the child's full name.

Field   29   –   Enter the child's date of birth.

Field   30   –   Enter the county and state in which the child was born.

Field   31   –   Enter the child's race.

Field   32   –   Enter the child's sex.

Field   33   –   Check the appropriate box.

Field   34   –   Enter the name of the county and state, other than Missouri, in which the child(ren) received TANF.

Field   35   –   Enter the dates between which the child(ren) received TANF in the other state.

Marital and Court Information

Field   36   –   Check the appropriate box.

Field   37   –   Enter the date of the marriage, if applicable.

Field   38   –   Enter the city, county and state in which the parents married.

Field   39   –   Enter the date of the divorce, if applicable.

Field   40   –   Enter the city, county and state in which the parents divorced.

Field   41   –   Check the appropriate box.

Field   42   –   Check the appropriate box.

Field   43   –   Enter the name of the city, county and state, other than Missouri, in which the applicant lived after the child(ren)'s birth, if applicable.

Field   44   –   Enter the year(s) in which the applicant lived out of Missouri after the child(ren)'s birth.

Field   45   –   Check the appropriate box.

Field   46   –   Enter the city, county and state in which one of the parents filed for divorce.

Field   47   –   Check the appropriate box.

Field   48   –   Enter the NCP/AF's current spouse's full name.

Field   49   –   Check the appropriate box.

Field   50   –   Enter the name of the mother's husband at the time the child(ren) were conceived or born, if applicable.

Field   51   –   Check the appropriate box.

Field   52   –   Enter the county and state in which the court order is filed.

Field   53   –   Enter the date of the court order.

Field   54   –   Enter the court order number.

Field   55   –   Enter the amount of child support ordered for each child.

Field   56   –   Enter how often the child support is supposed to be paid (e.g., weekly, biweekly, monthly).

Field   57   –   Check the appropriate box.

Field   58   –   Enter the date when the NCP stopped making regular payments, if applicable.

Field   59   –   Enter the amount the NCP pays regularly.

Field   60   –   Enter the frequency at which the NCP pays regularly.

Field   61   –   Check the appropriate box.

Field   62   –   If the answer to Field 61 is yes, check the appropriate box.

Field   63   –   Enter the name of the person who has legal custody of the child(ren).

Field   64   –   Enter the relationship the legal custodian has to the child(ren) (e.g., mother, father, grandparent).

Field   65   –   Enter the legal custodian's address.

Field   66   –   Enter the legal custodian's telephone number.

Field   67   –   Check the appropriate box.

Field   68   –   Enter the date the child(ren) began living with the custodian, if applicable.

Complete if parents were not married when child(ren) were born:

Field   69   –   Check the appropriate box.

Field   70   –   Enter the county and state in which a paternity order is filed.

Field   71   –   Enter the date of the paternity order.

Field   72   –   Enter the paternity order number.

Field   73   –   Check the appropriate box.

Field   74   –   Enter the name(s) of the people to whom the alleged father admitted paternity of the child(ren) on this case.

Field   75   –   Enter the address(es) of the above–named people.

Field   76   –   Check the appropriate box.

Field   77   –   Check the appropriate box.

Field   78   –   Check the appropriate box.

Field   79   –   Enter the name of another man who might be the father of the child(ren), if applicable. If necessary, add a separate sheet to include additional names.

Field   80   –   Enter the above–named man's address. If necessary, add a separate sheet to include additional names.

Field   81   –   Enter the above–named man's telephone number.

Field   82   –   Check the appropriate box.

Field   83   –   Enter the city, county and state where the child(ren) were conceived if not in Missouri.

Occupational and Social Information

Field   84   –   Check the appropriate box.

Field   85   –   Enter the name and location of the school the NCP/AF attends.

Field   86   –   Enter the name and location of the high school or college the NCP/AF attended last.

<u>Field   87</u>   –   Enter the NCP/AF's usual occupation.

<u>Field   88</u>   –   Check the appropriate box.

<u>Field   89</u>   –   Enter the name of the NCP/AF's union, the union local number and the address.

<u>Field   90</u>   –   Check the appropriate box.

<u>Field   91</u>   –   Enter the name of the NCP/AF's employer.

<u>Field   92</u>   –   Enter the telephone number of the NCP/AF's employer.

<u>Field   93</u>   –   Enter the address of the NCP/AF's employer.

<u>Field   94</u>   –   Enter the NCP/AF's work hours.

<u>Field   95</u>   –   Enter the name of the NCP/AF's previous employer(s).

<u>Field   96</u>   –   Enter the address of the NCP/AF's previous employer(s).

<u>Field   97</u>   –   Enter the dates between which the NCP/AF worked for the previous employer(s).

<u>Field   98</u>   –   Check the appropriate box.

<u>Field   99</u>   –   Enter the city in which the NCP/AF owns real estate.

<u>Field   100</u>   –   Enter the county in which the NCP/AF owns real estate.

<u>Field   101</u>   –   Enter the state in which the NCP/AF owns real estate.

Field   102   –   Check the appropriate box.

Field   103   –   Enter the personal property item(s) the NCP/AF owns.

Field   104   –   Check the appropriate box.

Field   105   –   Enter the source of the NCP/AF's income (other than wages).

Field   106   –   Enter the amount of income the NCP/AF receives (other than wages).

Field   107   –   Enter the frequency at which the NCP/AF receives income (other than wages).

Field   108   –   Check the appropriate box.

Field   109   –   Enter the amount of Social Security benefits the child(ren) receive because of the NCP/AF's disability.

Field   110   –   Enter the date the child(ren)'s Social Security benefits began.

Field   111   –   Check the appropriate box.

Field   112   –   Enter the NCP/AF's military branch of service.

Field   113   –   Enter the name of the NCP/AF's last known military station.

Field   114   –   Check the appropriate box.

Field   115   –   Enter the name of the jail or prison in which the NCP/AF is incarcerated.

Field   116   –   Enter the date the NCP/AF was imprisoned.

Field   117   –   Enter the NCP/AF's expected release date from jail or prison.

Field   118   –   Check the appropriate box.

Field   119   –   Enter the name of the NCP/AF's parole officer.

Field   120   –   Enter the address of the NCP/AF's parole officer.

Field   121   –   Check the appropriate box.

Field   122   –   Enter the name of the financial institution (bank, credit union, or savings and loan) where the NCP/AF has an account.

Field   123   –   Enter the financial institution's address.

Field   124   –   Enter the NCP/AF's account number at the financial institution.

Field   125   –   Check the appropriate box.

Field   126   –   Enter the name and address of the health benefit plan carrier.

Field   127   –   Enter the name(s) of the child(ren) covered by the health benefit plan policy.

Field   128   –   Enter the policy number.

Field   129   –   Enter the out–of–pocket cost per month of the health benefit plan premium.

Field   130   –   Check the appropriate box and provide spouse's name if applicable.

Field   131   –   Enter the full name of the NCP/AF's father.

Field   132   –   Enter the address of the NCP/AF's father.

Field   133   –   Enter the full name of the

NCP/AF's mother.

Field   134   –   Enter the maiden name of the NCP/AF's mother.

Field   135   –   Enter the address of the NCP/AF's mother.

Field   136   –   Enter any additional information regarding the NCP/AF.

Field   137   –   The applicant signs his/her name in this field after reading the preceding paragraph on the form and agreeing to their statements.

Field   138   –   The applicant enters the date (s)he signs his/her name in Field 137.

Field   139   –   Enter the applicant's relationship to the child(ren).

Field   140   –   The applicant signs his/her name in this field after reading the preceding three paragraphs. The applicant only signs in this field if (s)he completes the
CSE–201 as part of an application for public assistance.

Field   141   –   The applicant enters the date (s)he signs his/her name in Field 140.

Completed by DFS:

Field   142   –   Enter the DFS caseworker's name.

Field   143   –   Enter the DFS caseworker's e–mail ID.

Field   144   –   Enter the date the CSE–201 is completed as part of an application for public assistance.

Field   145   –   Enter DFS caseworker comments.