

ABSENT PARENT REFERRAL (ABPR) TO CHILD SUPPORT ENFORCEMENT AGENCY

I. CASE WORKER TO COMPLETE:

CASE NAME:

CASE NO:

KOLEA NO.

CUSTODIAL PARENT/PERSON WITH WHOM CHILD(REN) IS LIVING:

II. APPLICANT/BENEFICIARY TO COMPLETE INFORMATION ON DEPENDENT CHILD(REN) AND THE

ABSENT PARENT: List child(ren) of this absent parent and indicate if the mother was married when she gave birth to the child and, give the child's relationship to the custodial parent/person (CH=child; GC=grandchild; NN=niece or nephew; CO=cousin; SC=stepchild; SI=sibling)

CHILD'S NAME		Was Mother Married When This Child Was Born?		Is There A Court Decision Naming The AP As The Father Of This Child?		Child's Relationship To CP
(1)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(2)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(3)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(4)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(5)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(6)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

ABSENT PARENT (AP) LAST NAME: _____ FIRST: _____ MIDDLE INITIAL (MI): _____

AP SOCIAL SECURITY NUMBER: _____ AP DATE OF BIRTH: _____ AP GENDER: _____

AP RACE: _____ AP ALIAS LAST NAME: _____ FIRST: _____ MI.: _____

AP MOTHER'S LAST NAME: _____ FIRST: _____ MI.: _____

AP MOTHER'S MAIDEN NAME: _____

AP FATHER'S LAST NAME: _____ FIRST: _____ MI.: _____

MARRIED TO CUSTODIAL PARENT (CP)? (Y/N) _____ WHERE MARRIED (US STATE OR COUNTRY): _____

DATE MARRIED TO CP: _____ DIVORCE PENDING? (Y/N) _____ DIVORCE DATE: _____ AP'S LAST KNOWN OR CURRENT

ADDRESS: _____ IS AP EMPLOYED? (Y/N) _____

AP'S LAST KNOWN EMPLOYER AND ADDRESS, CITY, STATE, AND ZIP CODE: _____

CHILD COVERED UNDER AP'S EMPLOYER OR OTHER INSURANCE ? (Y/N) _____ NAME OF INSURANCE/POLICY NO. : _____

_____ COURT ORDERED OBLIGATION ESTABLISHED : _____ COURT ORDER NO.: _____

CHILD SUPPORT AMT: _____ PAYMENT FREQUENCY: _____ LAST PAYMENT AMOUNT: _____

LAST PAYMENT DATE: _____ TYPE OF COURT ORDERED SUPPORT: _____ CHILD SUPPORT PAYEE: _____

**APPLICANT/BENEFICIARY SHALL READ THE INFORMATION UNDER SECTION
III AND SIGN LOCATION & PENALTY OF PERJURY STATEMENT UNDER
SECTION IV BELOW**

III. INFORMATION FOR APPLICANT/BENEFICIARY

Federal law requires that if the child(ren)'s absent parent(s) is/are not providing child support payments or medical support, the Department will take steps to locate and contact the absent parent(s) and enforce support on behalf of the child(ren). In certain instances, if the absent parent is already contributing child support on a regular basis to you, he/she will be required to send the child support payments to the Child Support Enforcement Agency. Even if you are currently receiving child support payments and/or medical support, the DHS 1101 form must be completed. Refusal to cooperate in providing information on the child(ren)'s absent parent(s) will not affect your child(ren)'s benefits, but may make you ineligible for medical assistance, unless you qualify for good cause exception to refuse to cooperate. If you believe it is in your household's best interest not to cooperate, contact Med-QUEST for more information. H.A.R. §§17-1705-17, 17-1705-18, 17-1705-19, 17-1705-20

IV. LOCATION AND PENALTY OF PERJURY STATEMENT

I have been informed of the Child Support Enforcement program, and I understand that I must cooperate in the location of the Absent Parent or I will be ineligible for medical assistance. I have been informed of the "good cause to not cooperate" exception. I hereby declare, under penalty of perjury, that I have examined the foregoing statements and to the best of my knowledge and belief the information I have provided is true, correct and complete.

Signed: _____ Date: _____
(Applicant/Beneficiary Signature)