



Child Support Services Enrollment Form¹

Type of child support services you want: (check the box next to the service(s) you are requesting)		
<input type="checkbox"/> Parent Locate	<input type="checkbox"/> Establishment of Paternity	<input type="checkbox"/> Modification of an Existing Order
<input type="checkbox"/> Establishment of an Order for Child and Medical Support	<input type="checkbox"/> Enforcement of an Existing Order for Child and Medical Support	

If you need assistance with this enrollment form call Child Support Services at (888) 757-2445 or visit your nearest Child Support Office found at <http://www.dcf.ks.gov/services/CSS/Pages/Contractor-Information.aspx>. Please send this enrollment form along with a copy of your child support order, income withholding order, and arrears calculation (if you have one) to Child Support Services by mail PO Box 552 Lawrence, Kansas 66044; fax 844-682-2171; or email dcf.cssapplications@ks.gov

APPLICANT INFORMATION				
APPLICANT IS <input type="checkbox"/> Birth Parent <input type="checkbox"/> Parent <input type="checkbox"/> Other _____				
What is your Relationship to the Dependent? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Custodian <input type="checkbox"/> Other _____				
Name (First, Middle, Last):		Other Names Used (Alias, Maiden, Nickname, etc.):		
Social Security Number (SSN):	Date of Birth (DOB):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	
Address (Include street name, apartment number and/or floor number)		City	State	Zip Code
Phone Number (cell):	Phone Number (work):	Phone Number (other):		
Would you Like to Receive text Messages from CSS? <input type="checkbox"/> No <input type="checkbox"/> Yes and text number: _____				
Email Address: _____				
Do you have an attorney? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what is the name/address/phone number of the attorney? _____				
Do you believe that pursuing child support services may result in physical or emotional harm to you or your child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, additional documentation may be requested by your case worker)				
Is either parent of the minor child a member of a Native American Tribe? <input type="checkbox"/> No <input type="checkbox"/> Yes: Tribe Name: _____				
Which Parent: <input type="checkbox"/> Mother- Tribe Name _____ <input type="checkbox"/> Father- Tribe Name _____				
If you are a tribal member you may to choose to have your case worked by the tribal agency or our agency. Please check the box below if you wish to open your case with the tribe. If so, we will mail your enrollment form to their agency. You may contact them for questions about their program. Check one box:				
<input type="checkbox"/> Delaware Tribe 5100 Tuxedo Blvd, Ste C Bartlesville, OK 74006 (918) 337-6510		<input type="checkbox"/> PBPB Tribe 11400 158 th Road P.O. Box 174 Mayetta, KS 66509 (785) 966-8330		<input type="checkbox"/> Kickapoo P.O. Box 163 Horton, KS 66439 (877) 864-2902
OTHER PARENT INFORMATION				
Name (First, Middle, Last):		Other Names Used (Alias, Maiden, Nickname, etc.):		
SSN:	DOB/approximate age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	
Address (Include street name, apartment number and/or floor number)		City	State	Zip Code
Phone Number (cell):	Phone Number (work):	Phone Number (other):		
Email Address:	Height:	Weight:	Hair Color:	Eye Color:
Is the other parent employed? <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes If yes, please provide name/address/phone number of employer: _____				
Is the other parent receiving Social Security benefits? <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes If yes, do you receive auxiliary benefits for the child(ren)? <input type="checkbox"/> Yes, \$ _____/month <input type="checkbox"/> No				
Is the other parent in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Does the other parent have a U.S. passport? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Does the other parent have an attorney? <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes If yes, please provide name/address/phone number of attorney: _____				

¹ The CSS Application is now called the Child Support Services Enrollment Form
Revised: 1/28/2020

DEPENDENT #1 INFORMATION			
Name (First, Middle, Last):	SSN:	DOB:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
County & State of Birth:		County & State Child Conceived:	
Is Father Listed on Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name of father: _____		Was Mother Married During the Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name of spouse: _____	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (if yes, then complete the next two boxes) (if no, then complete the section below)	How was paternity established? <input type="checkbox"/> Court Order <input type="checkbox"/> Paternity Affidavit	Where was paternity established? (County/State)	

DEPENDENT #2 INFORMATION			
Name (First, Middle, Last):	SSN:	DOB:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
County & State of Birth:		County & State Child Conceived:	
Is Father Listed on Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name of father: _____		Was Mother Married During the Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name of spouse: _____	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (if yes, then complete the next two boxes) (if no, then complete the section below)	How was paternity established? <input type="checkbox"/> Court Order <input type="checkbox"/> Paternity Affidavit	Where was paternity established? (County/State)	

DEPENDENT #3 INFORMATION			
Name (First, Middle, Last):	SSN:	DOB:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
County & State of Birth:		County & State Child Conceived:	
Is Father Listed on Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name of father: _____		Was Mother Married During the Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name of spouse: _____	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (if yes, then complete the next two boxes) (if no, then complete the section below)	How was paternity established? <input type="checkbox"/> Court Order <input type="checkbox"/> Paternity Affidavit	Where was paternity established? (County/State)	

(If you have additional dependents, please attached a separate sheet with information)

LEGAL INFORMATION			
Is there a child support order(s) for the child(ren)? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please complete the section below):			
For which child(ren)?	Child #1:	Child #2:	Child #3
	Child #4:	Child #5:	Child #6:
Court Case Number:	County:	State:	
Name of person who is providing health insurance for the children: _____ <input type="checkbox"/> Private Insurance <input type="checkbox"/> State of KS Insurance			

APPLICANT'S AFFIRMATION AND AGREEMENT		
<ul style="list-style-type: none"> I hereby swear and affirm under the penalties of perjury that the information contained in this enrollment form is true and correct to the best of my knowledge. Providing false information could result in perjury charges being filed against me. I understand the attorneys who work for the Child Support Services (CSS) program work only for the Secretary of DCF. Even if you benefit from their work, they do not represent you. They cannot give you legal advice. They cannot do any legal work on your case that goes beyond CSS services. The role of the CSS attorney in the child support case is to act in the public interest to make sure parents support their children. If the other parent raises issues that are beyond CSS services, such as parenting time or custody, you will need to talk with a lawyer of your own to protect your rights or for personal legal advice. I understand that I must cooperate with CSS. If you are receiving mandatory programs such as TANF, food assistance, medical assistance or child care and fail to cooperate, your benefits could be affected. I understand that I may terminate services by notifying CSS in writing or by phone that services are no longer desired. Services may only be terminated in accordance with 45 C.F.R. 303.11. Termination of IV-D child support services does not modify or terminate existing child support orders. By signing this enrollment form, you agree to assign (turn over) your rights to past, present and future support to the Secretary of DCF. This lets CSS do the work that is needed for your case. By signing this enrollment form it gives the Secretary of DCF the legal power to endorse support check while your CSS case is open. This allows the State to handle and process your support payments quickly. <p>I have reviewed and understand the content in the Child Support Services Handbook, www.dcf.ks.gov. I have read the notices contained in this Section of this form. My signature below authorizes the CSS office to get certified copies of my child's birth certificate if the certificate is needed in the administration of the CSS Program.</p>		
Printed Name of Applicant	Signature of Applicant X _____	Date Signed (mm/dd/yyyy)
Printed Name of Parent/Guardian (if applicant is an unemancipated minor)	Signature of Parent/Guardian (if applicant is an unemancipated minor) X _____	Date Signed (mm/dd/yyyy)

Were you referred to Department for Children and Families Child Support Services by a Court Trustee? No Yes, please list Court Trustee _____