



(for office use only)  
 INRD# \_\_\_\_\_  
 KAECSES# \_\_\_\_\_

## Child Support Services Enrollment Form<sup>1</sup>

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 email this enrollment form along with a copy of your child support order, income withholding order, and arrears calculation (if you have one) to [DCF.CSSCustomer@ks.gov](mailto:DCF.CSSCustomer@ks.gov)**

**Were you referred to Department for Children and Families Child Support Services by a Court Trustee?**

No  Yes, please list Court Trustee: \_\_\_\_\_

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: _____			
Are you willing to participate in any customer service surveys? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how would you like to receive the surveys: <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Both, text & email			
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"/> No <input type="checkbox"/> Yes (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 _____			

<sup>1</sup> The CSS Application is now called the Child Support Services Enrollment Form

If you are a tribal member you may 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:

Delaware Tribe  
5100 Tuxedo Blvd, Ste C  
Bartlesville, OK 74006  
(918) 337-6510

PBPN Tribe  
11400 158<sup>th</sup> Road  
P.O. Box 174  
Mayetta, KS 66509  
(785) 966-8330

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:  Male  Female  
 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?  No  Yes  Unknown  
If yes, please provide name/address/phone number of employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the other parent receiving Social Security benefits?  No  Yes  Unknown  
If yes, do you receive auxiliary benefits for the child(ren)?  No  Yes, \$ \_\_\_\_\_/month

Is the other parent in the military?  No  Yes  Unknown

Does the other parent have a U.S. passport?  No  Yes  Unknown

Does the other parent have an attorney?  No  Yes  Unknown  
If yes, please provide name/address/phone number of attorney: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DEPENDENT #1 INFORMATION

Name (First, Middle, Last): \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  Male  Female

City & State of Birth: \_\_\_\_\_ County & State Child Conceived: \_\_\_\_\_

Is Father Listed on Birth Certificate?  No  Yes  
If yes, please provide name of father: \_\_\_\_\_  
\_\_\_\_\_ Was Mother Married During the Pregnancy?  No  Yes  
If yes, please provide name of spouse: \_\_\_\_\_  
\_\_\_\_\_

Has paternity been established for this child?  No  Yes  Unknown  
(If yes, then complete the next two boxes) How was paternity established?  Court Order  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
City & State of Birth:		County & State Child Conceived:	
Is Father Listed on Birth Certificate? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name of father: _____		Was Mother Married During the Pregnancy? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name of spouse: _____	
Has paternity been established for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown (If yes, then complete the next two boxes)	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
City & State of Birth:		County & State Child Conceived:	
Is Father Listed on Birth Certificate? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name of father: _____		Was Mother Married During the Pregnancy? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name of spouse: _____	
Has paternity been established for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown (If yes, then complete the next two boxes)	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:	

**MEDICAL INFORMATION**

Is someone providing health insurance for the child(ren): No Yes Unknown  
Name of person who is providing health insurance for the child(ren): \_\_\_\_\_  
Relationship to the child(ren): \_\_\_\_\_  
What type of insurance is being provided?  Private Insurance  State of Kansas Insurance  
If private insurance, name of the Insurance Company: \_\_\_\_\_  
Address of the Insurance Company: \_\_\_\_\_  
Phone number of the Insurance Company: \_\_\_\_\_  
Policy# \_\_\_\_\_ Group# \_\_\_\_\_  
Which child(ren) are covered under this policy: \_\_\_\_\_  
\_\_\_\_\_  
What type of coverage is provided:  Medical Pharmacy  Dental Optical/Vision  
Effective Date: \_\_\_\_\_  
Is this insurance provided through an employer? No Yes  
If so, please provide the name of the employer: \_\_\_\_\_  
Address of the employer: \_\_\_\_\_  
Phone number of the employer: \_\_\_\_\_

**APPLICANT'S AFFIRMATION AND AGREEMENT**

- 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.

I have reviewed and understand the content in the Child Support Services Handbook, [www.dcf.ks.gov](http://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.

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)