Kansas
Department for Children and Families

(for office use only)
INRD#_____
KAECSES#_____

Child Support Services Enrollment Form[1]

Type of child support services you want: (check the box next to the service(s) you are requesting)
☐Parent Locate ☐Establishment of Paternity ☐Modification of an Existing Order
☐Establishment of an Order for Child and Medical Support
☐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

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 ➧ ☐Birth Parent ☐Parent ☐Other _____			
What is your Relationship to the Dependent? ☐ Mother ☐ Father ☐ Custodian ☐ Other			
Name (First, Middle, Last):	Other Names Used (Alias, Maiden, Nickname, etc.):		
Social Security Number (SSN):	Date of Birth (DOB):	Sex: ☐Male ☐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? ☐No ☐Yes and text number: _____			
Email Address: _____			
Are you willing to participate in any customer service surveys? ☐No ☐Yes If yes, how would you like to receive the surveys: ☐Text ☐Email ☐Both, text & email			
Do you have an attorney? ☐No ☐ 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)? ☐No ☐Yes (If yes, a caseworker will contact you for additional information. If you have any additional questions in the meantime, call us at (888) 757-2445)			
Is either parent of the minor child a member of a Native American Tribe? ☐No ☐Yes: Which Parent: ☐Mother - Tribe Name _____ ☐Father - Tribe Name_____			

[1] The CSS Application is now called the Child Support Services Enrollment Form

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:

☐ Delaware Tribe	☐ PBPN Tribe	☐ Kickapoo
5100 Tuxedo Blvd, Ste C Bartlesville, OK 74006 (918) 337-6510	11400 158th Road P.O. Box 174 Mayetta, KS 66509 (785) 966-8330	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	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: ☐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 #3 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)	

(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)? ☐No ☐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.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)