

**Guernsey County Department Of
Job and Family Services**
324 Highland Avenue
Cambridge, OH 43725



**Guernsey County Child Support
Enforcement Agency**
324 Highland Avenue
Cambridge, OH 43725

We are committed to provide the highest quality of services which promote independence and well-being for all of the individuals and families our agency serves.

To complete the application for services:

1. Sign and date all the papers where the X is.
2. Please complete the two page absent parent information sheets with as much information as you can. The top of the first sheet is your information and the child/childrens information, the middle of the first sheet starts the absent parents information and continues on the second page.
3. If you have any questions concerning the papers please call the Guernsey County Child Support Enforcement Agency at 432-2381.
4. When the application is returned a case will be processed and you will receive a welcome to sets letter in the mail that will have a SETS case number on it which will be the case number you will refer to when calling in.
5. Services will then be started on the case depending on which action is requested which may include paternity, establishment or enforcement.

CSEA 011 (3/09)



Phone 740-432-2381

Toll Free 1-800-307-8422

Fax 740-432-1952

A partner in the Guernsey County Planning Committee for Economic, Social & Human Services Development

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Troy A. McCollister, Director

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IV-D Collection Agreement (OWF Recipients)

I hereby agree to transfer to the Guernsey County Dept. of Job and Family Services all my rights to any child or spousal support paid through any court. These include:

Rights to support which may have accrued prior to and during the time I received ADC
(Interpretation - This includes the accumulated support obligation owed and unpaid for the months before the family applied for assistance.)

This agreement will terminate only with respect to current support rights upon termination of eligibility for assistance for myself or the children for whom I am applying for or received aid. This agreement will not be terminated with respect to any accrued unpaid support obligation until those support obligations are paid and the Dept. of Job and Family Services fully reimbursed for past public assistance rendered. Any amount of in excess of the current support may be considered to be arrearage and may be forwarded to the County Dept. of Job and Family Services

Case # _____

SSN _____

Signature of Applicant Recipient

Accepted this _____ day of _____, 20__

Effective Date of Assignment _____

IV-D Case Manager _____

SECURING SUPPORT IV-D RESPONSIBILITY (This section for the information of the IV-D Unit Only)

1.) Child's Name _____

Absent Parent _____

2.) Child's Name _____

Absent Parent _____

3.) Child's Name _____

Absent Parent _____

Court Order Number _____

County and State _____

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THE ADC APPLICANT / RECIPIENT MUST COOPERATE WITH CHILD SUPPORT IN:

Identifying and locating absent parents

Establishing paternity for each child born out-of-wedlock

Obtaining support payments and hospitalization coverage

Assigning support rights to the Department of Job and Family Services

A PRACTICAL DEFINATION OF COOPERATION INCLUDES THE FOLLOWING:

Appearing at the CSEA as necessary to provide relevant verbal or written information

Appearing as a witness in court or at other hearing or proceeding

Attesting by means of a sworn statement, to lack of knowledge or information (when applicant / recipient states that such lack exists).

After an assignment has been made, paying to the DHS any child support payments received from the absent parent which are covered by such assignment.

FAILURE TO COOPERATE WITHOUT "GOOD CAUSE" RENDERS THE CARETAKER INELIGIBLE FOR ASSISTANCE. PAYMENTS FOR ADC CHILDREN WILL BE IN THE FORM OF A VENDOR OR PROTECTIVE PAYEE.

If you have any questions, please contact the Child Support Enforcement Agency at (740) 432-2381 and ask to speak to an investigator.

"I understand that services will be considered without regard to race, color, ancestry, sex, age, handicap, religion or national origin."

Client's Signature: _____ Date _____

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

HEALTH INSURANCE INFORMATION SHEET

STATE USE ONLY

Carrier Code	Document Number	Matrix Codes
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SECTION I

(a) County	(b) Agency	(c) Cris-E Case Number	(d) Case Name (last-first-initial)
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SECTION II

(A) Check only if Claim Submission to be billed to employer

(B) Name of Insurance Company	Telephone Number ()	(C) Name of Employer	Telephone Number ()
Address		Address	
City, State	Zip	City, State	Zip

(D) **INDIVIDUAL PLAN** **GROUP PLAN**

(E) POLICY NUMBER	(F) GROUP NUMBER	(G) POLICY BEGIN DATE	(H) POLICY END DATE	(I) POLICY HOLDER SSN#	(J) POLICY HOLDER NAME
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(K) POLICY TYPE	ADDITIONAL POLICY OPTIONS
<input type="checkbox"/> 1. Medicare Supplemental <input type="checkbox"/> 6. Cancer <input type="checkbox"/> 2. Income (Indemnity) Supplemental <input type="checkbox"/> 7. Champus Active <input type="checkbox"/> 3. Hospital Surgery <input type="checkbox"/> 8. Champus Retire <input type="checkbox"/> 4. Extended Major Medical <input type="checkbox"/> 9. Accident Policy <input type="checkbox"/> 5. P.E.R.S. <input type="checkbox"/> 10. H.M.O. Policy	<input type="checkbox"/> A. Ambulance <input type="checkbox"/> R. Drugs <input type="checkbox"/> P. InPatient <input type="checkbox"/> H. Home Health <input type="checkbox"/> G. Medical Supply <input type="checkbox"/> O. OutPatient <input type="checkbox"/> I. Dental <input type="checkbox"/> J. Lab/X-Ray <input type="checkbox"/> K. Vision <input type="checkbox"/> L. Physician <input type="checkbox"/> N. Nursing Home <input type="checkbox"/> Q. Clinic

**SECTION III
RECIPIENTS IN POLICY (include only those eligible for Medicaid)**

Medicaid Billing Number	Name	Medicaid Billing Number	Name

**SECTION IV
MEDICAL SUPPORT ONLY**

Date of Court Order	Name of Liable Person	County of Jurisdiction	Place of Employment
Address		Address	
City, State	Zip	City, State	Zip

**SECTION V
AUTHENTICATION AND INFORMATION RELEASE**

I ACKNOWLEDGE THAT I HAVE READ this questionnaire, and I understand its content, purpose and effect and that it is true and correct to the best of my knowledge. I further authorize any person, medical provider, insurance company, or other organization or agency to provide the Ohio Department of Job and Family Services, upon request, information about me and my family members health insurance, medical treatment and employment.

Recipient/Guardian Signature	Date	Agency Representative	Date
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Distribution: **ORIGINAL** to the Ohio Department of Job and Family Services, Medical Services, Cost Avoidance Unit, P.O. Box 182410, Columbus, Ohio 43218-2410.
WHITE COPY - Retain for your files - **YELLOW COPY** - Corresponding Agency - **PINK COPY** - Recipient

RIGHTS AND RESPONSIBILITIES OF PARENTS
RECEIVING CHILD SUPPORT SERVICES

Confidentiality of Case Material Information

You have the right to see the parts of your file at the Child Support Enforcement Agency (CSEA) about you and action taken for you by the agency.

You cannot see some parts of your file that are protected by confidentiality laws, such as information obtained from the Internal Revenue Service (IRS).

Information about you in the CSEA file is confidential. However, certain portions of your file become public record when a court is notified about your case.

Hearing Rights

If you disagree with any action, lack of action or delay by the CSEA, you can ask for a state hearing. For a full explanation of your hearing rights and the hearing process, please read the attached JFS 04059, Explanation of State Hearing Procedures.

OWF Participants

As a condition of eligibility to receive OWF benefits, you give up the right to keep child and spousal support up to the amount of assistance you received.

You must cooperate in establishing paternity for each child born, if you were not married to the father.

You must assist the (CSEA) in getting support payments and any other payments.

If you fail to cooperate without good cause (determined by your CSEA), you may be ineligible to receive OWF benefits.

While a family is receiving OWF, support collections are used to repay benefits. When a family leaves OWF, current support and family arrears are released to the family. Payments from the IRS are applied to repay benefits before being applied to support payable to the household.

Medicaid Participants

While Medicaid benefits are received, medical support is paid to ODJFS to reimburse Medicaid benefits. If health insurance is available, that insurance will be used first for payment of medical bills. If you are eligible for Medicaid and are also covered by a health insurance plan, it is your responsibility to notify the physician, hospital or other provider of medical services that you have medical insurance coverage and Medicaid coverage for the uninsured costs.

IV-E Foster Care Participants

If a child receives Title IV-E foster care benefits, the assignment includes current child support during the time the child is eligible for benefits and child support arrearages accruing before and during the time the child is eligible for benefits. Support received that does not exceed foster care maintenance payments is distributed to reimburse Title IV-E benefits. When IV-E foster care maintenance benefits stop, the assignment of support rights terminates, except for the amount of any unpaid support that accrued under the assignment.

The CSEA Can Assist You With the Following Available Services:

1. **Location of Absent Parent(s)** including "Location Only Services": If the sole need is to find the absent parent.
2. **Establishing Paternity:** Obtaining an order to establish paternity if you were not married to the father of the child. An absent parent may also request paternity services.
3. **Establishment of Child Support and Medical Support:** The CSEA can help with the establishment of an order for child support and medical support if you are separated, living apart, or need to establish paternity.
4. **Enforcement of Existing Orders:** Current support and back child support.
5. **Federal and State Income Tax Refund Offset:** Intercepting a payor's federal and state income tax refunds.
6. **Withholding of Various Types of Income:** Payroll deductions for current and back support.
7. **Collection and Disbursement of Payments:** Collect support payments and send to you the amount of support payments received.
8. **Interstate Collection of Support:** Can assist you if the payor is living in another state or in some foreign countries.
9. **Review and Adjustment of Child Support Orders:** Each party to the support order has a right to request a review of the child support and medical support order thirty-six (36) months from the establishment of the order or from the date of the most recent review, or sooner, if certain circumstances are met. Contact the CSEA for further details.

Fees:

There is an application fee of one dollar for applicants not receiving OWF, Medicaid, or IV-E foster care benefits. The application fee may be absorbed by the CSEA.

There is no charge to recipients of OWF, Medicaid, and IV-E foster care.

Child Support Overpayments:

An overpayment is child support that you are not entitled to keep because:

You have assigned (transferred) your rights to support to ODJFS.

The payment was made to you instead of ODJFS.

The payment was sent to you in error by ODJFS.

I understand that I am personally liable for returning any amounts paid to me in error, including amounts that must be returned because IRS or the Ohio Department of Taxation (ODT) accepts an amended tax return or complaint from the non-obligated spouse. I also understand that, in tax refund situations, I may be required to sign an affidavit attesting to the amount of support arrears.

INFORMATION FORM

YOUR NAME _____
Last First Middle

Street _____ City State Zip

D.O.B. _____ SOCIAL SECURITY NUMBER _____

CHILDREN

PLACE OF BIRTH

Last First Middle City County State

Last First Middle City County State

Last First Middle City County State

Last First Middle City County State

YOUR PARENT'S NAME _____
Father Mother

ABSENT PARENT INFORMATION

NAME _____
Last First Middle Maiden

LAST KNOWN ADDRESS

Street _____ City State Zip

SS# ____-____-____ D.O.B. _____ RACE _____

PLACE OF BIRTH _____ City State EDUCATION _____ Highest grade completed

NICKNAME _____

DRIVER'S LICENSE _____ State DESCRIPTION _____ / _____ / _____ / _____ / _____
Height Weight Eyes Hair Scars, Marks or Tatoos

LAST KNOWN EMPLOYER _____

DATES OF EMPLOYMENT: From ____/____/____ To ____/____/____

IS ABSENT PARENT REMARRIED? Yes ____ No ____ Unknown ____ SPOUSE'S NAME _____

HAS ABSENT PARENT EVER BEEN IN THE MILITARY Yes ____ No ____ Unknown ____

What Branch? _____ When _____

DOES ABSENT PARENT OWN PROPERTY? Yes ____ No ____ Unknown ____

If Yes, where? _____

Street

City

State

Zip

DOES ABSENT PARENT OWN A CAR/TRUCK/MOTORCYCLE? Yes ____ No ____ Unknown ____

If Yes, What kind? _____

HAS ABSENT PARENT EVER BEEN ARRESTED? Yes ____ No ____ Unknown ____

Where? _____ When? _____

NAME OF ABSENT PARENT'S FATHER

MOTHER

First

Middle

Last

First

Middle

Last

(Please answer these questions only if you were **never** married to the absent parent)

WHERE WAS THE CHILD (REN) CONCEIVED? _____

State

DID YOU EVER LIVE WITH THE ABSENT PARENT? Yes ____ No ____

Where? _____

HAS PATERNITY BEEN ESTABLISHED? Yes ____ No ____

Where? _____

City

State

County

IS ABSENT PARENT'S NAME ON THE BIRTH CERTIFICATE? Yes ____ No ____

COMMENTS: