

Referral for Child Support Services



Welcome!

New York's Child Support Program works with parents and guardians to strengthen families and provide children with the financial and medical support they need.

To start the referral process:

1. Review the **Important Information about Child Support Services**, pages 1-4, and keep this document for your records.
2. Complete and sign **Part A – Referral** (pages A-1 through A-4)
3. Complete **Part B – Child Information** (pages B-1 through B-2) for each child (up to two children) with the Other Party named in this referral. If you have more than two (2) children with the Other Party named in this referral, obtain and complete the separate form, **Additional Child Information (LDSS-5145A)** for each additional child or photocopy **page B-1 of Part B**.
4. Review **Part C – Supporting Documentation** (page C-1) and submit copies of all relevant documents with your referral.

Important Information about Child Support Services

Please read and keep pages 1-4 for your records.

Definitions

Child – an individual under age 21 for whom support is sought.

Custodial Parent (CP) – the parent with primary care and custody of the child. In equal shared custody cases, this is the parent eligible to receive child support.

Guardian (G) – a nonparent caregiver with physical custody of at least one child under age 21. If the child lives with the guardian on a day-to-day basis, the guardian has physical custody of the child.

Noncustodial Parent (NCP) – the parent obligated to pay child support.

Alleged Father (AF) – the person who may be the child’s father but who has not yet been legally declared to be the father.

Eligibility

When you apply for or receive public assistance benefits, referred to herein as “Temporary Assistance,” child support services may be provided to you based on your referral to the Child Support Program. Child support services may also be provided if you are applying for Medicaid for yourself and the child. Child support services will continue after you stop receiving Temporary Assistance or Medicaid unless you request your child support case be closed. Child support services are also provided for a child placed in foster care and may continue after the foster care placement ends. If the child returns to you after being discharged from foster care, child support services will continue unless you request otherwise.

Assignment and Cooperation With Child Support

As an applicant/recipient of Temporary Assistance for the child, or Medicaid for yourself and the child, or if your child is in Title IV-E Foster Care, you are required to assign to the social services district rights you have to support on your own behalf and any rights to support on behalf of any family member for whom you are applying for, or receiving, assistance. For Medicaid applicants/recipients, this assignment is limited to medical support only. When applying for or receiving Temporary Assistance, your assignment of support rights is limited to support that accrues during the period that you or the family member receives assistance. You are required to assign these support rights and, unless you claim good cause or domestic violence for not doing so, cooperate with the Child Support Program to:

- Locate noncustodial parents and alleged fathers, including biological parents or stepparents;
- Establish paternity for each child born out of wedlock who is receiving Temporary Assistance, Medicaid, or Title IV-E Foster Care;
- Establish, modify, or adjust orders of support; and
- Collect and enforce orders of support through the Support Collection Unit.

If you are receiving Temporary Assistance for the child or Medicaid for yourself and the child, you will be sanctioned for failing to cooperate absent a determination of good cause or domestic violence, if applicable.

Safeguarding Confidentiality

The Child Support Program is required to safeguard the privacy, integrity, access to, and use of your personal information (including case data kept in the computer system of the Child Support Program). We share your address and other identifying information with other state and federal agencies only for child support purposes or as otherwise permitted by law. **Information can only be released to authorized persons for reasons authorized by law.**

Use of Social Security Numbers: Federal law (42 USC § 666) requires that Social Security numbers be used only for locating parents, establishing paternity, and/or establishing, modifying, and enforcing an order of support; the administration of certain public benefit programs; or as otherwise permitted by law. In addition, Social Security numbers will be subject to verification through the Social Security Administration.

Safety Concerns

Please be sure to read and answer the Safety Concerns question on page A-1 of Part A - Referral. If you check YES to the question, your local Child Support Program office will discuss your concerns with you and can assist you with filing an Address Confidentiality Affidavit with the court. We can also assist in preventing your address from appearing on documents we send to the court. We will prohibit disclosure of location information **at your request**, or if we learn:

- You are residing in a domestic violence shelter;
- You have an order of protection involving the Other Party;
- You have a domestic violence referral or other written statement from a public or private service provider; or
- A court has determined that contact with the Other Party creates a risk of physical or emotional harm to you or the child.

Services

The Child Support Program will provide the child support services appropriate for your case pursuant to federal and New York State law, regulation, and policy. With your assistance and cooperation, services may be provided to you for as long as child support payments are due and owing. The following services are provided, as appropriate:

- **Location** of the noncustodial parent or alleged father, including obtaining information about addresses, employment, other sources of income and assets, and health care coverage;
- **Establishment of Paternity** (legal fatherhood) for a child born to unmarried parents through the voluntary acknowledgment process or through a court-based process;
- **Establishment** and/or **Modification** of an order of support, including establishment of health insurance coverage or cash medical support, if available, from either parent;
- **Collection** and **Distribution** of child support or combined child and spousal support made payable through the Support Collection Unit, including educational expenses, child care expenses, and cash medical support;
- **Enforcement of Support Obligations** through income withholding from wages, benefits, or other income; federal and State tax refund intercept; seizure of assets and lottery winnings; credit bureau reporting; suspension of the noncustodial parent's New York State driver license; and referral to New York State Department of Taxation and Finance for collection. Court-ordered health insurance benefits are also enforced by the Child Support Program;
- Filing and prosecuting **Violation Petitions**; and
- Assistance with making an **existing order of support** payable through the Support Collection Unit.

All services listed above are also provided to parents who live in other counties, states, and some countries.

Your child support case may be closed for reasons including:

- Paternity cannot be established;
- The noncustodial parent/alleged father cannot be located after diligent effort or is incarcerated with no chance of parole, permanently disabled with no ability to pay support, or institutionalized; or
- The recipient of services fails to cooperate or provide information that is essential to the next step in providing services.

Paternity Establishment

Paternity establishment is the process of determining the legal father of a child. If the parents are not married, the alleged father has no rights or responsibilities to the child until a legal father is determined. In order for the alleged father to be the legal father, the parents must establish paternity for the child. **By establishing paternity for the child, the parents are ensuring that the child has the same rights and benefits as children born to married parents.** In New York State, paternity may be established by either signing a voluntary Acknowledgment of Paternity form or filing a court petition to have the court determine paternity and issue an Order of Filiation.

Child Support Obligations

The basic child support obligation includes a percentage-based obligation, a provision for health insurance coverage and/or cash medical support, child care expenses, and educational expenses for the child, if determined by the court (Family Court Act § 413 and Domestic Relations Law § 240).

The percentage guideline is applied to combined parental income up to \$148,000. Above \$148,000 (which will increase in 2020 and every two years thereafter with changes in the Consumer Price Index for All Urban Consumers [CPI-U]), the court determines whether to use the percentage guideline. The court may deviate from the percentage-based obligation based on the factors set forth in Family Court Act § 413(1)(f) and Domestic Relations Law § 240(1-b)(f).

Low Income Obligation: If the noncustodial parent's income is determined to be at or below the federal poverty level for a single person, the presumptive support amount is \$25 per month. When income is at or below the self-support reserve (135% of the federal poverty level), but above the federal poverty level, the presumptive support amount is \$50 per month.

Cost of Living Adjustment (COLA): An order is eligible for COLA when it is at least two (2) years old and the sum of the average annual percentage change in the CPI-U is equal to or greater than ten (10) percent since the order was issued, last modified, or last adjusted. Every two years your account will be reviewed to determine whether your order is eligible for a COLA. COLA adjustments are made without going to court. When the custodial parent or child is on Temporary Assistance, the COLA is automatically made when the account becomes eligible – without either parent requesting the adjustment.

Modification of Orders: The Child Support Program can assist you in filing a petition to modify your order of support, if needed. Either party has the right to seek a modification of the order of support based upon a showing of a substantial change in circumstances or other conditions provided in Family Court Act § 451 (2)(b).

Rights to Information Regarding Legal Proceedings: You have the right to be kept informed of the time, date, and place of any court proceedings involving you. You will be provided with a copy of any order establishing, modifying, adjusting, or enforcing an order of support, or any order dismissing the petition.

Child Support Percentages

1 child	17%
2 children	25%
3 children	29%
4 children	31%
5 or more	at least 35%

Distribution of Payments

Support payments are distributed according to federal and New York State distribution rules. The distribution of support payments is based on the payment receipt date and as follows:

- **If the custodial parent is receiving Temporary Assistance**, child support collections received will be paid to the State and to the social services district for reimbursement of up to the total amount of Temporary Assistance that has been paid to the custodial parent. The custodial parent will be paid a child support “pass-through” payment from the current support collected each month in addition to the Temporary Assistance paid. The pass-through is an amount up to \$100 per month of current support collected or up to the current support obligation, whichever is less, for any household with one individual under the age of 21 active on the Temporary Assistance case. The pass-through paid to the family increases to up to \$200 per month of current support collected or up to the current support obligation, whichever is less, for Temporary Assistance families with two or more individuals under the age of 21 active on the Temporary Assistance case. The custodial parent will be paid any support collected after the total Temporary Assistance paid to the custodial parent has been reimbursed.

- **If the custodial parent formerly received Temporary Assistance**, child support collections received will first be used to pay current support to the custodial parent followed by payments for support arrears/past due support owed to the custodial parent and then to support arrears/past due support due to the social services district for reimbursement of past assistance granted. However, collections received from federal tax refund offset will first be paid to satisfy any support arrears/past due support due the social services district for reimbursement of past assistance granted and then to support arrears/past due support owed to the custodial parent. The custodial parent will be paid any support collected after the total Temporary Assistance paid to the custodial parent has been reimbursed.
- **If the custodial parent has never received Temporary Assistance**, the custodial parent will receive all support that is collected and due, with the exception of the annual service fee and the recovery of costs for legal services, if applicable.
- **If the custodial parent is in receipt of Medicaid**, medical support payments will be paid to the State and to the social services district for reimbursement of up to the total amount of Medicaid that has been paid to a provider.
- **If the child is in receipt of foster care**, support collected will be paid to the social services district. Any support collected exceeding the foster care maintenance payments will be paid to the social services district supervising the child's placement and foster care to use in the manner it determines will serve the child's best interests.

Recoupment of Overpayments

In rare instances, an overpayment may occur due to a misdirected payment (money is sent to the wrong person) or an unfunded payment (payment is returned unpaid by the remitter's bank), among other reasons. If these situations occur:

- It is your responsibility to return or repay these funds.
- We will contact you to arrange for repayment of the amount overpaid either in a lump sum payment or, at your request by withholding twenty-five (25) percent of collections until the overpayment is repaid.

Customer Service

You may obtain additional information about child support as well as payment and account information online at childsupport.ny.gov or by calling the **New York State Child Support Helpline at 888-208-4485** (TTY: 866-875-9975 – Relay Service <http://www.fcc.gov/encyclopedia/trs-providers>). A personal identification number (PIN) is required to set up your online child support account. You will receive your PIN by mail when your child support account is established.

It is in your best interest to regularly check your account to ensure that your payments are received on time and in full. **You must keep your address and contact information up to date**, which you may do by calling the Child Support Helpline or by contacting your local Child Support Program office. The contact information for your local Child Support Program office, including an email link, can be found at <https://www.childsupport.ny.gov/DCSE/LocalOffices>.

Part A – Referral

This LDSS-5145, *Referral for Child Support Services* is from the Commissioner or Commissioner’s Designee of the social services district or the Office of Children and Family Services for a child or children in Foster Care placement. If this box is checked, complete the following portions of LDSS-5145: pages A-3 and A-4 of Part A (Other Party Information), Part B, and Part C. Also complete LDSS-5145B, *Foster Care Referral and Information for each child in Foster Care Placement*. If support is sought from more than one Other Party, complete a separate LDSS-5145 **for each Other Party**. There should be one (1) LDSS-5145 for each Other Party associated with a child or children in Foster Care placement and one (1) LDSS-5145B for each child.

Special Assistance

1a. What is your primary spoken language?

English Español বাংলা ربيبة 中文 Kreyòl Ayisyen 한국어 РУССКИЙ Other

1b. What is your primary reading language?

2. Do you need language assistance? Yes No

3. Do you have a disability that prevents you from completing this Referral or being interviewed? Yes No

If YES, please indicate what assistance you need?

Safety Concerns *(See page 2 of the Important Information about Child Support Services for additional information)*

Do you feel your safety or the safety of your child is at risk if you seek Child Support Services? Yes No

Public Assistance Applicant/Recipient Information

I am the (check one): Custodial Parent Guardian - Relationship:

Complete a separate referral for each noncustodial parent or alleged father.

Child Support History

Are you currently in receipt of Child Support Services? Yes No
 If yes, where? County State Case #

Have you previously received Child Support Services? Yes No
 If yes, where? County State Case #

Public Assistance History

Are you currently an applicant of, or in receipt of public assistance benefits? Yes No
 If yes, where? County State Case #

Did you previously receive public assistance benefits? Yes No
 If yes, where? County State Case #

Date you last received assistance *(Month/Day/Year)*

Legal Name

First Middle Last Suffix Alias or Other Known Name
(e.g., Maiden Name)

SSN/ITIN

Gender

Female Male Non-Binary/Other

Date of Birth *(Month/Day/Year)*

Race-Ethnic Affiliation *(Optional)*

Asian Black or African-American Hispanic or Latina/o White, non-Hispanic
 Native American or Alaskan Native Native Hawaiian or Pacific Islander Other

Residential Address

In care of:

Street

Floor/Apt. City State ZIP

Mailing Address *(if different than residential address)*

In care of:

Street

Floor/Apt. City State ZIP

Contact information

Home Phone # Cell Phone # Other Phone # Email Address

Preference Home Cell Other **Best time to call** Morning Afternoon

Secondary Contact

First Middle Last Suffix Relationship

Street City State ZIP Phone #

Marital Status to Other Party

Were you ever married to the Other Party? Yes No Date of Marriage

Place of Marriage City State Country

Separated Date of Legal Separation Name of Court State

Divorced Date of Divorce Name of Court State

Divorce Pending Name of Court State

Marital Status to Someone other than Other Party

Have you ever been married to someone other than the Other Party of the child named in this referral? Yes No

From To Name of Spouse

From To Name of Spouse

Health Care Coverage Information

Does your employer/organization offer or provide health insurance benefits? Yes No Unknown

Are you enrolled? Yes (specify): Individual Coverage Family Coverage

No

Unknown

Continue to Page A-3

Other Party Information

The Other Party is (check one): Noncustodial Parent Alleged Father Custodial Parent Guardian
Legal Name
 First Middle Last Suffix Alias or Other Known Name
 (e.g., Maiden Name)

SSN/ITIN **Gender** **Date of Birth (Month/Day/Year)**
 Female Male Non-Binary/Other

Race-Ethnic Affiliation (Optional)

Asian Black or African-American Hispanic or Latina/o White, non-Hispanic
 Native American or Alaskan Native Native Hawaiian or Pacific Islander Other

Primary Language English Spanish Other (specify)

Description

Height ft. in. Weight lbs. Eye Color Hair Color
 Marks Scars Tattoos Describe

Photo Yes (*Attach Photo*) No

Social Media Information

Facebook Twitter Instagram

Other Party's Parent Information

Name Address Phone # Relationship

Name Address Phone # Relationship

Place of Birth City State Country

Date of Last Contact

Month/Day/Year

Relationship of Other Party to Applicant/Recipient of Public Assistance

Spouse Former Spouse Parent
 Partner Former Partner Other

Residential Address

In care of:

Current Last Known

Mailing Address (if different than residential address)

In care of:

Street

Street

Floor/Apt.

City

State ZIP

Floor/Apt.

City

State ZIP

Contact information

Home Phone #

Cell Phone #

Other Phone #

Email Address

Preference

Home

Cell

Other

Best time to call

Morning

Afternoon

Employment

Is the Other Party currently employed? Yes No Unknown Date last employed

Is the Other Party self-employed? Yes No Unknown

Employer/Business Name:

Current

Last Known

Employer/Business Address:

Street

City

State ZIP

Phone #

Job Title/Occupation:

Annual Salary

\$

Weekly benefit

Is the Other Party receiving NYS Unemployment Insurance Benefits (UIB)? Yes No Unknown \$

Is the Other Party a member of a labor union/organization? Yes No Unknown Name:

Marital Status to Someone other than Applicant/Recipient of Public Assistance

Is the Other Party married to someone other than the Applicant? Yes No

Name of Spouse Address

Email Address Phone #

Incarceration Status

Is the Other Party incarcerated? Yes No Unknown

Name of Facility Inmate #

Facility Address City State ZIP Country

Health Care Coverage Information

Does the Other Party's employer/organization offer or provide health insurance benefits? Yes No Unknown

Is the Other Party enrolled? Yes (specify): Individual Coverage Family Coverage No Unknown

Vehicle Information

Make Model Year Color

Own Lease Business Vehicle License Plate State

Additional Information (e.g., assets, other contacts)

Referral/Affirmation for Child Support Services

By signing below, I understand and agree that:

I am applying for or receiving Temporary Assistance. I hereby subscribe and affirm under penalty of perjury that the information I have provided in the referral and any accompanying documents has been examined by me and to the best of my knowledge and belief is true and correct. I agree to tell the Child Support Program immediately of any new or changed information I have provided in this form.

I have received the **Important Information about Child Support Services** which includes information about the recoupment of overpayments. I understand that in rare instances an overpayment can occur due to a misdirected payment (money is sent to the wrong person) or an unfunded payment (payment is returned unpaid by the remitter's bank), among other reasons. I further understand it is my responsibility to return or repay these funds and you will contact me to request reimbursement. I may repay the overpayment amount in one lump sum payment or I may request you withhold twenty-five percent (25%) of collections until the overpayment is repaid. Consent to withhold 25% of future collections is optional.

I authorize the Child Support Program to send correspondence electronically, including when available, by email, text messages or other methods. To ensure confidentiality, I understand that it is my responsibility to provide a secure, valid, and active email address and mobile phone number.

If I am found to be ineligible for Temporary Assistance benefits, I would still like to receive child support services. I request that this LDSS-5145 Referral for Child Support Services constitute my application for child support services. I understand I will be charged a \$35 dollar annual service fee if I have never received Temporary Assistance for Needy Families (TANF) and the Child Support Program collects at least \$550 for me during the federal fiscal year (October 1 through September 30).

Signature

Date

Print Name

For Safety Net Assistance referrals only: I, the Commissioner or Commissioner's Designee of the social services district, hereby apply for child support services pursuant to New York State Social Services Law § 111-g.

Signature of Commissioner/Designee of the social services district for a Safety Net Assistance referral

Print Name

Date

For Agency Use Only

Child Support Program Representative (Print name)

Date NY Case Identifier Worker Code

SSD Referral Case # Worker Name

Worker location Worker Phone #

TANF Safety Net Opening Reopening Changes or Updates **Date of Referral**

Part B – Child Information

(for each child with the Other Party)

Name of Child #01

First Middle Last Suffix

SSN/ITIN**Gender**

Female Male Non-Binary/Other

Date of Birth (Month/Day/Year)**Due Date**

Unborn

Name of Parent

Parent 1 First Middle Last

Parent 2 First Middle Last

Child's Birthplace

Hospital City State Country

Other Party's Relationship to the Child

Parent Stepparent Alleged Father

Parents' Marital Status

Were the parents listed above married at or after the time of the child's birth?

Yes, to each other Yes, but not to each other No Unknown

If **Yes, to each other**, go to the **Order of Support Information** questions. **Otherwise**, go to the **Paternity Establishment** questions.

Paternity Establishment

Was paternity established?

Yes - Complete the **Paternity Establishment** questions.

No - Go to the **State of Jurisdiction** questions.

You **do not** need to complete the **State of Jurisdiction** questions.

Unknown - Go to the **State of Jurisdiction** questions.

How was paternity established?

Established in Court on Name of Court

Acknowledgment of Paternity on

In what county, state, and country was paternity established?

County State Country

Where was the child conceived? State Country

State of Jurisdiction

Did the alleged father (AF) provide prenatal expenses or support for the child? Yes No Unknown

Did the AF reside with the child in New York State? Yes No Unknown

Does the child reside in New York State as the result of acts or directives of the AF? Yes No Unknown

Order of Support Information

Is there an order of support for this child? Yes No Unknown If "Yes," what is the date of the order?

Is health insurance ordered? Yes No Unknown

Obligation Amount

\$ Weekly Every two weeks Monthly Twice per month Other

Court that Issued the Order

Family Supreme Other

County State Country

Health Care Coverage Information

Does the child have health care coverage? Yes No Unknown

If "Yes," identify the type of coverage: Private – Go to **Health Insurance Benefits** questions.

Public – Go to **Public Health Care Coverage** questions.

Health Insurance Benefits

Who provides the child's private health care coverage?

Custodial Parent Guardian Noncustodial Parent/ Alleged Father Stepparent Unknown Other

Name of Health Insurance Carrier Policy # Group #

Street Floor/Apt./Suite City State ZIP

Public Health Care Coverage

Indicate the type of public health care coverage:

Medicaid Child Health Plus (CHPlus) CHPlus monthly contribution: \$

Other

Part B – Child Information (continued)

Name of Child #02

First Middle Last Suffix

SSN/ITIN

Gender

Female Male Non-Binary/Other

Date of Birth (Month/Day/Year)

Due Date

Unborn

Name of Parent

Parent 1 First Middle Last

Parent 2 First Middle Last

Child's Birthplace

Hospital City State Country

Other Party's Relationship to the Child

Parent Stepparent Alleged Father

Parents' Marital Status

Were the parents listed above married at or after the time of the child's birth?

Yes, to each other Yes, but not to each other No Unknown

If **Yes, to each other**, go to the **Order of Support Information** questions. **Otherwise**, go to the **Paternity Establishment** questions.

Paternity Establishment

Was paternity established?

Yes - Complete the **Paternity Establishment** questions.

No - Go to the **State of Jurisdiction** questions.

You **do not** need to complete the **State of Jurisdiction** questions.

Unknown - Go to the **State of Jurisdiction** questions.

How was paternity established?

Established in Court on Name of Court

Acknowledgment of Paternity on

In what county, state, and country was paternity established?

County State Country

Where was the child conceived? State Country

State of Jurisdiction

Did the alleged father (AF) provide prenatal expenses or support for the child? Yes No Unknown

Did the AF reside with the child in New York State? Yes No Unknown

Does the child reside in New York State as the result of acts or directives of the AF? Yes No Unknown

Order of Support Information

Is there an order of support for this child? Yes No Unknown If "Yes," what is the date of the order?

Is health insurance ordered? Yes No Unknown

Obligation Amount

\$ Weekly Every two weeks Monthly Twice per month Other

Court that Issued the Order

Family Supreme Other

County State Country

Health Care Coverage Information

Does the child have health care coverage? Yes No Unknown

If "Yes," identify the type of coverage: Private – Go to **Health Insurance Benefits** questions.

Public – Go to **Public Health Care Coverage** questions.

Health Insurance Benefits

Who provides the child's private health care coverage?

Custodial Parent Guardian Noncustodial Parent/ Alleged Father Stepparent Unknown Other

Name of Health Insurance Carrier Policy # Group #

Street Floor/Apt./Suite City State ZIP

Public Health Care Coverage

Indicate the type of public health care coverage:

Medicaid Child Health Plus (CHPlus) CHPlus monthly contribution: \$

Other

Part C – Supporting Documentation

Please provide **copies** of all available supporting documents to your local Child Support Program office. Supporting documentation allows the Child Support Program to proceed with your child support case, including establishing paternity and establishing, modifying, and/or enforcing your child support order, as appropriate. Supporting documentation also aids the court in determining the income of each parent and the basic child support obligation. **CHECK** (✓) the boxes indicating which documents you are providing.

Please do not send original documents in the mail.

General Documents

Applicant's Identification (*e.g., driver license, passport*)

Child Support Petitions Order(s) of Support Marriage Certificate Separation Agreement Divorce Decree

Custody Order(s) Order of Protection / Restraining Order Health Insurance Benefit Cards

Summary Plan Descriptions of Health Insurance Benefits Other

Custodial Parent Documents

Recent Paystub Most recently filed Federal Tax Returns and all Schedules W-2

Social Security Card / IRS Letter for ITIN Social Security / Supplemental Security Income Award Letter(s)

Other

Child Documents (for each child)

Birth Certificate Order Establishing Paternity (*Order of Filiation*) Acknowledgment of Paternity

Affidavit Alleging Paternity Social Security Card Proof of Child Care Expenses Proof of Educational Expenses

Proof of Unreimbursed Health Care Expenses Social Security/Supplemental Security Income Award Letter(s)

Adoption Subsidy Agreement (*payment between adoptive parents and LDSS*) or Placement Agreement (*Child placed for purpose of adoption*)

Other

Noncustodial Parent/Alleged Father Documents

Social Security Card / IRS letter for ITIN Recent Paystub Most recently filed Federal Tax Returns and all Schedules

W-2 Unemployment Insurance Benefit Notice Social Security / Supplemental Security Income Award Letter(s)

Military Service (DD-214) Incarceration, Probation or Parole Information

Temporary Assistance for Needy Families (TANF) Benefit Notice Proof of MA, SNAP and/or Shelter Residency

Information About Professional, Business, Occupational, Recreational or Driver Licenses

Other

Additional Child Information (Referral)To be completed when the Applicant has **more than two (2) children** with the Other Party named in this referral.**Submit with Part A and Part B of the LDSS-5145**Name of Child # First Middle Last Suffix SSN/ITIN

Gender

 Female Male Non-Binary/Other

Date of Birth (Month/Day/Year)

Due Date

 Unborn

Name of Parent

Parent 1 First Middle Last Parent 2 First Middle Last

Child's Birthplace

Hospital City State Country

Other Party's Relationship to the Child

 Parent Stepparent Alleged Father

Parents' Marital Status

Were the parents listed above married at or after the time of the child's birth?

 Yes, to each other Yes, but not to each other No UnknownIf **Yes, to each other**, go to the **Order of Support Information** questions. **Otherwise**, go to the **Paternity Establishment** questions.

Paternity Establishment

Was paternity established?

 Yes - Complete the **Paternity Establishment** questions. No - Go to the **State of Jurisdiction** questions.You **do not** need to complete the **State of Jurisdiction** questions. Unknown - Go to the **State of Jurisdiction** questions.

How was paternity established?

 Established in Court on Name of Court Acknowledgment of Paternity on

In what county, state, and country was paternity established?

County State Country Where was the child conceived? State Country

State of Jurisdiction

Did the alleged father (AF) provide prenatal expenses or support for the child? Yes No UnknownDid the AF reside with the child in New York State? Yes No UnknownDoes the child reside in New York State as the result of acts or directives of the AF? Yes No Unknown

Order of Support Information

Is there an order of support for this child? Yes No Unknown If "Yes," what is the date of the order? Is health insurance ordered? Yes No Unknown

Obligation Amount

\$ Weekly Every two weeks Monthly Twice per month Other

Court that Issued the Order

 Family Supreme Other County State Country

Health Care Coverage Information

Does the child have health care coverage? Yes No UnknownIf "Yes," identify the type of coverage: Private - Go to **Health Insurance Benefits** questions. Public - Go to **Public Health Care Coverage** questions.

Health Insurance Benefits

Who provides the child's private health care coverage?

 Custodial Parent Guardian Noncustodial Parent/ Alleged Father Stepparent Unknown OtherName of Health Insurance Carrier Policy # Group # Street Floor/Apt./Suite City State ZIP

Public Health Care Coverage

Indicate the type of public health care coverage:

 Medicaid Child Health Plus (CHPlus) CHPlus monthly contribution: \$ Other