STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320

March 8, 1993

Letter No. 93-15

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

SUBJECT: REVISED FORMS FOR MEDICAL SUPPORT REFERRAL PROCESS

REFERENCES: MEDI-CAL ELIGIBILITY MANUAL LETTER NO. 104

Medi-Cal Eligibility Manual Letter No. 104 implemented the Medical Support Enforcement Program. The purpose of this letter is to transmit reproducible copies of the forms which have been revised for use in the referral of Medically Needy Only (MNO) cases to the County Family Support Division (District Attorneys). The following revised forms are enclosed with this letter:

CA 2.1 (Q) (3/93), Support Questionnaire

CA 371 (3/93), Referral to District Attorney

CA 51 (3/93), Child Support - Good Cause for Noncooperation

CS 196 (12/92), Child Support Enforcement Program Notice

The Medical Support Enforcement Program is mandatorily scheduled to be implemented no later than July 1, 1993. A supply of these forms will be available in the DHS warehouse approximately mid-May, 1993. They can be obtained by contacting:

DHS WAREHOUSE
1037 N. Market Boulevard
Suite 9
Sacramento, California 95834
ATTN: Norma Cline
(916) 928-9217

If you have any questions regarding the revised forms, please contact Craig Yagi at (916) 657-1905. If you have any questions regarding the Medical Support referral process, please contact Elena Lara at (916) 657-0712.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

CHILD SUPPORT ENFORCEMENT PROGRAM NOTICE

All children have the right to be supported by both parents. Any parent, whether or not (s)he receives public assistance, can apply for child support services. Some of the available services are as follows:

- locating the parent(s) for support enforcement purposes;
- establishing paternity;
- establishing a child and/or medical support (health insurance) order;
- enforcing a child and/or medical support order;
- modifying an existing court order for child and/or medical support;
- enforcing a spousal support order in conjunction with a child support order;
- collecting and distributing support payments.

CUSTODY AND VISITATION SERVICES ARE NOT PROVIDED

THE DISTRICT ATTORNEY/FAMILY SUPPORT OFFICE (DA/FSO) PROVIDES SERVICES ON BEHALF OF THE STATE OF CALIFORNIA. THEY DO NOT REPRESENT YOU AND ARE NOT YOUR ATTORNEY. BECAUSE YOU ARE NOT THEIR CLIENT THE INFORMATION YOU PROVIDE IS NOT CONFIDENTIAL UNDER ATTORNEY/CLIENT PRIVILEGE. The information in the case may be discussed or disclosed to the State, the Department of Social Services, other public agencies that are authorized by law to receive such information, and to the other parent or his/her attorney to the extent required by law. To enroll a child in health insurance may require the release of the child's Social Security Number to the other parent or to the other parent's employer.

If you are only receiving Medi-Cal benefits, you must cooperate in establishing paternity and obtaining medical support as a condition of continued eligibility for Medi-Cal benefits. Also, you will be provided all child support services, unless you notify us that you do not want to receive those services that are unrelated to obtaining medical support and establishing paternity. Obtaining medical support may reduce the amount of child support you receive.

When you request services, you must cooperate with the DA/FSO by providing them with any information or documents needed to establish paternity and/or locate the parent, and to get support payments for your child. Once the services of the DA/FSO have been requested, the DA/FSO will determine the appropriate action to take. All support payments must be turned over to the DA/FSO.

The DA/FSO is interested in making sure that parents take care of their child support duties. They will ask you to help them work your case. (People who receive welfare must help the DA/FSO work their child support case.) If you do not give them that help, they probably cannot work your case.

When you apply/receive child support services, you are responsible for promptly informing the DA/FSO of any change in circumstances or information. Some examples are as follows:

- child leaves the home;
- address and telephone number changes;
- discontinuance of welfare;
- name change;
- initiation of any divorce or legal proceedings;
- information regarding the absent parent;
- direct receipt of any child and/or spousal support.

You have the right to seek legal advice from a private attorney or legal aid group at your own expense. If you do hire an attorney, you must report this to the DA/FSO.

Each parent subject to a support order in the state has the right to request the DA/FSO review his/her support order to determine whether the amount of support should be changed based on statewide criteria. If the amount of support does not meet criteria for change, the DA/FSO must provide to either parent, upon request, information on how either parent can get forms to request the court to modify the amount of support ordered.

(Continued on back)

The DA/FSO must notify you of the initial date, time and purpose of every hearing for paternity or support. You also have a right to inspect the county clerk's file, except for that information which is not considered public and is legally prohibited by confidentiality requirements.

Upon request, the DA/FSO shall provide you with copies of the most recent order entered in your case.

The DA/FSO is required to obtain the consent of a nonwelfare recipient prior to the filing of a stipulation affecting the support order. The DA/FSO is also prohibited from filing a stipulation that reduces the amount of past due support when the recipient is owed support arrearages that exceed unreimbursed public assistance, without the recipient's consent.

In general, payments received by the DA/FSO are applied in the following order*:

1. Current monthly support;
2. Interest;
3. Arrearages - first welfare arrears, then non-welfare arrears; and
4. Future obligations.

*Federal and State income tax refunds owed to the non-custodial parent may be intercepted by the DA/FSO. By Federal law, these monies cannot be applied to current child/spousal/medical obligations. They must be applied to the arrearages. If a custodial parent has received public assistance, including Medi-Cal, in the past, the child support debt owed to the State/County will be paid first.

CALIFORNIA DOES NOT CHARGE ANY APPLICATION FEES AND DOES NOT CHARGE FOR THE SERVICES PROVIDED TO APPLICANTS. HOWEVER, SOME STATES DO CHARGE A FEE FOR SERVICES. IF YOUR CASE INVOLVES ONE OF THOSE STATES, THEY MAY DEDUCT THE FEE FROM THE SUPPORT PAYMENTS, OR ADD IT TO THE BALANCE THAT IS OWED. IN ADDITION, IN SOME SITUATIONS, COSTS FOR BLOOD TESTS MAY BE CHARGED.

NOTIFICACION SOBRE EL PROGRAMA DE CUMPLIMIENTO DE MANTENIMIENTO DE HIJOS

Todos los niños tienen derecho a que los mantengan ambos padres. Cualquier padre/madre, reciba asistencia pública o no, puede solicitar servicios de mantenimiento de hijos. Enseguida se mencionan algunos de los servicios que hay a la disposición:

- localizar a los padres con el propósito de que paguen mantenimiento;
- establecer paternidad;
- establecer una orden de mantenimiento de hijos y/o mantenimiento médico (seguro de salud);
- hacer cumplir una orden de mantenimiento de hijos y/o de mantenimiento médico;
- modificar una orden existente de la corte, de mantenimiento de hijos y/o de mantenimiento médico;
- hacer cumplir una orden de mantenimiento de esposa(o), junto con una orden de mantenimiento de hijos;
- cobrar y distribuir pagos de mantenimiento.

NO SE PROPORCIONAN SERVICIOS DE PATRIA POTESTAD (CUSTODIA), NI DE VISITA

LA OFICINA DEL FISCAL DEL DISTRITO/MANTENIMIENTO DE FAMILIAS (DA/FSO) PROPORCIONA SERVICIOS A NOMBRE DEL ESTADO DE CALIFORNIA. ELLOS NO LO REPRESENTAN A USTED, Y NO SON SUS ABOGADOS. YA QUE USTED NO ES CLIENTE DE ELLOS, LA INFORMACION QUE USTED LES DE, NO ES CONFIDENCIAL BAJO EL PRIVILEGIO QUE EXISTE ENTRE ABOGADO Y CLIENTE. La información que haya en el caso, puede ser discutida con, o revelada al estado, el Departamento de Servicios Sociales, otras oficinas públicas autorizadas legalmente para recibir dicha información, y al otro padre/madre o a su abogado, en tanto que lo requiera la ley. Para poder inscribir al niño(a) en el seguro de salud, pudiera requerirse la divulgación del número del Seguro Social del niño al otro padre/madre o al patrono de éste/ésta.

Si usted está recibiendo solamente beneficios de Medi-Cal, tiene que cooperar para establecer la paternidad y para obtener mantenimiento médico como condición para seguir reuniendo los requisitos de Medi-Cal. Además, se le proporcionarán a usted todos los servicios de mantenimiento de hijos, a menos que usted nos notifique que no desea esos servicios que no están relacionados a la obtención de mantenimiento médico y el establecimiento de paternidad. La obtención de mantenimiento médico pudiera reducir la cantidad que usted recibe de mantenimiento de hijos.

Cuando usted solicite servicios, tiene que cooperar con la DA/FSO dándoles cualquier información o documentos que se necesiten para establecer la paternidad y/o localizar al padre/madre, y obtener pagos de mantenimiento para su hijo. Una vez que se hayan solicitado los servicios de la DA/FSO, ésta determinará la acción apropiada que sea necesario tomar. Se tienen que entregar a la DA/FSO todos los pagos de mantenimiento.

A la DA/FSO le interesa asegurarse que los padres cumplan con sus deberes de pagar mantenimiento de hijos. Le pedirán a usted que les ayude con su caso. (Las personas que reciben asistencia pública tienen que ayudar a la DA/FSO a trabajar en su caso de mantenimiento de hijos. Si no les brinda esa ayuda, probablemente no podrán trabajar en su caso.

Cuando usted solicite o reciba servicios de mantenimiento de hijos, usted es responsable de informarle pronto a la DA/FSO sobre cualquier cambio en las circunstancias o información. Los siguientes son algunos ejemplos:

- el hijo se va del hogar;
- cambios en la dirección y número de teléfono;
- descontinuación de la asistencia pública;
- cambio de nombre;
- comienzo de cualesquier procedimientos legales o de divorcio;
- información sobre el padre/madre ausente;
- recibir directamente pagos de mantenimiento de hijos y/o esposa(o).

Usted tiene el derecho a obtener asesoramiento legal de un abogado particular o de un grupo de servicio social legal *(legal aid)* que usted mismo pague. Si usted de hecho contrata a un abogado, tiene que reportar esa información a la DA/FSO.

Cada padre/madre con la obligación de obedecer una orden de mantenimiento en el estado, tiene el derecho de pedir a la DA/FSO que revise su orden de mantenimiento para determinar si se debería cambiar la cantidad de mantenimiento tomando como base requisitos seguidos en todo el estado. Si la cantidad de mantenimiento no cumple con los requisitos para justificar el cambio, la DA/FSO tiene que proporcionar a cualquiera de los padres, si la solicitan, información sobre la manera en que cualquiera de los padres puede obtener formas para pedir que la corte modifique la cantidad ordenada de mantenimiento.

(Continúa en el reverso)

La DA/FSO tiene que notificar a usted la fecha inicial, la hora y el propósito de cada audiencia relacionada a paternidad o mantenimiento. Usted también tiene el derecho a inspeccionar el expediente del actuario del condado *(county clerk)*, excepto con relación a la información que no se considera del dominio público y lo prohiben las reglas de confidencialidad.

Si lo solicita, la DA/FSO le proporcionará copias de la orden más reciente que se haya expedido en su caso.

Se le requiere a la DA/FSO que obtenga el consentimiento de un beneficiario que no esté recibiendo asistencia pública, antes de presentar una estipulación que afecte la orden de mantenimiento. Se le prohibe también a la DA/FSO, que presente, sin el consentimiento del beneficiario, una estipulación que reduzca la cantidad de pagos de mantenimiento vencidos cuando se le deben al beneficiario, pagos de mantenimiento vencidos que exceden asistencia pública que no se ha reembolsado.

En general, los pagos que reciba la DA/FSO se aplican en el siguiente orden*:
1. Mantenimiento mensual actual;
2. Intereses;
3. Pagos vencidos - primero pagos vencidos que se deben de asistencia pública, luego pagos vencidos no relacionados a la asistencia pública; y
4. Obligaciones futuras.

*La DA/FSO puede interceptar los reembolsos de impuestos sobre los ingresos procedentes del gobierno federal y estatal que se deban al padre/madre que no tiene la patria potestad. En conformidad con las leyes federales, este dinero no se puede aplicar a obligaciones actuales de mantenimiento de hijos/esposa(o)/de seguro médico. Se tiene que aplicar a los pagos vencidos. Si un padre/madre que tiene la patria potestad ha recibido en el pasado asistencia pública, incluyendo Medi-Cal, se pagará primero la deuda de mantenimiento de hijos que se le debe al estado/condado.

CALIFORNIA NO COBRA POR PRESTAR LOS SERVICIOS NI POR SOLICITAR LOS MISMOS. SIN EMBARGO, ALGUNOS ESTADOS COBRAN UNA CUOTA POR PRESTAR LOS SERVICIOS. SI EL CASO DE USTED INCLUYE ALGUNO DE ESOS ESTADOS, ES POSIBLE QUE DEDUZCAN LA CUOTA DEL PAGO DE MANTENIMIENTO, O QUE LA AGREGUEN AL SALDO QUE SE DEBA. ADEMAS, EN ALGUNAS SITUACIONES, ES POSIBLE QUE COBREN LOS EXAMENES DE LA SANGRE.

STATE OF CALIFORNIA – HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

SUPPORT QUESTIONNAIRE

Instructions:

You must answer all questions and fill in all the blanks.
COMPLETE ONE FORM FOR EACH PARENT ABSENT FROM THE HOME OR EACH UNMARRIED FATHER IN THE HOME.
Use ink. Print answer. Check Yes, No, or Unknown.
Use a separate piece of paper if you need more room.

FOR COUNTY USE ONLY

CWD CASE NAME	FSD CASE NAME
CWD CASE NUMBER	FSD CASE NUMBER
CWD WORKER NAME/NO	FSD WORKER NAME/NO.
TELEPHONE NUMBER ( )	TELEPHONE NUMBER ( )

SECTION 1 - COMPLETE THE FOLLOWING ABOUT YOURSELF

NAME (FIRST, MIDDLE, LAST)	MAIDEN NAME	SSN	BIRTHDATE	BIRTH PLACE	RACE

HOME STREET ADDRESS, APARTMENT NUMBER	CITY	STATE	ZIP	TELEPHONE NUMBER
				( )

YOUR RELATIONSHIP TO CHILDREN

YOUR RELATIONSHIP TO ABSENT PARENT/UNMARRIED FATHER IN THE HOME
☐ Spouse ☐ Ex-Spouse ☐ Friend ☐ Other

SECTION 2 - COMPLETE THE FOLLOWING ABOUT THE PARENT ABSENT FROM THE HOME OR UNMARRIED FATHER IN THE HOME

A. NAME (FIRST, MIDDLE, LAST) | SSN | ☐ MALE ☐ FEMALE | BIRTHDATE | BIRTH PLACE

LAST KNOWN STREET ADDRESS, APARTMENT NUMBER	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	RACE

CITY	STATE	ZIP	SCARS, BIRTHMARKS, TATTOOS, NICKNAMES, ETC.

WHEN WAS THIS ADDRESS CURRENT?	TELEPHONE NUMBER ( )	WHEN DID YOU LAST HEAR FROM OR GET MAIL FROM THIS PARENT?	DOES THIS PARENT LIVE WITH YOU? ☐ YES ☐ NO

B. WHAT KIND OF INCOME DOES ABSENT PARENT HAVE? ☐ Earnings ☐ UIB/DIB ☐ Social Security ☐ None ☐ Other

LAST KNOWN EMPLOYER	TELEPHONE NUMBER ( )
STREET ADDRESS	TYPE OF WORK
CITY STATE ZIP	UNION MEMBER? ☐ YES, UNION NAME ☐ NO ☐ UNKNOWN
WHEN DID THIS PARENT LAST WORK HERE?	UNION ADDRESS:

C. DOES THIS PARENT HAVE HEALTH INSURANCE FOR THE CHILDREN? ☐ YES ☐ NO ☐ UNKNOWN | WHO IS COVERED?

NAME OF INSURANCE	POLICY NUMBER	DATE OF COVERAGE

D. PARENTS ARE ☐ NOT MARRIED ☐ MARRIED ☐ SEPARATED ☐ LIVING TOGETHER ☐ DIVORCED WHEN/WHERE:

E. IS THERE A COURT ORDER FOR SUPPORT? ☐ YES ☐ NO ☐ PENDING

AMOUNT ORDERED $	HOW OFTEN?	DATE OF COURT ORDER	COURT ORDER NUMBER	LOCATION OF COURT (COUNTY & STATE)

HOW DOES THE PARENT PAY? ☐ TO YOU ☐ TO COUNTY ☐ PAYS HOUSEHOLD BILLS ☐ PAYROLL DEDUCTION ☐ OTHER | WHEN DID PARENT LAST PAY? | HOW MUCH? $

F. NAME OF A FRIEND OR RELATIVE OF ABSENT PARENT | RELATIONSHIP TO ABSENT PARENT | TELEPHONE NUMBER ( )

ADDRESS (NUMBER AND STREET) | CITY | STATE | ZIP

G. DOES THIS PARENT OWN ANY MOTOR VEHICLES? ☐ YES ☐ NO ☐ UNKNOWN

MAKE	MODEL	YEAR	LICENSE NO.	STATE

H. DOES THIS PARENT OWN A HOUSE, LAND, BUILDINGS, OR BANK ACCOUNTS ☐ YES ☐ NO ☐ UNKNOWN | WHAT/WHERE

I. IS THIS PARENT CURRENTLY ON PROBATION OR PAROLE? ☐ YES ☐ NO ☐ UNKNOWN | WHAT COUNTY OR STATE?

J. HAS THIS PARENT EVER BEEN IN JAIL OR PRISON? ☐ YES ☐ NO ☐ UNKNOWN IF YES, WHEN/WHERE

K. HAS THIS PARENT EVER BEEN IN THE MILITARY ☐ YES ☐ NO ☐ UNKNOWN IF YES, WHEN/WHAT BRANCH

SECTION 3 - CHILDREN (IN YOUR HOME) OF THIS ABSENT PARENT OR UNMARRIED FATHER

NAME OF CHILD	M F	SSN	BIRTHDATE	BIRTHPLACE	FOR COUNTY USE ONLY MC#
	☐ M ☐ F				
	☐ M ☐ F				
	☐ M ☐ F				
	☐ M ☐ F				

SECTION 4 - SUPPORT ENFORCEMENT SERVICES (MEDI-CAL ONLY)

☐ I don't want other child support enforcement services.

SIGNATURE	DATE

1st Copy – Family Support Division
2nd Copy – County Welfare Department
3rd Copy – Applicant

STATE OF CALIFORNIA – HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

CUESTIONARIO SOBRE EL MANTENIMIENTO DE HIJOS

Instrucciones:

Tiene que contestar todas las preguntas y llenar todos los espacios.
COMPLETE UNA FORMA SOBRE CADA PADRE/MADRE AUSENTE DEL HOGAR O SOBRE EL PADRE SIN CASARSE QUE VIVE EN EL HOGAR. Use tinta. Escriba la respuesta con letra de imprenta. Marque sí, no, o no sé. Use una hoja de papel por separado si necesita más espacio.

SOLO PARA USO DEL CONDADO	
CWD CASE NAME	FSD CASE NAME
CWD CASE NUMBER	FSD CASE NUMBER
CWD WORKER NAME/NO.	FSD WORKER NAME/NO.
TELEPHONE NUMBER ( )	TELEPHONE NUMBER ( )

SECCION 1 - COMPLETE LO SIGUIENTE SOBRE USTED MISMO

NOMBRE, DE EN MEDIO, APELLIDO	NOMBRE DE SOLTERA	NO. DEL SEGURO SOCIAL	FECHA DE NAC.	LUGAR DE NAC.	RAZA

DIRECCION DEL HOGAR, CALLE, NO. DE APARTAMENTO	CIUDAD	ESTADO	ZONA POSTAL	NUMERO DE TELEFONO ( )

SU PARENTESCO CON LOS NIÑOS

SU PARENTESCO CON EL PADRE/MADRE AUSENTE/PADRE SIN CASAR QUE VIVE EN EL HOGAR
☐ Cónyuge ☐ Exesposo(a) ☐ Amigo(a) ☐ Otro

SECCION 2 - COMPLETE LA SIGUIENTE SECCION SOBRE EL PADRE/MADRE AUSENTE DEL HOGAR, O EL PADRE SIN CASAR QUE VIVE EN EL HOGAR

A. PRIMERO, DE EN MEDIO, APELLIDO

NO. DEL SEGURO SOCIAL	☐ HOMBRE ☐ MUJER	FECHA DE NAC.	LUGAR DE NAC.

ULTIMA DIRECCION CONOCIDA, CALLE NO. DE APARTAMENTO	ESTATURA	PESO	COLOR DE OJOS	COLOR DEL PELO	RAZA

CIUDAD	ESTADO	ZONA POSTAL	CICATRICES, MARCAS DE NACIMIENTO, TATUAJES, SOBRENOMBRES, ETC.

¿CUANDO ESTABA AL DIA ESTA DIRECCION?	NUMERO DE TELEFONO ( )	¿CUANDO FUE LA ULTIMA VEZ QUE SUPO DE ESTE PADRE/MADRE, O RECIBIO CORREO DE EL/ELLA?	¿VIVE CON UD. ESTE PADRE/MADRE? ☐ SI ☐ NO

B. ¿QUE CLASE DE INGRESOS TIENE EL PADRE/MADRE AUSENTE? ☐ Ingresos ganados ☐ UIB/DIB ☐ Seguro Social ☐ Ninguno ☐ Otro

ULTIMO PATRON CONOCIDO	NUMERO DE TELEFONO ( )

DIRECCION (NO., CALLE)	CLASE DE TRABAJO

CIUDAD	ESTADO	ZONA POSTAL	¿MIEMBRO DE SINDICATO? ☐ SI, NOMBRE DEL SINDICATO O UNION ☐ NO ☐ NO SE

¿CUANDO FUE LA ULTIMA VEZ QUE ESTE PADRE/MADRE TRABAJO AQUI?	DIRECCION DEL SINDICATO:

C. ¿TIENE SEGURO DE SALUD PARA LOS NIÑOS ESTE PADRE/MADRE? ☐ SI ☐ NO ☐ NO SE

NOMBRE DEL SEGURO	NUMERO DE LA POLIZA	FECHA DE COBERTURA	¿QUIEN ESTA CUBIERTO?

D. LOS PADRES ☐ NO ESTAN CASADOS ☐ ESTAN CASADOS ☐ ESTAN SEPARADOS ☐ VIVEN JUNTOS ☐ ESTAN DIVORCIADOS CUANDO/DONDE

E. ¿HAY ORDEN DE MANTEN. DE LA CORTE? ☐ SI ☐ NO ☐ ESTA PENDIENTE

CANTIDAD ORDENADA $	FRECUENCIA	FECHA ORDEN DE LA CORTE	NO. DE ORDEN DE LA CORTE	LOCALIZACION DE LA CORTE (CONDADO Y ESTADO)

¿COMO PAGA EL PADRE/MADRE? ☐ A USTED ☐ AL CONDADO ☐ PAGA LAS CUENTAS DEL HOGAR ☐ DEDUCCION DE NOMINA ☐ OTRO	¿CUANDO PAGO LA ULTIMA VEZ EL PADRE/MADRE?	¿CUANTO? $

F. NOMBRE DE UNA AMISTAD O PARIENTE DEL PADRE/MADRE AUSENTE

PARENTESCO CON EL PADRE/MADRE AUSENTE	NUMERO DE TELEFONO ( )

DIRECCION (NUMERO Y CALLE)	CIUDAD	ESTADO	ZONA POSTAL

G. ¿TIENE ESTE PADRE/MADRE VEHICULOS MOTORIZADOS? ☐ SI ☐ NO ☐ NO SE

MARCA	MODELO	AÑO	NO. DE PLACA	ESTADO

H. ¿ES DUEÑO ESTE PADRE/MADRE DE UNA CASA, TERRENO, EDIFICIO, O CUENTAS BANCARIAS? ☐ SI ☐ NO ☐ NO SE — CUE/DONDE

I. ¿ESTA EN LA ACTUALIDAD ESTE PADRE/MADRE EN LIBERTAD CONDICIONAL O PROBATORIA? ☐ SI ☐ NO ☐ NO SE — ¿QUE CONDADO O ESTADO?

J. ¿HA ESTADO ESTE PADRE/MADRE EN LA CARCEL O PRISION? SI ES ASI, ¿DONDE/CUANDO? ☐ SI ☐ NO ☐ NO SE

K. ¿HA ESTADO ESTE PADRE/MADRE EN EL SERVICIO MILITAR? SI ES ASI, ¿CUANDO/CUAL RAMO? ☐ SI ☐ NO ☐ NO SE

SECCION 3 - NIÑOS (EN EL HOGAR DE USTED) DE ESTE PADRE/MADRE AUSENTE O PADRE SIN CASARSE

NOMBRE DEL NIÑO	☐ M ☐ F	NO. DEL SEGURO SOCIAL	FECHA DE NAC.	LUGAR DE NAC.	SOLO PARA USO DEL CONDADO MC#

SECCION 4 - SERVICIOS DE CUMPLIMIENTO DE LAS ORDENES DE MANTENIMIENTO (SOLAMENTE MEDI-CAL)

☐ No deseo otros servicios de cumplimiento de órdenes de mantenimiento.

FIRMA	FECHA

1st Copy – Family Support Division
2nd Copy – County Welfare Department
3rd Copy – Applicant

STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

CHILD SUPPORT — GOOD CAUSE CLAIM FOR NONCOOPERATION
MANTENIMIENTO DE HIJOS — RECLAMACION DE MOTIVO JUSTIFICADO PARA NO COOPERAR

I feel that cooperating in establishing paternity and obtaining support would not be in the best interest of the child(ren) for whom aid is requested because:

I expect it to result in: A) ☐ Physical B) ☐ Emotional harm to the child(ren).

I expect it to result in: C) ☐ Physical D) ☐ Emotional harm to me which is so serious that it reduces my ability to adequately care for the child(ren).

E. ☐ The child(ren) were conceived due to incest or forcible rape.

F. ☐ Court proceedings are going on for the adoption of the child(ren).

G. ☐ I am working with a social agency helping me decide whether to place the child(ren) for adoption and the counseling sessions have not gone on for more than three months.

Creo que el cooperar para establecer la paternidad y obtener mantenimiento, no sería de óptimo beneficio para el niño(s) para el cual se está solicitando asistencia porque:

Estoy segura que resultará en daño: A) ☐ físico B) ☐ emocional daño para el niño(s).

Estoy segura que resultará en daño: C) ☐ físico D) ☐ emocional para mí el cual es tan grave que reduce mi capacidad para poder cuidar al niño(a) adecuadamente.

E. ☐ El niño(s) fue concebido como resultado de incesto o violación.

F. ☐ Actualmente se está gestionando en la corte la adopción del niño(s).

G. ☐ Estoy laborando con una agencia de servicio social para que me ayude a decidir si coloco al niño(s) para adopción, y las sesiones de orientación no se han llevado a cabo durante más de tres meses.

County Use Only
Sólo para Uso del Condado

CASE NAME

CASE NUMBER

NAME OF CHILD(REN) INVOLVED

ABSENT PARENT INVOLVED

EVIDENCE PROVIDED

- ☐ No investigation
- ☐ No evidence provided
- ☐ Birth certificate
- ☐ Medical records
- ☐ Court documents
- ☐ Social agency letter
- ☐ Mental health professional letter
- ☐ Sworn statement from other person
- ☐ Other

PUTATIVE FATHER CONTACT

- ☐ Applicant/Recipient informed in advance

Applicant/Recipient
- ☐ Provided more evidence
- ☐ Withdrew application
- ☐ Requested discontinuance
- ☐ Requested claim be denied

"I want to claim Good Cause for refusing to cooperate for the reason(s) checked above. I understand that I may be asked to prove that I have Good Cause for refusing to cooperate."

"Quiero invocar un motivo justificado para negarme a cooperar por las razones marcadas arriba. Entiendo que se me puede pedir que demuestre que tengo un motivo justificado para negarme a cooperar."

SIGNATURE OF APPLICANT OR RECIPIENT FIRMA DEL SOLICITANTE O PERSONA QUE RECIBE LOS BENEFICIOS	DATE FECHA	DATE PUTATIVE FATHER CONTACTED

County Use Only/Sólo para Uso del Condado THIS CLAIM IS FOR: ☐ CHILD SUPPORT ☐ MEDICAL SUPPORT

TO: DA REPRESENTATIVE	IF APPLICANT/RECIPIENT IS NOT PARENT INDICATE RELATIONSHIP	DATE OF APPLICATION

PROPOSED DETERMINATION

Good Cause: ☐ does not exist ☐ does exist based on (Enter A, or B, or C . . . from above): _____

Support Enforcement ☐ may ☐ may not proceed without applicant's or recipient's participation

COMMENTS:

REPLY TO: COUNTY WELFARE DEPARTMENT REPRESENTATIVE	WORKER NUMBER	DATE

PROPOSED DETERMINATION

Good Cause: ☐ does not exist ☐ does exist based on (Enter A, or B, or C . . . from above): _____

Support Enforcement ☐ may ☐ may not proceed without applicant's or recipient's participation

DA FILE NUMBER

COMMENTS:

DA REPRESENTATIVE'S SIGNATURE	TELEPHONE	DATE

FINAL DETERMINATION

Good Cause: ☐ does not exist ☐ does exist based on (Enter A, or B, or C . . . from above): _____

Support Enforcement ☐ may ☐ may not proceed without applicant's or recipient's participation

AFDC status at the time of Good Cause determination: ☐ Applicant ☐ Recipient ☐ Medi-Cal Only

☐ Applicant has withdrawn application for AFDC. ☐ Applicant has withdrawn application for Medi-Cal.

☐ This case has been discontinued effective _____ DATE. Reason(s):

COUNTY WELFARE DEPARTMENT REPRESENTATIVE SIGNATURE	DATE OF DECISION	SUPERVISOR'S SIGNATURE	DATE OF DECISION

STATISTICAL SUMMARY *(Instructions for completing section are on the back of this page)*

☐ CLAIM OR APPLICATION WITHDRAWN OR AID DISCONTINUED (COMPLETE 1 AND 2 ONLY) — DATE WITHDRAWN

☐ FINAL DETERMINATION (COMPLETE 1 - 6 IF GOOD CAUSE EXISTS OR 1,2,7, AND 8 IF GOOD CAUSE DOES NOT EXIST.) — DATE OF DETERMINATION

1. STATUS AT TIME OF CLAIM
☐ APPLICANT ☐ RECIPIENT _____ (DATE OF CLAIM)

2. WAS CLAIM BASED ON PHYSICAL HARM WITHOUT EVIDENCE? ☐ YES ☐ NO

3. ☐ GOOD CAUSE EXISTS BASED ON: (✓ ONE ONLY)

- A ☐ PHYSICAL HARM TO CHILD(REN)
- B ☐ EMOTIONAL HARM TO CHILD(REN)
- C ☐ PHYSICAL HARM TO CARETAKER
- D ☐ EMOTIONAL HARM TO CARETAKER
- E ☐ INCEST OR FORCIBLE RAPE
- F ☐ LEGAL ADOPTION BEFORE COURT
- G ☐ PREADOPTION SERVICES

4. WAS DETERMINATION BASED ON PHYSICAL HARM WITHOUT EVIDENCE? ☐ YES ☐ NO

5. WAS DETERMINATION BASED SOLELY ON EXAMINATION OF EVIDENCE WITHOUT INVESTIGATION? ☐ YES ☐ NO

6. MAY ENFORCEMENT PROCEED WITHOUT APPLICANT/RECIPIENT PARTICIPATION? ☐ YES ☐ NO

7. ☐ GOOD CAUSE DOES NOT EXIST.

8. WAS CLAIMANT AN APPLICANT AT TIME OF CLAIM, BUT A RECIPIENT AT FINAL DETERMINATION? ☐ YES ☐ NO

INSTRUCTIONS

INDIVIDUAL CASE REPORT

The statistical summary section is to be completed when a final claim determination is made or when a claim is withdrawn. A claim is considered withdrawn if the applicant/recipient withdrew the claim; withdrew the application; requested discontinuance; or if the county cancelled or otherwise disposed of the claim **before** a final determination is made.

CLAIM WITHDRAWN - If claim or application was withdrawn or aid discontinued, check (✓) box and enter date when claim was withdrawn. Complete Items 1 and 2 and leave rest of items blank.

FINAL DETERMINATION - If a final determination was made, check (✓) box and enter date when the final determination was made. Complete Items 1 - 6 if determined that good cause exists or items 1, 2, 7 and 8 if determined that good cause does not exist.

1. Enter date when claim was made and check (✓) appropriate status box
   - check "applicant" for a new application or restoration.
   - check "recipient" for a redetermination or intercounty transfer.

2. Based on the claim made, determine if YES or NO and check (✓) appropriate box
   - check YES if reason given was physical harm to child and/or caretaker and no evidence was available, i.e., evidence does not exist.
   - otherwise, check NO.

   NOTE: If more than one reason was given and one of the reasons was physical harm to child and/or caretaker, then:
   - check YES if the final determination was based **solely** on the physical harm to child and/or caretaker **without** any evidence.
   - otherwise, check NO.

3. If determined that good cause exists, check (✓) box.

3A - 3G. Check (✓) only one box for the good cause circumstance (reason). The good cause circumstance is the one upon which the **county's findings** determines that good cause exists. If based on more than one circumstance, check the most significant.

4. Based on the final determination that good cause exists, determine if YES or NO and check (✓) appropriate box
   - check YES if based **solely** on physical harm to child and/or caretaker **without** any evidence.
   - otherwise check NO.

   NOTE: If checked YES, then item 2 must be checked YES and item 5 must be checked NO.

5. Based on the final determination that good cause exists, determine if YES or NO and check (✓) appropriate box
   - check YES if based on evidence only, i.e., no investigation was conducted
   - otherwise check NO.

   NOTE: If checked YES, then item 2 and 4 must be checked NO.

6. Based on the final determination that good cause exists, determine if YES or NO and check (✓) appropriate box
   - check YES if determined that enforcement may proceed without applicant/recipient participation.
   - otherwise check NO.

   NOTE: If checked YES, then item 2 and 4 must be checked NO.

7. If determined that good cause does not exist, check (✓) box.

8. Based on the final determination that good cause does not exist, determine if YES or NO and check (✓) appropriate box
   - check YES if determined that good cause does not exist but claimant's application or restoration request already had been approved.
   - otherwise check NO.

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

REFERRAL TO DISTRICT ATTORNEY

(Complete one form for each Absent or Unmarried Parent)

DATE OF REFERRAL

☐ TO ☐ FROM: DISTRICT ATTORNEY

(SPECIFY COUNTY)

CASE NAME

AID TYPE/CASE NUMBER

☐ TO ☐ FROM: EW NAME EW NUMBER CWD DISTRICT OFFICE

APPLICANT/RECIPIENT NAME (LAST, FIRST, MIDDLE)

RELATIONSHIP TO CHILD(REN)

A. This case is referred to you because:

- ☐ Action is necessary to obtain
  - ☐ financial support ☐ medical support. ☐ paternity.
- ☐ Recipient is receiving direct support payments. Action needed to transfer payments to county.
- ☐ Good Cause has been
  - ☐ claimed ☐ granted ☐ denied (see CA 51 attached).
- ☐ Other (see comments)

B. The following information applies to this case:

- ☐ CA 2.1(Q) Questionnaire is attached.
- ☐ Absent parent has health insurance coverage. A copy of the DHS 6155 is attached.
- ☐ Medi-Cal eligibility has not been determined.
- ☐ This is a relinquishment for adoption case.
- ☐ Previously sanctioned; now agrees to cooperate.
- ☐ Child no longer resides with recipient.
- ☐ Child added to TCC, was not on AFDC.
- ☐ Medi-Cal Only; Applicant/Recipient does not want other child support services.
- ☐ Other (see comments)

C. Applicant/recipient has not agreed to:

- ☐ Assign accrued
  - ☐ financial support rights ☐ medical support rights.
- ☐ Cooperate in obtaining
  - ☐ financial support ☐ medical support AND/OR
  - ☐ establishing paternity.
- ☐ Cooperate in establishing Good Cause.
- ☐ Forward support payments.

D. Information from District Attorney (DA) to CWD:

DA FILE NO:

- ☐ Applicant/recipient has cooperated in accordance with Federal law.
- ☐ Applicant/recipient has not cooperated in accordance with Federal Law:
  - ☐ Did not appear and/or provide verbal, written or documentary information.
  - ☐ Rescheduled appointment on _____ ☐ kept ☐ failed
  - ☐ Refuses to appear as a witness at court or other hearing.
  - ☐ Refuses to transmit child support payment(s) received directly from the absent parent.
- ☐ Applicant/recipient has claimed Good Cause for refusal to cooperate and has been provided with a Good Cause claim form.
- ☐ This is a notice of renewed cooperation.
- ☐ Paternity ☐ has ☐ has not been established.
- ☐ Support order established.
- ☐ Other (see comments)

E. TYPE OF APPLICATION

☐ NEW ☐ REAPPLICATION ☐ ADD A CHILD ☐ ICT ☐ RENEWAL

ABSENT PARENT'S NAME

DA FILE NUMBER

CHILD'S NAME

DATE OF BIRTH

CHILD'S NAME

DATE OF BIRTH

CHILD'S NAME

DATE OF BIRTH

CHILD'S NAME

DATE OF BIRTH

F. ☐ APPLICANT STATES AID RECEIVED PREVIOUSLY.

SPECIFY TYPE: ☐ CA/GH AID ☐ MEDI-CAL ONLY ☐ TCC ☐ TMC

PLACE (CITY, COUNTY, STATE)

DATE LAST RECEIVED

G. ☐ INTER-COUNTY TRANSFER/INTERSTATE TRANSFER

FROM (COUNTY/STATE)

PRIOR COUNTY'S DA FILE NUMBER (IF KNOWN)

H. ☐ CASH AID

APPROVAL DATE

ONGOING CASH AID AMOUNT

$

DISCONTINUANCE DATE

REASON FOR DISCONTINUANCE/CODE

I. ☐ MEDI-CAL ONLY

DATE MEDI-CAL BEGINS/CONTINUES

DATE DISCONTINUED

REASON FOR DISCONTINUANCE

J. ☐ TRANSITIONAL CHILD CARE

DATE TCC BEGINS

DATE TCC ENDS

Comments:

SIGNATURE OF DA REPRESENTATIVE | TITLE | E.W. SIGNATURE | E.W. NUMBER | PHONE | DISTRICT OFFICE