



Sokaogon Chippewa Community Tribal Child Support Agency

3051 Sand Lake Road Crandon, WI 54520



Application for Tribal Child Support Services

The information you provide on this form may be shared with others for the sole purpose of administration of the tribal child support agency and other related programs.

INSTRUCTIONS:

- Please fill out this form the best you can.
- If you don't know or not sure of some of the information, you may leave that part blank.
- The more information you are able to provide on this form the better job the case worker can do to assist you.
- If you have any questions about this form, please talk with your child support worker.

I understand that by submitting this application to SCC-TCSA I am requesting child support services under Title IV-D of the Social Security Act. I further understand that some enforcement services, such as state or federal tax offsets, may be provided through application or referral to SCC-TCSA.

CUSTODIAL PARENT/GUARDIAN

Name of Parent/Guardian Applying for Services:

Legal Name: *Last, First, Middle:*

Last Name

First Name

Middle Name

Relationship to child(ren): Mother Father Caregiver

Relative Agency

IMPORTANT

If a child is conceived or born during a marriage, the husband is the legal father. If you believe that someone other than the husband may be the biological father, provide the information about that person below. (The information given on the rest of this form should be information about the husband and wife of the marriage not this person.)

Name: _____ Date of Birth: _____

Social Security Number: _____ Address: _____

City: _____ State: _____ Zip: _____

Services Requested: Federal regulations require the Tribal Child Support Agency to provide all services appropriate for your case based on your circumstances. You may also choose "Only Locate Parent Services."

Establish Paternity

Establish Child Support Order

Enforce (Collect) Child Support

Establish Medical Support Order

Locate Absent Parent

Are you applying for services for an unborn child? YES NO If yes, due date ____/____/____

FOR OFFICE USE ONLY:

Date of Application: ___/___/___

Received by: _____

Case Number: _____

Case Manager: _____

SECTION I- Information about YOU

Legal Name: Last, First, Middle:

Last Name

First Name

Middle Name

Maiden/Alias Name: _____

Date of Birth: ___/___/___ Place of Birth (city, state, country): _____

Social Security Number: _____ - _____ - _____ Sex: Male Female

Race: American Indian/Alaska Native Asian Black or African American
 Native Hawaiian or Pacific Islander White

If Native American, what Tribe? _____ Tribal ID#: _____

What is the relationship of the children to YOU? _____

Who has legal custody? _____

Mailing Address (City, State, Zip code): _____

Home Address (if different from mailing address): _____

Telephone: Home: () - Cell: () - Work: () -

EMPLOYER INFORMATION:

Employer's Name: _____ Employer's Phone Number: () -

Employer's Address (City, State, Zip Code): _____

Income: \$ _____/Hour, OR \$ _____/Month, OR \$ _____/Year

Is the family receiving TANF? YES NO If YES, State OR Tribal TANF? How long? (month to month) _____

Is the family receiving Medicaid? Yes No Is the family receiving Medical Coupons? Yes No

ATTORNEY INFORMATION:

Is a private attorney currently working on your child support case? Yes No

Name of Attorney: _____

Contact Number: () -

Address: _____

SECTION II- Non-Custodial Parent

Legal Name: Last, First, Middle:

Last Name

First Name

Middle Name

Maiden/Alias Name: _____

Date of Birth: ___/___/___ **Place of Birth** (*city, state, country*): _____

Social Security Number: _____ - _____ - _____ **Sex:** Male Female

Race: American Indian/Alaska Native Asian Black or African American

Native Hawaiian or Pacific Islander White

If Native American, what Tribe? _____ Tribal ID#: _____

Height: _____ Eye Color: _____ Hair Color: _____

Identifying marks (tattoos, scars, etc.): _____

Mailing Address (City, State, Zip code): _____

Home Address (*if different from mailing address*): _____

Telephone: Home: () - Cell: () - Work: () -

EMPLOYER/INCOME INFORMATION:

Employer's Name: _____ Employer's Phone Number: () -

Employer's Address (*City, State, Zip Code*): _____

Income: \$ _____/Hour, OR \$ _____/Month, OR \$ _____/Year

Does he/she have an occupational license? YES NO If YES, what kind? How long? _____

Does he/she have a second job? Yes No If YES, where? _____

Is he/she retired? Yes No Is he/she attempting to work? Yes No

Is he/she on disability? Yes No If YES, what type of disability? _____

Does he/she receive Veterans Benefits? Yes No

Does he/she own property or other assets? Yes No

Does he/she receive per capita income? Yes No What Tribe? _____

Continued Information about Non-Custodial Parent

Is he/she currently remarried? Yes No Total number of children he/she is responsible for? _____

Does he/she receive or pay child support payments on another case? Yes No

If the location of this parent is NOT known: Provide information below and any other information you believe may help to find the person. Include addresses where relatives may live and type of income assets this parent may have. Include picture of parent if available.

Has he/she ever been in jail or prison? Yes No Presently incarcerated

If YES, how long? _____ Where? County/City/State: _____

Name of this Parent's Mother: _____

Name of this Parent's Father: _____

SECTION III- Information about the child you are requesting services

(These children must have the same Mother and Father, and these parents must be the parents listed on this form in sections I and II)

Name of FIRST Child: Legal Name: Last, First, Middle:

Last Name

First Name

Middle Name

Social Security Number: _____ - _____ - _____

Sex: Male Female

Date of Birth: ___/___/____ **Place of Birth** (*city, state, country*): _____

Father's name on the Birth Certificate? Yes No Unknown

Does the Child receive Social Security Benefits? Yes No If YES, monthly amount received? \$ _____

Where does the child live most of the time?

Mother Father Both Equally Not yet decided by court

Has Child Support order been established? Yes No **Date established:** ___/___/____

Is he/she currently enrolled in school? Yes No

Name of School: _____ **Expected Graduation Date:** _____

School Address (City, State, Zip Code): _____

Paternity established? Yes No **Date established:** ___/___/____

If YES, how was it established: _____

If paternity of this child is in question, who is/are the alleged father(s)? Provide last and first names of individuals.

Child's Health Insurance Coverage (Attach copy):

Who is the provider of health insurance? Public Private

Father: _____ Mother: _____ Other: _____

Is the child enrolled in a health insurance plan? Yes No **Name of Insurance Plan:** _____

Cost per month to cover only the child(ren)? \$ _____ Effective Date: ___/___/_____
Is the child(ren) eligible for Indian Health Services (IHS)? If YES, where? _____

Name of SECOND Child: Legal Name: Last, First, Middle:

_____ *Last Name* _____ *First Name* _____ *Middle Name*

Social Security Number: _____ - _____ - _____ **Sex:** Male Female
Date of Birth: ___/___/____ **Place of Birth** (*city, state, country*): _____

Father's name on the Birth Certificate? Yes No Unknown
Does the Child receive Social Security Benefits? Yes No If YES, monthly amount received? \$ _____

Where does the child live most of the time?
 Mother Father Both Equally Not yet decided by court

Has Child Support order been established? Yes No **Date established:** ___/___/_____

Is he/she currently enrolled in school? Yes No
Name of School: _____ **Expected Graduation Date:** _____
School Address (City, State, Zip Code): _____

Paternity established? Yes No **Date established:** ___/___/_____
If YES, how was it established: _____
If paternity of this child is in question, who is/are the alleged father(s)? Provide last and first names of individuals.

Child's Health Insurance Coverage (Attach copy):
Who is the provider of health insurance? Public Private
Father: _____ Mother: _____ Other: _____
Is the child enrolled in a health insurance plan? Yes No **Name of Insurance Plan:** _____
Cost per month to cover only the child(ren)? \$ _____ Effective Date: ___/___/_____
Is the child(ren) eligible for Indian Health Services (IHS)? If YES, where? _____

Include any additional information here:
