

DSS Number:
DSS Name:

DSS-1260
Rev. (11/92)

COMMONWEALTH OF KENTUCKY
CABINET FOR FAMILIES AND CHILDREN
DEPARTMENT FOR COMMUNITY BASED SERVICES
TITLE IV-E AND CHILD SUPPORT REFERRAL

FOR CHILDREN'S BENEFITS WORKER ONLY	
Eligible for Title IV-E	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reimbursable	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prog. Mgt. Date Sent	_____
Signature	_____
Date	_____

Name of Child		Social Security Number		DSS Case Number	
Date of Birth	Place of Birth	Race	Sex	Placement Date	
Name of Placement					
Name of School				Expected Graduation Date	
County of Commitment					

PARENTS:	MOTHER	FATHER
Name		
Address		
DOB/ SSN		
Birthplace		

Maiden Name: _____ Paternity Established? Yes No

Current Marital Status of Natural Parents:

Step-parent in Home? (Name):

Social Security #:

1. Name of head of household of the home from which the child was physically removed.
2. Is the child in a KAMES case group? If yes, list the KAMES case ID.
3.
 - A. If the child was physically removed from a parent or other specified relative's home, list all household members and relationship to the child.

NAME	AGE	RELATIONSHIP TO CHILD

B. If the child was not physically removed from a parent or other specified relative's home, did the child live with a parent or specified relative at any time in the six months prior to the date the petition was filed or VCA was signed?

Yes No. If yes, list the household members and relationship to child in the most recent relative living arrangement.

DATE	NAME	AGE	RELATIONSHIP TO CHILD

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4. Is the child deprived of parental support due to the death, divorce, or continued absence or incapacity of one or both parents?
 Yes No If yes, indicate the reason for deprivation.
5. If removed from both parents: Is either parent unable to work due to an incapacity? Yes No N/A
If yes, send verification of incapacity (i.e. award letter) to Children's Benefits Worker.
6. If removed from both parents: The principal wage earner is the parent who earned the most income in the 24 months preceding the month the petition was filed or the voluntary commitment was signed. Is the principal wage earner unemployed, or employed less than 100 hours per month? Yes No N/A
7. Does the child have medical or dental insurance? Yes No If yes, list below:

Company	Address	Policy Holder	Policy #	Effective Coverage Date

*Attach copy of insurance card.

8. Financial Resources of Family: If the answer to items 2, 3A or 3B is the home of the parents, list the resources of the parents, child, and siblings age 18 and younger. Do not consider stepparent resources. If the answer to Item 2, 3A or 3B is a specified relative other than the parent, list only the resources of the child and siblings age 18 and younger, if any, in the home of that specified relative. Check here if the family has no financial resources.

INDIVIDUAL	RELATIONSHIP	FINANACIAL RESOURCE	ACCT#	ORGANIZATION	ADDRESS	BALANCE

9. Income of Family: If the answer to Items 2, 3A or 3B is the home of the parents, list the income received by the parents, child, and siblings age 18 and younger. Consider the income of the step-parent. If the answer to items 2, 3A, or 3B is a specified relative other than the parent, list only the income of the child and siblings age 18 and younger, if any, in the home of the specified relative. Check here if the family has no income.

INDIVIDUAL	RELATIONSHIP	INCOME TYPE	AMOUNT

10. The worker may request non-enforcement of child support for the reasons listed in the procedures. Is non-enforcement requested?
 Yes No If yes, indicate reason and attach documentation.

IF NON-ENFORCEMENT IS DOCUMENTED, STOP AND SIGN BELOW

11. Were the parents married to each other at the time of the child's birth? Yes No
12. Are the parents currently separated? Yes No If yes, when were they last together?
13. Was child support ordered by the court? Yes No If yes, attach order. If child support was ordered, is it being paid?
 Yes No Court Name:
Date: Amount being Paid: \$ To Whom?:
14. Mother's employer's name and address:

Date employment began: Hours per week:
15. Father's employer's name and address:

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Date employment began:

Hours per week:

I certify, under penalty of law that the information I have provided is true and correct to the best of my knowledge and belief, and may be used by the Cabinet for Families and Children for the purpose of obtaining and enforcing child support. I agree to inform my Family Services Worker at the Department for Community Based Services office of any changes in the information that I have provided.

Parent's Signature

Date

Parent's Signature

Date

Family Services Worker Signature

Phone #

Date