

Parent Application for Child Support Services



Red Cliff



CHILD SUPPORT SERVICES AGENCY

*Note: Please complete this form as best you can. If you do not know or are not sure of some the information, you may leave that part blank. The more information your worker knows about your case, the better job he or she can do for you. If you have any questions about this form please ask, we will be happy to help you.

Information provided on this form (including any attachments) may only be shared with others for the purpose(s) of the administration of the child support program and other related programs.

Social Security Numbers or Individual Taxpayer Identification Number (ITIN):

The provision of your social security number is mandatory under Section 466(a)(42U.S.C.666(a)). Your social security number will be used for identification purposes. If you do not provide your social security number, your application will be denied. If you do not have a social security number, you must provide your Individual Taxpayer Identification Number (ITIN).

Please select what type of services you are seeking (Check all that apply):

- Child Support Services
- Paternity (legal fatherhood)
- Locate Only (services to find a parent)

Date Stamp
(date received by Agency)

**SECTION 1-APPLICANT
INFORMATION ABOUT THE APPLICANT, THE PARENT APPLYING FOR SERVICES**

APPLICANT-ELIGIBILITY

Your Relationship to Child(ren) Mother Father Potential Father Other:

Applicant is:

- an ENROLLED MEMBER OF RED CLIFF BAND OF LAKE SUPERIOR CHIPPEWA INDIANS
NOT ENROLLED BUT IS **ELIGIBLE** TO BE ENROLLED WITH RED CLIFF BAND
NOT ENROLLED (please specify) _____
ENROLLED WITH ANOTHER FEDERALLY RECOGNIZED TRIBE(please specify)

Does either parent **reside** within the boundaries of the Red Cliff Reservation? Yes No

If YES, who? Both Mother Father

APPLICANT-GENERAL INFORMATION

Name (last, first, middle, suffix e.g. Jr.):

Alias's used:	Date of birth:	SSN:
Home Phone:	Cell Phone:	Message Phone:
Birth City:	Birth County:	Birth State:

Current Mailing address:

City:	State & Zip:
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Current Physical address (if different):

City:	State & Zip
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Do you have a disability? Yes No If YES, please describe:

Type of disability: Full Limited Permanent

Do you need an Interpreter? Yes No If YES, what language:

APPLICANT-EMPLOYMENT INFORMATION

Current employer:

Employer address:

City:	State:	ZIP Code:
Work Phone:	Position:	E-mail:
Start date:	How often paid: <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> bi-monthly	
Hours per week:	Hourly wage: \$	Salary: \$
Union Name:	License/Claim #	

APPLICANT-FAMILY BENEFITS/SERVICES (CHECK ALL THAT APPLY)—CURRENTLY RECEIVING**

- TANF Child Care W-2 GA (general assistance) Medicare VA Payment
 Social Security Retirement SSI SSI Caretaker Supplement Social Security Disability
 MA (Medical Assistance) Kinship Care Foster Care Badgercare Plus Foodshare

**Include the type and income amounts in the next section "Applicant-Other Income Information"*

APPLICANT-OTHER INCOME INFORMATION

Type of other income:	Start date:
Amount: \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	End date:
Tribe(s) or State(s) these services are received from:	
Type of other income:	Start date:
Amount: \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	End date:
Tribe(s) or State(s) these services are received from:	

APPLICANT-HEALTH INSURANCE INFORMATION

Do you have Health Insurance Yes No If YES, are child(ren) covered? Yes No

Availability Date:	Coverage Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> All Inclusive	
Group Name:	Group #:	You are Policy Holder? <input type="checkbox"/> Y <input type="checkbox"/> N
Premium: \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-monthly		

APPLICANT-MILITARY STATUS

Have you been in Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, are you <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Discharged <input type="checkbox"/> Reserves	
Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> National Guard <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine		
Begin Date ____/____/____	End Date ____/____/____	Veteran Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No
Base Name:		

APPLICANT-CURRENT LEGAL STATUS

(Attach copies of any court orders, judgments, decrees, or stipulations)
Do not list any custody/visitation/placement orders, these questions will be asked in Section 3-Children

Current Marital status (with the other parent) Married Separated Divorced Annulled
 Never Married

Date of last contact with other parent ____/____/____	Other parent's last date in home ____/____/____
Reason for other parent's absence:	

APPLICANT-LEGAL INFORMATION

Any other court orders in place (do not list any custody/visitation/placement) Yes No

If YES, type of order: Child Support Divorce Legal Separation Annulment
 Other: _____

County/Tribe of Order:	State of Order:
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Additional information & comments on court order(s):

ADDITIONAL INFORMATION ON THE APPLICANT

**SECTION 2 OTHER PARENT
INFORMATION ABOUT THE OTHER PARENT**

***IMPORTANT:** If a child is conceived or born during a marriage, the husband is the legal father. If you believe someone other than the husband may be the biological father, please provide the information about that person.*

OTHER PARENT-GENERAL INFORMATION

Other parent is:

- an ENROLLED MEMBER OF RED CLIFF BAND OF LAKE SUPERIOR CHIPPEWA INDIANS
- NOT ENROLLED BUT IS **ELIGIBLE** TO BE ENROLLED WITH RED CLIFF BAND
- NOT ENROLLED (please specify) _____
- ENROLLED WITH ANOTHER FEDERALLY RECOGNIZED TRIBE (please specify) _____

Name (last, first, middle, suffix e.g. Jr.):

Alias's used:	Date of birth:	SSN:
Home Phone:	Cell Phone:	Message Phone:
Birth City:	Birth County:	Birth State:

Current Mailing address:

City:	State & Zip:
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Current Physical address (if different):

City:	State & Zip:
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Does this parent have a disability? Yes No If YES, please describe:

Type of disability: Full Limited Permanent

Does this parent need an Interpreter? Yes No If YES, what language:

OTHER PARENT-EMPLOYMENT INFORMATION

Current employer:

Employer address:

City:	State:	ZIP Code:
Work Phone:	Position:	E-mail:
Start date:	How often paid: <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> bi-monthly	
Hours per week:	Hourly wage: \$	Salary: \$
Union Name:	License/Claim #	

OTHER PARENT-FAMILY BENEFITS/SERVICES (CHECK ALL THAT APPLY)—CURRENTLY RECEIVING**

- TANF Child Care W-2 GA (general assistance) Medicare VA Payment
Social Security Retirement SSI SSI Caretaker Supplement Social Security Disability
MA (Medical Assistance) Kinship Care Foster Care Badgercare Plus Foodshare

*Include the type of income and amounts in the next section "Other Parent-Other Income Information"

OTHER PARENT-OTHER INCOME INFORMATION

Type of other income:	Start date:
Amount: \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	End date:
Tribe(s) or State(s) these services are received from:	
Type of other income:	Start date:
Amount: \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	End date:
Tribe(s) or State(s) these services are received from:	

OTHER PARENT-ASSET INFORMATION

Assets are Financial Accounts, Automobiles, Recreation Vehicles, Property, Retirement Fund, Investments, Equity

Does this parent have any assets Yes No Unknown

Asset Type:	Describe Asset details (make, model, year, company, bank, etc)	Location of Asset (if known)
Asset Type:	Describe Asset details (make, model, year, company, bank, etc)	Location of Asset (if known)
Asset Type:	Describe Asset details (make, model, year, company, bank, etc)	Location of Asset (if known)

OTHER PARENT-HEALTH INSURANCE INFORMATION

Does this parent have Health Insurance Yes No If YES, is the child(ren) covered? Yes No

Availability Date:	Coverage Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> All Inclusive	
Group Name:	Group #:	Is this parent the Policy Holder? <input type="checkbox"/> Y <input type="checkbox"/> N
Premium: \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-monthly		

OTHER PARENT-MILITARY STATUS

Is this parent been in the Military?
Yes No If Yes, are they Active Retired Discharged
Reserves

Branch: Air Force Army National Guard Navy Coast Guard Marine

Begin Date ____/____/____	End Date ____/____/____	Veteran Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No
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Base Name:

OTHER PARENT-LOCATE INFORMATION

If the Location of this parent is not known: Please provide the information below and any other information you believe may help find this person. Include all addresses where relatives may live, and type of income and assets this parent may have. Include any additional information on separate pages attached. Please include a picture of this parent, if available.

Do you know where the other parent is located? Yes No

Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____ Hair Length: _____ Race: _____

Distinguishing Marks (tattoos, scars, birthmarks):

Mothers Name: _____ Fathers Name: _____

Have they ever been arrested or convicted? Yes No Unknown
If Yes, DATE: ____/____/____

City and State of conviction: _____ Probation/Parole officer: _____

Additional location information:

ADDITIONAL INFORMATION ON THE OTHER PARENT

**SECTION 2 CHILDREN
INFORMATION ABOUT THE CHILDREN**

(These children must have the same father and mother – the parents must be the parents listed on this form in Section 1 and 2.) If there are more than four (4) children, please ask your Caseworker for an additional page. If there are children with different partners, please complete the information in Section 4 on page 11.

Are you applying for services for an UNBORN child? Yes No
If yes, provide estimated due date: _____

Child #1 is:
 an ENROLLED MEMBER OF RED CLIFF BAND OF LAKE SUPERIOR CHIPPEWA INDIANS
 NOT ENROLLED BUT IS **ELIGIBLE** TO BE ENROLLED WITH RED CLIFF BAND
 NOT ENROLLED (please specify) _____
 ENROLLED WITH ANOTHER FEDERALLY RECOGNIZED TRIBE (please specify)

CHILD #1 -GENERAL INFORMATION—(SAME PARENTS ONLY)

Name (last, first, middle, suffix e.g. Jr.): _____

Sex: Male Female Date of birth: _____ SSN: _____

Birth City: _____ Birth County: _____ Birth State: _____

This child's expected high school graduation date is: ____/____/____

Is there a Custody/Placement/Visitation court order in place for this child? Yes No
 Unknown

If yes, County or Tribe of order: _____ State of order: _____

Who has legal custody of this child? <input type="checkbox"/> Both (joint custody) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:_____		
Where does this child live most of the time? <input type="checkbox"/> Both (equal amount) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:_____		
Does this child receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, monthly amount: \$		
Was this child born during a marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is a FATHER named on this child's birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Do you believe someone other than the named Father may be this child's biological Father? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please provide as much information on Potential Father(s) as possible		
Name:	DOB:	SSN:
Address:	City:	State & Zip
Phone:	Occupation:	Employer:
Name:	DOB:	SSN:
Address:	City:	State & Zip
Phone:	Occupation:	Employer:
ADDITIONAL INFORMATION ON THIS CHILD		
CHILD #2 -GENERAL INFORMATION—(SAME PARENTS ONLY)		
Child #2 is: <input type="checkbox"/> an ENROLLED MEMBER OF RED CLIFF BAND OF LAKE SUPERIOR CHIPPEWA INDIANS <input type="checkbox"/> NOT ENROLLED BUT IS ELIGIBLE TO BE ENROLLED WITH RED CLIFF BAND <input type="checkbox"/> NOT ENROLLED (please specify)_____ <input type="checkbox"/> ENROLLED WITH ANOTHER FEDERALLY RECOGNIZED TRIBE(please specify) _____		
Name (last, first, middle, suffix e.g. Jr.):		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:	SSN:
Birth City:	Birth County:	Birth State:
This child's expected high school graduation date is: ____/____/____		
Is there a Custody/Placement/Visitation court order in place for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
If yes, County or Tribe of order:	State of order:	
Who has legal custody of this child? <input type="checkbox"/> Both (joint custody) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:_____		
Where does this child live most of the time? <input type="checkbox"/> Both (equal amount) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:_____		
Does this child receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, monthly amount: \$		
Was this child born during a marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Is a FATHER named on this child's birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Do you believe someone other than the named Father may be this child's biological Father? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please provide as much information on Potential Father(s) as possible		
Name:	DOB:	SSN:
Address:	City:	State & Zip
Phone:	Occupation:	Employer:
Name:	DOB:	SSN:
Address:	City:	State & Zip
Phone:	Occupation:	Employer:
ADDITIONAL INFORMATION ON THIS CHILD		
CHILD #3 -GENERAL INFORMATION—(SAME PARENTS ONLY)		
Child #3 is: <input type="checkbox"/> an ENROLLED MEMBER OF RED CLIFF BAND OF LAKE SUPERIOR CHIPPEWA INDIANS <input type="checkbox"/> NOT ENROLLED BUT IS ELIGIBLE TO BE ENROLLED WITH RED CLIFF BAND <input type="checkbox"/> NOT ENROLLED (please specify) _____ <input type="checkbox"/> ENROLLED WITH ANOTHER FEDERALLY RECOGNIZED TRIBE(please specify) _____		
Name (last, first, middle, suffix e.g. Jr.):		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:	SSN:
Birth City:	Birth County:	Birth State:
This child's expected high school graduation date is: ____/____/____		
Is there a Custody/Placement/Visitation court order in place for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
If yes, County or Tribe of order:	State of order:	
Who has legal custody of this child? <input type="checkbox"/> Both (joint custody) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____		
Where does this child live most of the time? <input type="checkbox"/> Both (equal amount) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____		
Does this child receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, monthly amount: \$		
Was this child born during a marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is a FATHER named on this child's birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

Do you believe **someone other** than the named Father may be this child's biological Father?

Yes No

If Yes, please provide as much information on Potential Father(s) as possible

Name:	DOB:	SSN:
Address:	City:	State & Zip
Phone:	Occupation:	Employer:

Name:	DOB:	SSN:
Address:	City:	State & Zip
Phone:	Occupation:	Employer:

ADDITIONAL INFORMATION ON THIS CHILD

CHILD #4 -GENERAL INFORMATION—(SAME PARENTS ONLY)

Child #4 is:

- an ENROLLED MEMBER OF RED CLIFF BAND OF LAKE SUPERIOR CHIPPEWA INDIANS
 NOT ENROLLED BUT IS **ELIGIBLE** TO BE ENROLLED WITH RED CLIFF BAND
 NOT ENROLLED (please specify) _____
 ENROLLED WITH ANOTHER FEDERALLY RECOGNIZED TRIBE (please specify)

Name (last, first, middle, suffix e.g. Jr.):

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:	SSN:
Birth City:	Birth County:	Birth State:

This child's expected high school graduation date is: ____/____/____

Is there a Custody/Placement/Visitation court order in place for this child? Yes No
 Unknown

If yes, County or Tribe of order: _____ State of order: _____

Who has legal custody of this child? Both (joint custody) Mother Father
 Other: _____

Where does this child live most of the time? Both (equal amount) Mother Father
 Other: _____

Does this child receive Social Security Benefits? Yes No If YES, monthly amount: \$

Was this child born during a marriage? Yes No

Is a FATHER named on this child's birth certificate? Yes No Unknown

Do you believe **someone other** than the named Father may be this child's biological Father?

Yes No

If Yes, please provide as much information on Potential Father(s) as possible

Name:	DOB:	SSN:
Address:	City:	State & Zip
Phone:	Occupation:	Employer:

Name:	DOB:	SSN:
Address:	City:	State & Zip
Phone:	Occupation:	Employer:

ADDITIONAL INFORMATION ON THIS CHILD

**SECTION 4 OTHER CHILDREN
OTHER CHILDREN INFORMATION**

List any other child(ren) you or the other parent have with a different partner.

Childs Name	Childs DOB	Childs Parent
		<input type="checkbox"/> You <input type="checkbox"/> Other Parent (on this app)
		<input type="checkbox"/> You <input type="checkbox"/> Other Parent (on this app)
		<input type="checkbox"/> You <input type="checkbox"/> Other Parent (on this app)

Please read, sign, and date this page.

Tax Intercept Information: When applying for Tribal IV-D services for purposes of submitting arrearages for Federal tax refund offset, the Red Cliff Child Support Services Agency will submit any certifiable past-due child support debts to the tax/lottery intercept programs.

If at any time the other parent's intercepted tax refund money is later recalled by the federal Internal Revenue Service (IRS) or the state Department of Revenue (DOR), you must immediately return the money. If you cannot repay all the money at once, you will have to follow a payment plan until the amount is repaid in full. (If the tax refund money is recalled, you will receive a letter with information about how to return the money and how to set up a payment plan.)

If a tax intercept collection is at least \$10, a fee of 10%, up to \$25, will be deducted from the tax intercept collection. This fee is from the State of WI for intercept service, it is not for the Red Cliff Child Support Services Agency.

Child Support Orders: I understand that the law does not permit percentage orders in child support agency cases. If I am opening a new child support case or reopening a closed child support case with the child support agency and have a percentage order, I understand that the child support agency is not responsible for reconciling the order for the period before the date that this application is accepted. The child support agency is required to change the percentage order into a dollar amount order. By submitting this application, I am agreeing to cooperate with the agency in changing the order.

Disclaimer: The Red Cliff Child Support Services Agency will bring any necessary administrative or court actions to establish paternity (legal fatherhood), and to establish and enforce a support order. However, the **child support attorney does not represent you, the child(ren) or the other parent(s)**, but rather represents the Tribes interest in establishing and enforcing child support.

Overpayment: I understand that if I receive an overpayment (more support than I am due), the state may withhold part of future support payments, at a reasonable amount, until the overpaid amount is returned to the state. Yes No

I hereby request child support services under the Child Support Enforcement Program under Title IV-D of the Social Security Act. I understand that I must cooperate with the child support agency by providing information that affects my case and by keeping my appointments with the agency. I also understand that if the Red Cliff Tribal Court does not have jurisdiction over my case the Red Cliff Child Support Services Agency will refer me to the appropriate agency.

Signature

Date

Please attach copies of any letters of guardianship, and court orders, judgments, decrees, or stipulations involving child support. Any changes in this information should be sent to the Red Cliff Child Support Services Agency.



Mailing address: 88455 Pike Rd., Hwy 13
Bayfield, WI 54814
Phone: 715-779-3769 Fax: 715-779-3771