**Notice of Assignment**

**Child Support, Family Support, Maintenance, and Medical Support**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Child Support, Family Support and Maintenance:**

* I understand that the State has the right to collect court-ordered child support, family support and maintenance payments for me and any child in my care if I receive Wisconsin Works (W-2) payments.
* I understand that the State has the right to use part of the support to pay back the federal cost of W-2 payments I receive. I understand that support payments kept by the State **cannot** be more thanthe total amount of W-2 benefits my family receives.
* I understand that the State will send me the amount of support allowed by federal and state law.
* I understand that I will be notified of any changes that would affect my child support.
* I understand that payments made on unpaid support that accrued when my family received AFDC will be used by the State to pay back AFDC costs and will not be sent to me.

**Voluntary Support:**

If the other parent pays child support directly to me, I must report all of it to my income maintenance worker and/or my

W-2 Financial and Employment Planner.

**Medical Support:**

* I understand that applying for Medicaid gives the State the right to collect medical support payments for my family’s medical expenses that are covered by Medicaid. The medical support payments include those made under a court order and/or by an insurer.
* I understand that the State has the right to use part of the medical support to pay back the cost of Medicaid benefits I receive. I understand that medical support payments kept by the State **cannot** be more thanthe total amount of Medicaid benefits my family receives. However, if my family no longer receives Medicaid, the State has the right to collect medical support payments on past-due medical expenses covered by Medicaid.

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| --- | --- |
| Participant Signature or Telephonic Signature Interaction ID | Date Signed |
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**COMPLETE LOWER PORTION ONLY IF PARTICIPANT REFUSES ACKNOWLEDGMENT OF THIS NOTICE ON THE SIGNATURE LINE ABOVE**

I have fully explained the provisions stated above to      .

To the best of my knowledge, they understand the assignment and distribution of medical and cash support collections provided for by operation of law.

**FOR OFFICE USE ONLY**

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| --- | --- |
| Agency Representative Signature | Date Signed |

Re: ss. 49.145 (2)(f) and (s), Wis. Stats.

s. 49.45 (19), Wis. Stats.

Case Record – One copy Participant – One copy

**RETAIN COMPLETED FORM IN CASE RECORD**