

REFERRAL TO CHILD SUPPORT

Personal information you provide may be used for secondary purposes [Privacy Law, S. 15.04(1)(m), Wisconsin Statutes]. Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay.

1. County Providing		2. Grant Amount		3. Date Grant Effective		4. W-2 Referral Type <input type="checkbox"/> Initial <input type="checkbox"/> Case-Change	
SECTION I: CARETAKER/RELATIVE							
6. Last Name First MI Maiden Name				7. Birthdate (MM/DD/CCYY)		8. RFA / Case Number	
9. Address - Street, City, State, Zip Code						10. Caretaker/Relative Telephone Number	
11. Relationship to Child(ren)			12. Employer Name and Address			13. Employer Telephone Number	
SECTION II: ABSENT PARENTS							
14. Last Name First MI Maiden Name				15. Birthdate (MM/DD/CCYY)		16. Social Security Number	17. Sex <input type="checkbox"/> M <input type="checkbox"/> F
18. Last Known Address – Street, City, State, Zip Code				19. Date		20. Employer Telephone Number	
21. Monthly Income Salary \$ _____ Social Security \$ _____ Unemployment Ins. \$ _____ Veteran Benefits \$ _____ Other \$ _____				22. Date of Last Contact with Caretaker/Relative			
23. Name and Address of Last Known Employer/Source of Income				24. Telephone Number		25. Dates Employed	
COMPLETE THIS SECTION ONLY IF BOTH PARENTS ARE ABSENT							
26. Last Name of Other Parent - First MI				27. Birthdate (MM/DD/CCYY)		28. Social Security Number	29. Sex <input type="checkbox"/> M <input type="checkbox"/> F
30. Last Known Address (Street, City, State, Zip Code)				31. Date		32. Employer Telephone Number	
33. Monthly Income Salary \$ _____ Social Security \$ _____ Unemployment Ins. \$ _____ Veteran Benefits \$ _____ Other \$ _____				34. Date of Last Contact with Caretaker/Relative			
35. Name and Address of Last Known Employer/Source of Income				36. Telephone Number		37. Dates Employed	
SECTION III: RELATIONSHIP OF PARENTS LISTED							
38. <input type="checkbox"/> 1-Never Married <input type="checkbox"/> 2-Divorced/Annulled <input type="checkbox"/> 3-Separated with Court Order <input type="checkbox"/> 4-Separated without Court Order			39. Date Married/Divorced		40. City Married/Divorced		41. Has Paternity been established? <input type="checkbox"/> Yes <input type="checkbox"/> No

42. Is there a child support order? <input type="checkbox"/> Yes <input type="checkbox"/> No	County/State Case No.	Date	Amount _____% or \$ _____ per _____	Date of last Payment	Amount of last Payment \$ _____	Paid to: <input type="checkbox"/> Court <input type="checkbox"/> Directly
43. Is there a child maintenance order? <input type="checkbox"/> Yes <input type="checkbox"/> No	County/State Case No.	Date	Amount _____% or \$ _____ per _____	Date of last Payment	Amount of last Payment \$ _____	Paid to: <input type="checkbox"/> Court <input type="checkbox"/> Directly
44. Is there a child medical support order? <input type="checkbox"/> Yes <input type="checkbox"/> No	County/State Case No.	Date	Amount _____% or \$ _____ per _____	Date of last Payment	Amount of last Payment \$ _____	Paid to: <input type="checkbox"/> Court <input type="checkbox"/> Directly

SECTION IV: ELIGIBLE CHILDREN OF LISTED PARENTS WHO RESIDE IN COUNTY AND SUBSIDIZED BY FEDERAL MATCHED FUNDS

IF CASE CHANGE CODE, CODE TYPE AS FOLLOWS: 0- ADD 1-CHANGE 2-DELETE

45.	Name	Sex	Social Security Number	Birthdate			W-2	Child Support Use Only
				Month	Day	Year		

AGENCY INFORMATION

Name – Case Worker (please print)	Telephone Number – Case Worker	Date Signed
-----------------------------------	--------------------------------	-------------