

KINSHIP CARE NOTICE OF ASSIGNMENT FOR CHILD SUPPORT

I. CHILD IDENTIFYING INFORMATION

Name – Child	Birthdate – Child	Social Security Number – Child
Home Address – Child (Street, City, State, Zip Code)		Telephone Number – Child

II. CARETAKER RELATIVE INFORMATION

Name	Birthdate
Home Address (Street, City, State, Zip Code)	Telephone Number
Social Security Number	Caretaker Relationship to Child

PARENTS' INFORMATION

Name – Mother		Birthdate
Birthdate – Mother	Social Security Number – Mother	
Home Address – Mother (Street, City, State, Zip Code)		Telephone Number – Mother
Name – Father		Birthdate
Birthdate – Father	Social Security Number – Father	
Home Address – Father (Street, City, State, Zip Code)		Telephone Number – Father

KINSHIP CARE INFORMATION

Kinship Care Date of Placement:	Birthdate
Kinship Care Termination Date:	Birthdate
Reason:	Birthdate

SIGNATURES

<p>_____ Name - Worker</p> <p>_____ SIGNATURE – Worker</p>	<p>_____ Date Signed</p>
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