

**REFERRAL TO CHILD SUPPORT**

Submit this data when furnishing Wisconsin Works (W-2), BadgerCare Plus (BC+), Medicaid (MA), FoodShare (FS), Kinship Care (KC) Foster Care (FC), or Institutional Care (IC). Personal information you provide may be used for secondary purposes [Privacy Law, S. 15.04(1)(m), Wisconsin Statutes].

1. County Providing		2. Grant Amount		3. Date Grant Effective		4. Referral Type <input type="checkbox"/> Initial <input type="checkbox"/> Case-Change		5. Type: <input type="checkbox"/> 1-W-2 <input type="checkbox"/> 2-BC+ <input type="checkbox"/> 3-MA <input type="checkbox"/> 4-FS <input type="checkbox"/> 5-KC <input type="checkbox"/> 5-FC <input type="checkbox"/> 6-IC								
<b>I. CARETAKER/RELATIVE</b>																
6. Last Name First MI Maiden Name				7. Birthdate (Mo-Day-Yr)			8. RFA / Case Number									
9. Address - Street, City, State, Zip Code						10. Caretaker/Relative Telephone Number										
11. Relationship to Child(ren)			12. Name and Address of Employer			13. Employer Telephone Number										
<b>II. ABSENT PARENTS</b>																
14. Last Name First MI Maiden Name				15. Birthdate (Mo-Day-Yr)			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		Unemployment Ins. \$ _____		22. Date of Last Contact with Caretaker/Relative		Salary \$ _____		Veteran Benefits \$ _____		Social Security \$ _____	Other \$ _____					
23. Name and Address of Last Known Employer/Source of Income				24. Telephone Number		25. Dates Employed										
Complete the rest of this section only if both parents are absent (W-2, Kinship Care, Institutional or Medicaid)																
26. Last Name of Other Parent - Mother, First, MI				27. Birthdate (Mo-Day-Yr)			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		Unemployment Ins. \$ _____		34. Date of Last Contact with Caretaker/Relative		Salary \$ _____		Veteran Benefits \$ _____		Social Security \$ _____	Other \$ _____					
35. Name and Address of Last Known Employer/Source of Income				36. Telephone Number		37. Dates Employed										
<b>III. RELATIONSHIP OF PARENTS LISTED</b>																
38. <input type="checkbox"/> 1-Never Married <input type="checkbox"/> 3-Separated with Court Order <input type="checkbox"/> 2-Divorced/Annulled <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 Pymt.	Amt of last Pymt. \$	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 Pymt.	Amt of last Pymt. \$	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 Pymt.	Amt of last Pymt. \$	Paid to: <input type="checkbox"/> Court <input type="checkbox"/> Directly									
<b>IV. ELIGIBLE CHILDREN OF LISTED PARENTS WHO RESIDE IN COUNTY AND SUBSIDIZED BY FEDERAL MATCHED FUNDS</b>																
If case change code, code Type as follows: <b>0-Add</b> <b>1-Change</b> <b>2-Delete</b>																
45.	TYPE	Name		Sex	Social Security Number		Birthdate			+ Type			Child Support Use Only			
							Month	Day	Year	W-2	MA	KC	Inst	Fost	FS	
Caseworker Name (please print)								Telephone			Date Signed					