

CASE # _____

WKR: _____



COUNTY OF ONONDAGA

Department of Social Services-Economic Security

Child Support • Childcare Assistance • Fair Hearings • Fraud • HEAP • Medicaid • SNAP • Systems • Temporary Assistance

JOHN H. MULROY CIVIC CENTER

421 MONTGOMERY STREET

Childcare Assistance

SYRACUSE, NY 13202

315-435-5683; Fax: 315-435-5682

www.ongov.net

J. Ryan McMahon, II
County Executive

Sarah G. Merrick
Commissioner

CHILD SUPPORT/ABSENT PARENT INFORMATION

Please Note: Only complete this form if there is a parent that is **NOT** living in your household.

PLEASE COMPLETE ONE SECTION FOR EACH ABSENT PARENT:

Name of Absent Parent: _____

Name(s) of Child(ren): _____

Address of Absent Parent: _____ Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Employer's Name & Address _____

Is Paternity Established? (Y) _____ (N) _____ Is There a Court Order? (Y) _____ (N) _____

Does the Absent Parent pay support? (Y) _____ (N) _____ If Yes, (check one): Voluntary _____
(If voluntary – Provide statement from the payer) Court Order _____

Amount \$ _____ Frequency: Weekly Biweekly Monthly
(Circle One)

Date of last contact with Absent Parent: _____

Does the Absent Parent have visitation with the child(ren)? (Y) _____ (N) _____

Please explain: _____
*Attach a statement explaining Custody / Visitation *Attach court papers if it is Court Ordered

(Continued on Reverse)

Applicant/Recipient Signature: _____ Date: _____

Name of Absent Parent: _____

Name(s) of Child(ren): _____

Address of Absent Parent: _____ Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Employer's Name & Address _____

Is Paternity Established? (Y) _____ (N) _____ Is There a Court Order? (Y) _____ (N) _____

Does the Absent Parent pay support? (Y) _____ (N) _____ If Yes, (check one): Voluntary _____
(If voluntary – Provide statement from the payer) Court Order _____

Amount \$ _____ Frequency: Weekly Biweekly Monthly
(Circle One)

Date of last contact with Absent Parent: _____

Does the Absent Parent have visitation with the child(ren)? (Y) _____ (N) _____

Please explain: _____

*Attach a statement explaining Custody / Visitation *Attach court papers if it is Court Ordered

Name of Absent Parent: _____

Name(s) of Child(ren): _____

Address of Absent Parent: _____ Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Employer's Name & Address _____

Is Paternity Established? (Y) _____ (N) _____ Is There a Court Order? (Y) _____ (N) _____

Does the Absent Parent pay support? (Y) _____ (N) _____ If Yes, (check one): Voluntary _____
(If voluntary – Provide statement from the payer) Court Order _____

Amount \$ _____ Frequency: Weekly Biweekly Monthly
(Circle One)

Date of last contact with Absent Parent: _____

Does the Absent Parent have visitation with the child(ren)? (Y) _____ (N) _____

Please explain: _____

*Attach a statement explaining Custody / Visitation *Attach court papers if it is Court Ordered

Applicant/Recipient Signature: _____ Date: _____