



Assignment and Referral to Support and Collections Child Care Assistance Program

This information is available in other forms to people with disabilities by contacting us at (651) 296-2542 (voice) or toll free at (800) 657-3954. TTY/TDD users can call the Minnesota Relay Service at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

1. Information about you

LAST NAME		FIRST NAME		MIDDLE NAME
ADDRESS				
SOCIAL SECURITY NUMBER	DATE OF BIRTH	PHONE	RACE (optional)	
What is your relationship to the children listed below? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other, specify:				
What is your preferred language? _____			Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Information about the other parent (Complete a separate form for each parent or alleged father. If you need another form, ask your child care worker for one.)

LAST NAME		FIRST NAME		MIDDLE NAME
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HOME PHONE	RACE (optional)
ADDRESS		CITY	STATE	ZIP CODE
CURRENT OR LAST KNOWN EMPLOYER			EMPLOYER PHONE	
Does the other parent provide medical/dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the other parent deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the preferred language of the other parent? _____				
Does the other parent need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No				

3. Information about children living with you whose other parent you listed above.

Provide information about the child(ren) living with you whose other parent you listed in section 2.

If paternity has not been established for your children, the child support office will ask you to give more information to help prove who the legal father is.

- | | | |
|--|--------------------------------------|------------------------------|
| A — Established by court order | L — Legally adopted | N — Not established |
| B — Mother listed on birth certificate | M — Parents married at child's birth | R — Recognition of Parentage |
| D — Declaration of Parentage | | |

Child's name (last, first, middle)	Gender	Date of birth	Social Security Number	Child's relationship to noncustodial parent (see codes above)
1.				
2.				
3.				
4.				
5.				

Declaration, authorization and understanding

- I understand the services available and my responsibilities.
- I understand I must assign all rights to child care support to the State of Minnesota for any child for whom I receive full or partial child care assistance. This assignment covers child care support payments now overdue as well as any child care support payments due while my child receives child care assistance up to the amount of the Child Care Assistance issued. I understand that this applies to child care support orders established either before or after I have signed this. I understand that this only applies to child care support, not child support.
- I understand I must fully cooperate with the Child Support Enforcement Division to establish and collect child support on behalf of any minor child in my household in order to receive Child Care Assistance. Full cooperation includes responding to requests for information from the child support office, providing necessary documentation, appearing at hearings and forwarding any direct support payments to the child support office for processing.
- I authorize the child support office, under the provisions of Title IV-D of the Social Security Act to sign support checks in my name and take legal actions relating to child support on behalf of the child(ren) I am applying for.
- I understand I may claim good cause at any time if I am afraid that my cooperation with child support will endanger my children or me. If I wish to claim good cause, I will contact my child care worker.
- I understand that the County Attorney's office represents only the county and the State of Minnesota, and does not represent either parent, or the child(ren), or other custodian of the child(ren).
- I understand that the state is able to deposit my child support payments into my checking account, savings account, or stored value card account. After my child support case is open, the child support office will send me more information on how to set up direct deposit.
- I understand that I must immediately report any child care support amounts I receive by mistake after the date I sign this form to my child care assistance worker and my child support worker.
- I understand that if I do not cooperate with the child support office, and have not applied for and been granted good cause, my child care assistance will be terminated for noncooperation.
- I have been provided a copy of the Child Care Responsibilities and Rights (DHS-3990) as part of my application for the Child Care Assistance Program.

I declare that I have examined this form and, to the best of my knowledge and belief, it is a true and correct statement of every material point.

ASSIGNMENT EFFECTIVE DATE	
SIGNATURE OF APPLICANT	DATE
WORKER	DATE