Serving Qualified Customers
Appendix

Title 9: Child Support Administration and Location
Chapter H: Serving Qualified Customers Appendix
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Application for Nonassistance Support Services, Form 470-0188

Purpose	This application allows a person not currently receiving public assistance or services from the Unit to apply for child support services.
Supply	Print form 470-0188 from the on-line manual or the forms section of the child support website at www.childsupport.ia.gov.
Completion	The Unit staff complete the "office use" section and the applicant completes the remainder of the form. Form 470-0188 is a required form.
Distribution	Mail a copy of the application to the applicant.
Data	Before mailing the form, complete the following fields on page 1 of the application:

- ♦ Issuing Office:
- ♦ DATE REQUESTED:
- ♦ DATE GIVEN OR SENT:
- ♦ TO:

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Incomplete Non-Assistance
Support Application
470-3485

Incomplete Non-Assistance Support Application, Form 470-3485

Purpose	Form 470-3485 is a letter informing the non-public assistance (NPA) applicant of missing information on a recently submitted application for child support services.
Supply	This form is available on-line. Generate this form by accessing it through FORMLIST screen using the CASE process code.
Completion	This form is not a required form. However, you should complete the form and send it to the applicant if the NPA application is not completed correctly.
Distribution	Mail a copy of the letter along with the application and all attachments back to the applicant.
Data	To complete this form enter the following information:

- ♦ The current date
- ♦ The applicant's name and address
- ♦ Select the reason for returning the application
- ♦ The Unit address where the corrected application may be returned
- ♦ The worker's name, telephone number, and fax number

Information Regarding Automatic Deposit of Child Support Payments, Form 470-3975

Purpose   Form 470-3975 is a form letter advising non-public assistance applicants of information and documentation the Unit needs in order to deposit support payments into a financial institution account of the payee's choice. This form explains the advantages of using direct deposit.

Supply   This form is available on-line. Generate this form by accessing it through FORMLIST screen using the CASE process code.

Completion   This form is a required form. The applicant is responsible for completing and returning the form to the Unit with the completed application if they wish to use direct deposit.

Distribution   Mail this letter to the applicant along with form 470-0188, *Application for Nonassistance Support Services*.

Data   There is no information to complete to generate this form.

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**Notice of CSRU Services and
Request for Documents
470-2547**

Notice of CSRU Services and Request for Documents, Form 470-2547

Purpose	Form 470-2547 is used to notify the clerk of court that a party is receiving child support services and allows the Unit to receive notice of filings. Also use this form to request documents and certified payment records for pending actions or completed actions not available on Iowa Courts Online.
Supply	The form is available from FORMVIEW.
Distribution	Use the Iowa court e-filing system (CSEF) to submit the form to the clerk of court. Save a copy of the form in the imaged case file.
Data	Enter information into the following fields to complete the form:

- ♦ Clerk of Court address

- ♦ Petitioner's Name

- ♦ Respondent's Name

- ♦ Court Order number

- ♦ CSC case number

- ♦ Today's date

- ♦ Select the type of information you are requesting from the clerk of court

- ♦ Select if this is a rush request, when needed

- ♦ Your name, the Unit address, telephone and fax number

[Notice of Possible Sanction: Noncooperation With the Child Support Program, Form 470-3400](#)

Purpose: Send form 470-3400 when the Unit determines the payee has not cooperated and the Unit is unable to take the next step in the child support case.

Completion   The FORMVIEW screen for this form displays after the Unit worker places "R" in the NONCOOPERATION field on the PAYEE screen. Complete the necessary fields and generate the form.

Data   To generate this form you must enter the following information:

- The name and address of the payee

- Today's date

- The Unit case number

- Your Unit office address

- The reason the Unit is sanctioning the payee. Place an "X" in front of a standard reason listed or type in your own specific reason.

- The type of public assistance the payee receives.

- Your name and phone number

NPA Application Tracking Log, Form 470-3399

Purpose

Form 470-3399 is used to keep track of all requests received for non-public assistance application, whether a completed application is returned or not.

Supply

Logs for all offices are stored in the DHS network. Access the *NPA Application Tracking Log* for your office using the following path:
\\hoovr3s2\csru.772\npa-apps(office.name)(npalog.doc)

Completion

The Unit, FCRU or CSC staff who receive a request for the NPA application fill out the form. Complete one row for each application that is requested.

Data

Insert the location of the Unit office (or FCRU or CSC) and complete the columns as follows:

♦ **Name of Applicant:** The name of the person who made the request. If the request was made on behalf of another person, include that person's name in the address column.

♦ **Mailing Address of Applicant:** The actual mailing address that the application was sent. If the application was obtained in person, then write "in person" for the address. Use the date the application was handed out as the date requested and put N/A for the date sent.

♦ **Date Application Requested:** The actual date that the request for the NPA application was made, in MM/DD/CCYY format. Put the same date in this section as that on page 1 of form 470-0188, Application for Nonassistance Support Services. If an ICAR case is opened, put the same date in the NPA APP REQUEST field as is on the CASE screen

♦ **Date Application Sent:** The actual date that the application was mailed (except when picked up in person as noted above) in MM/DD/CCYY format. Put the same date in this section as that on page 1 of form 470-0188, *Application for Nonassistance Support Services*. If an ICAR case is opened, put the same date in NPA APP SENT field on the CASE screen.

♦ **Date Signed Application Received:** The actual date that the signed application was received in the office.

Request to Stop Support Services, Form 470-1981

Purpose

Form 470-1981 is sent to FIP and Medicaid recipients when we receive notice they are no longer on assistance. The form:

♦ Advises them of the availability of non-assistance services.

♦ Advises the payee that enforcement continues if support is due the state.

♦ Includes information on the services available and fees for those services.

Supply

This form is batch-generated.

Completion

ICAR generates this form when ICAR receives notice through the automated interface that a payee no longer receives assistance from FIP or from Medicaid.

Distribution

This form is sent to the payee.

Data

ICAR enters all of the information on the form.

♦ Name and address of the payee
♦ Issuing office
♦ Date of the notice
♦ Case number
♦ Name of the payor
♦ Phone number of the office