

Iowa Department of Human Services
SUPPORT INFORMATION REQUEST

This form must be completed for all children receiving SSI-related Medicaid who have a parent who is absent from the home. Please complete every item to the best of your ability. Use a separate form for each absent parent. If the absent parent is unknown, write "unknown" on the name line, and explain why the absent parent is unknown in the COMMENTS section.

Child's Name		Birth Date		Birthplace	
Last Name	First	M	Mo.	Day	Year
			City	State	

Has paternity been established? Yes No

If you are a parent of this child please complete this section.

Social Security Number	Birth Date	Your relationship to absent parent.			
	Mo. Day Year	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Never Married

If you are not a parent of this child, please complete this section.

Your relationship to child.	Do you have legal guardianship or conservatorship? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ABSENT PARENT INFORMATION

Last Name	First	M	Birth Date	Social Security Number	Telephone
			Mo. Day Year		()
Street			City	State	Zip Code
Race	Height	Weight	Hair	Eyes	
Other identifying marks (scars, tatoos, etc.)					
Current Employer			Address		City
Previous Employer					

Does absent parent receive: Social Security VA Benefits Unemployment Insurance

PATERNITY INFORMATION

If paternity has not been established, has the absent parent acknowledged in writing that he is the father? Yes No

If paternity has not been established, list the period of time that you dated the absent parent: From: _____ To: _____

NATURE OF SUPPORT FROM THE ABSENT PARENT

Is this absent parent ordered by the court to: Pay alimony Pay child support Pay for medical expenses Carry health insurance

If you checked any of the above, what type of order is it? Divorce (Dissolution) Temporary Paternity Other (specify) _____

Amount ordered: \$ _____ per _____

Date order was filed: _____ Court order number _____

Where: County _____ State _____

Attorney's name and address that represented you in this action, or your current attorney if action is pending: _____

Amount of last support received from absent parent: \$ _____ Date received _____

Comments: _____