



STEVE SISOLAK
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

RICHARD WHITLEY, MS
Director

STEVE H. FISHER
Administrator

Non-Custodial Parent Name:	SSN:	DOB:
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NON-CUSTODIAL PARENT (NCP) FORM

When applying for TANF and/or Medicaid assistance, the law requires you to cooperate with Child Support Enforcement (CSE) to establish paternity to get child support and/or medical support owed to you and/or any child(ren) that you are applying for. This may include genetic testing. If the test proves the person you named is not the father, you may be required to pay the cost of the test. You are also responsible for providing all available information requested by the CSE Program such as certified copies of divorce decrees and/or support orders, birth certificates and photographs of the absent parent.

The CSE Program locates absent parents and/or sources of income and assets, establishes and enforces financial and medical support, reviews and adjusts existing child support orders, and collects and distributes financial and medical support payments. If you are requesting medical assistance only, you may request in writing you only want medical support services.

The CSE Program has sole discretion in determining which legal remedies are used in pursuing support and cannot guarantee success. CSE may request assistance of another state, and thereby, be subject to the laws of that state. CSE does not provide services involving custody, visitation or unpaid medical bills. CSE may close your case when your case meets closure rules established by federal and state regulation.

The CSE Program represents the State of Nevada when providing services and no attorney-client privilege exists. CSE is authorized to endorse and cash payments made payable to you for support payments and may collect past-due support by intercepting an IRS tax refund or other federal payment. If a tax intercept occurs, the CSE Program has the authority to hold a joint tax refund for a period of six (6) months before distributing the funds. No interest is paid on the held funds. Funds collected from a tax intercept are applied first to pay off any past-due support assigned to the State of Nevada. A nonrefundable fee is deducted by the federal government of any tax or federal payment intercepted by the CSE Program.

Good cause for not cooperating in pursuing child support or paternity may be allowed. If you do not cooperate with CSE and good cause has not been determined, your household will be ineligible for TANF and you will be ineligible for Medicaid. Good cause for not cooperating will be considered if you request it in writing. Examples of good cause are as follows:

- ***The child was conceived as a result of rape or incest.***
- ***Legal proceedings for adoption of the child are pending before a court.***
- ***You are being assisted by a public or licensed private social service agency to decide whether to keep or relinquish the child for adoption (no longer than three (3) months).***
- ***Your cooperation in establishing paternity or securing support will result in physical or emotional harm to yourself or the child(ren).***



You must provide your case manager with verification within twenty (20) days after claiming good cause. You will receive written notification of the good cause decision. If you are found to have good cause for not cooperating, CSE will NOT attempt to establish paternity or collect child support.

YES, I wish to claim good cause.

NO, I do not wish to claim good cause at this time.

Client Signature	Print Name	Date	Telephone Number
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Case ID: _____

You must report changes whenever a name change occurs; you have a new address or telephone number for home or work; you hire a private attorney or collection agency; another child support or paternity legal action is filed; you file for divorce; you receive support payments directly from the absent parent; you have a new address, telephone number, employment or health insurance for the absent parent; a child(ren) no longer lives with you; a child(ren) is still in high school after age 18; a child(ren) becomes disabled before age 18; a child(ren) comes to live with you or you birth another child; a child marries, is adopted, joins the armed forces or is declared an adult by court order.

You are responsible for repayment of support amounts received in error, including payments from an IRS tax refund, which are adjusted by the IRS. If you fail to enter into a repayment agreement with the CSE Program, the outstanding balance may be reported to a credit reporting agency and money collected on your behalf by the CSE Program may be withheld for repayment. Additionally, legal action may be initiated against you.



NON-CUSTODIAL PARENT (NCP) FORM

Complete one form for each parent who does not live with the child(ren) for whom you are requesting assistance. For example, if you have two children and each have a different father / mother, you need to complete two forms. If you are not the parent of the child(ren) you are requesting assistance for, you need to complete one form for the absent mother and one form for the absent father. Do not leave any question blank. Write or type unknown or N/A (not applicable) for any question that does not apply or you do not know the answer.

YOUR NAME:			YOUR SSN:	YOUR DOB:	YOUR RELATIONSHIP TO THE CHILD(REN):	
Have you or the children received public assistance in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO				If YES, where?	(City, State)	
Social Security Number of the Parent Who Does Not Live With You:			<i>Fill in whatever you know about the Non-Custodial Parent. If you do not know the answer to the question, write unknown or N/A.</i>			
LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	MODIFIER (Jr., Sr., etc.):	
ADDRESS:						
CITY:			STATE:		ZIP:	
LAST CONTACT DATE:					TELEPHONE/CELL PHONE:	
RACE:	SEX:	HAIR COLOR:	EYE COLOR:	WEIGHT:	HEIGHT:	IS HE OR SHE DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO
BIRTH CITY AND STATE:			DATE OF BIRTH:		DATE OF DEATH:	
AT ANY TIME WAS THE MOTHER MARRIED TO THIS NON-CUSTODIAL PARENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			DATE OF MARRIAGE:		DATE OF DIVORCE:	
WAS THE MOTHER MARRIED TO SOMEONE ELSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE THERE OTHER POSSIBLE FATHERS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EXISTING CHILD SUPPORT COURT ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO				CITY AND STATE		



INFORMATION ON THE CHILDREN FOR THIS ABSENT PARENT:

Child's Social Security Number	Child's Last Name	Child's First Name	Child's Middle Initial	Child's date of birth (MM/DD/YY)	Did the mother have sexual relations with another man (not named above), during 30 days before or after when pregnancy began for this child?	Custody Month
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	

All cases for Temporary Assistance for Needy Families (TANF) and medical programs where the adult and child(ren) receive Medicaid must be referred for Child Support Enforcement. I understand if there is no adult in my family receiving medical assistance, and I would like to receive Child Support Enforcement services, I must submit an application for assistance with the appropriate state or county child support agency.

This information is correct to the best of my knowledge. I have read the "Important Child Support Information" section found on the eligibility application. I understand if I have intentionally withheld or misrepresented information, I could be disqualified from receiving public assistance.

I declare under penalty of perjury that the information I have provided on this document is true to the best of my knowledge and belief and that the statements contained herein are made for the purposes stated herein, including but not limited to, obtaining assistance in establishing parentage and/or an order for child support along with the collection of child support.

Your Signature:	Date Signed:
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