

FOR OFFICIAL USE ONLY

DATE STAMP

DATE APPLICATION REQUESTED _____
DATE APPLICATION PROVIDED _____
DATE APPLICATION RECEIVED _____

**DIVISION OF WELFARE AND SUPPORTIVE SERVICES
APPLICATION FOR CHILD SUPPORT SERVICES**

CASE NUMBER: _____

PLEASE CAREFULLY READ THE FOLLOWING INFORMATION.

Child Support Enforcement (CSE) Program Services:

- Locate all noncustodial parents and/or sources of income and/or assets;
- Establish paternity (determine who is the father of the child(ren));
- Establish financial and medical support;
- Enforce financial and medical support;
- Review and adjust existing child support orders;
- Collect and distribute financial and medical support payments.

The CSE program:

- must provide all the above services to all individuals, unless the individual is a Medicaid recipient and the Medicaid recipient notifies the CSE program in writing they only want medical support services;
- has sole discretion in determining which legal remedies are used to provide the above services and cannot guarantee success;
- may request assistance of another state and, thereby, be subject to the laws of that state. It may take ninety (90) days, or more, after the other state receives the request for services before any information is available;
- **does not** provide services involving custody, visitation or unpaid medical bills. However, these services may be available through a private attorney;
- will close your cases upon written request from you or when your case meets closure rules established by federal and state regulation.

Important Information You Should Know:

The CSE program:

- will impose a \$35 annual fee effective October 1, 2019 in each case where an individual has never received TANF cash assistance and for whom the State has collected at least \$550 of child support.
- represents the State of Nevada when providing services and no attorney-client privilege exists;
- is authorized to endorse and cash checks, money orders and/or other forms of payment made payable to you for support payments;
- child support payments will be made as a direct deposit into your bank account, or by a Nevada Debit Card. A Nevada Debit Card will be issued to you unless you request payments by direct deposit. For more information regarding direct deposit, please call toll free to the Child Support Customer Service Unit at (800) 992-0900 or check the Child Support Enforcement State Collections and Disbursement Unit (SCaDU) website at https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Home/Features/Forms/1116-MEC_Direct%20Deposit%20Info%20English.pdf to print a Direct Deposit Authorization Agreement.
- 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 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 for any tax or federal payments intercepted by the CSE program.

By accepting cash or medical assistance for yourself or the child in your custody, you have made an assignment to the Division of Welfare and Supportive Services of all rights to support from any person. Any unpaid support assigned to the State of Nevada may be enforced and collected until paid in full.

If you receive cash assistance, support payments are kept by the State of Nevada to pay off any past-due support assigned to the state. When you are off cash assistance, support payments are sent to you until you request case closure in writing. However, any unpaid support assigned to the State of Nevada may be enforced and collected until paid in full.

All support payments are sent to and processed by the CSE program and distributed according to federal and state regulations.

The CSE program is required by Title 42 of the United States Code, federal regulations, and state laws that established the CSE program to obtain the social security numbers (SSN) for those individuals receiving child support services. The SSN is needed to properly establish and enforce child support obligations based on program services and comply with reporting requirements contained in the federal and state laws and regulations previously mentioned. Any individual who fails to disclose this information may be denied child support services. The CSE program will use these SSNs only for the purpose of providing services outlined in the federal law, federal regulations, state laws, and state regulations that govern the CSE program.

In accordance with federal law and U.S. Department of Health and Human Services (HHS) policy, the Division of Welfare and Supportive Services is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (800) 368-1019 (voice) or (800) 537-7697(TDD).

Responsibilities:

You are responsible for:

- providing all available information requested by the CSE program. This may include certified copies of a divorce decree and/or all existing support orders, copies of the children's birth certificates, and a photograph of the noncustodial parent;
- participating in genetic testing to establish paternity. If the genetic test proves the person named is not the father, you may be required to pay the cost of the genetic test;
- reporting when any of the following changes happen;
 1. Name change, new address or telephone number for home or work;
 2. A private attorney or collection agency is hired;
 3. Another child support or paternity legal action is filed;
 4. Filing for divorce;
 5. Receive support payments directly from the noncustodial parent;
 6. New address, telephone number, employment or health insurance for the noncustodial parent;
 7. Child(ren) no longer live with you;
 8. Child(ren) still in high school **after** age 18;
 9. Child(ren) become disabled **before** age 18;
 10. Child(ren) come to live with you or birth of another child;
 11. A child marries, is adopted, joins the armed forces or is declared an adult by court order.
- requesting a review and adjustment of the existing support order once every three years or if there is a significant change in circumstances;
- turning in support payments you receive directly from the noncustodial parent when you are receiving cash assistance;
- repayment of support amounts received in error, including support 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.

Application Instructions:

You must answer all questions. Please PRINT OR TYPE answers in black or blue ink. Check Yes, No, Unknown or write N/A (not applicable) in any space which does not apply. Use a separate sheet of paper if you need more room for any answer or if you have additional information regarding the noncustodial parent which is not covered by the questions on this form. **(Attach copies of all support court orders.) The application must be signed on pages 6 and 7. Services could be delayed if your application is not complete and signed.**

CHILDREN INFORMATION Continued:

Child's Name (Last, First, Middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	Date child started living in Nevada?
Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child's Name (Last, First, Middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	Date child started living in Nevada?
Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child's Name (Last, First, Middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	Date child started living in Nevada?
Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child's Name (Last, First, Middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	Date child started living in Nevada?
Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PAYMENT HISTORY FOR NONCUSTODIAL PARENT (NCP) (starting with most recent month)

NCP's Name: _____

YEAR: _____

YEAR: _____

YEAR: _____

Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid
Jan			Jan			Jan		
Feb			Feb			Feb		
Mar			Mar			Mar		
Apr			Apr			Apr		
May			May			May		
June			June			June		
July			July			July		
Aug			Aug			Aug		
Sept			Sept			Sept		
Oct			Oct			Oct		
Nov			Nov			Nov		
Dec			Dec			Dec		
TOTAL			TOTAL			TOTAL		

YEAR: _____

YEAR: _____

YEAR: _____

Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid
Jan			Jan			Jan		
Feb			Feb			Feb		
Mar			Mar			Mar		
Apr			Apr			Apr		
May			May			May		
June			June			June		
July			July			July		
Aug			Aug			Aug		
Sept			Sept			Sept		
Oct			Oct			Oct		
Nov			Nov			Nov		
Dec			Dec			Dec		
TOTAL			TOTAL			TOTAL		

DECLARATION

I declare under penalty of perjury the information I have provided on this application is true and correct to the best of my knowledge and belief and the statements contained herein are made for the purposes stated herein including, but not limited to, obtaining assistance in paternity and order establishment, and the enforcement and distribution of child support. By signing this application, I acknowledge the responsibilities as listed and agree to the services the Child Support Enforcement Program provides.

Name of Applicant (please print)

Signature of Applicant

Date

CHILD SUPPORT PAYMENT AUTHORIZATION

PERSONAL INFORMATION: (Please Print)		
Name (First, Middle, Last):		
Mailing Address:		Apartment Number:
City:	State:	Zip Code:
E-mail Address:		
Social Security Number:		Daytime Telephone:
Whether you are electing direct deposit or debit card, address changes must be reported to the child support agency immediately. Failure to provide current address information may result in delayed or stopped payments to your account. Debit card providers and financial institutions must also be notified of any changes.		
I WANT TO: (Select One)		
<input type="checkbox"/> Sign up for Direct Deposit (any collections will be received via a debit card until this request is processed)		
<input type="checkbox"/> Change My Direct Deposit to a Different Account		
<input type="checkbox"/> Cancel Direct Deposit and Sign up for a Debit Card		
<input type="checkbox"/> Sign up for a Debit Card		
DIRECT DEPOSIT:		
Financial Institution Name:		
Branch Name:		
Address:		
Financial Institution Routing Number:		
Financial Institution Account Number:		
Type of Account: (Select Only One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Remember to attach a voided check/copy of check to this form or a letter from your financial institution including your routing number and account number. Do not attach a deposit slip; the routing number is not always correct.		
By selecting Direct Deposit, I authorize the Division of Welfare and Supportive Services (DWSS) to make deposits to the above account until I cancel this authorization. If funds are deposited into my account in error, I authorize the DWSS to debit the amount from my account or from future payments. I acknowledge that a new authorization form must be completed if I choose to change financial institutions or account numbers. I further acknowledge that I must notify DWSS immediately, in writing, if my account is closed.		
DEBIT CARD:		
By selecting to receive payments via a debit card, I acknowledge that I have received and reviewed the debit card disclosure statements.		

Your Signature: _____ Date: _____

(FOR SCaDU USE ONLY)	
DATE REQUEST RECEIVED	
Date Pre-Note Completed:	_____
Initials of Person Processing:	_____
Date Direct Deposit Request Completed:	_____
Initials of Person Processing:	_____

DIRECT DEPOSIT VS. DEBIT CARD

What is Direct Deposit?

Direct Deposit, also known as electronic funds transfer (EFT), allows the Nevada State Division of Welfare and Supportive Services (DWSS) State Collection and Disbursement Unit (SCaDU) to electronically deposit your payments directly into your bank account.

What are the benefits of using Direct Deposit?

- Payments are automatically deposited to the account.
- There are no fees associated with direct deposit.
- Funds are available faster.

How does Direct Deposit work?

When a payment is made from DWSS, SCaDU electronically tells your bank to credit your account.

Who can sign up for Direct Deposit?

Every recipient of funds through DWSS who has a bank account in their name can sign up for Direct Deposit.

How do I sign up for Direct Deposit?

Complete the Child Support Payment Authorization form along with verification from the bank showing the account number and routing numbers. **A voided check is acceptable verification for a checking account. For a savings account or online banking, please have your bank stamp and initial the request form to verify the bank routing and account number. A deposit slip is not acceptable verification.**

When will my Direct Deposit start?

A Direct Deposit may not begin for at least 30 days from the date of your request. You will receive your child support payments via a debit card until your Direct Deposit application is processed.

What if I change or close my bank account?

You must complete a new authorization form each time you change your banking information. When changing your bank account, SCaDU must close your previous direct deposit account and verify your new account information with your bank, a process that typically takes 10 business days. After the verification process is complete, all payments will be deposited into your new account, however, payments received during the verification period will be disbursed via a debit card. If your account has closed and you have NOT submitted a new Child Support Payment Authorization for processing as stated above, your child support payments will be disbursed via a debit card. **PLEASE NOTE:** If you have an existing debit card account, you will not automatically receive a new debit card. The debit card you initially received may still be used.

How do I stop Direct Deposit?

You must notify SCaDU in writing by mailing or faxing a completed Child Support Payment Authorization form to SCaDU. You may select to change your direct deposit to a different account or cancel direct deposit and sign up to receive payments via a debit card.

How many Direct Deposit accounts can I open? Only one direct deposit account is allowed at a time. All payments will go into that one account until direct deposit is stopped.

How does the Nevada Child Support Debit Card work?

Once you elect to receive your payments on the Nevada Child Support Debit Card, an account will be created in your name. Whenever a payment is received by the State Collection and Disbursement Unit (SCaDU), the funds will be sent by Electronic Funds Transfer (EFT) to your debit card. You can then use the debit card to make purchases or withdrawals until the funds are exhausted. You cannot make any additional deposits to the account. Only SCaDU can fund the debit card account.

What are the benefits of receiving payments on a debit card?

- Safer than paper checks
- No trips to the bank or waiting in long lines
- Avoid check cashing fees
- A bank account is not required to receive payments

How long does it take to receive payments on the debit card?

Once the first child support collection is received, it will be posted to your debit card. You should receive your card within 7-10 business days. Once you have your card, all future payments will be posted to your debit card unless you elect to receive payments via direct deposit.

If no payment is made on your case, you will not get a card.

How do I activate the debit card?

You will receive your Nevada Child Support Debit Card along with instructions on how to activate and use it. Once you receive the card, you can activate online or by calling the toll-free number provided with the card. Once activated, you may use your card.

Where can I use the debit card?

You can use your card anywhere Mastercard debit cards are accepted. You can also get cash withdrawals from your card.

How do I get a replacement debit card?

If your card is lost or stolen, you need only contact the Debit Card Customer Service Center to report your card lost or stolen and to request a replacement card. Customer Service information will be provided to you with your initial card packet.

How do I know when I've received a payment?

You may contact the DWSS voice response unit (VRU) toll free to find out whether a payment has been sent to you. The VRU is available 24 hours a day, 7 days a week. The telephone numbers are:

(775) 684-7200 – Northern Nevada

(702) 486-1646 – Southern Nevada

or call the Child Support Customer Service number toll free at 1-(800)-992-0900.

For more information, please visit our website: <https://dwss.nv.gov>.

Mail or fax the completed Child Support Payment Authorization form to:

**Nevada State Division of Welfare and Supportive Services
Attention: SCaDU EFT
PO Box 98950
Las Vegas, Nevada 89193-8950
FAX (702) 486-8592**

Nevada Child Support Way2Go Card® issued by Comerica

You have options to receive your payments; this prepaid card, check, or direct deposit. You do not have to accept this prepaid card. Ask about other ways to receive your funds.

Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0.00	\$0.00	\$0.00 (in-network)	N/A
		\$1.15 (out-of-network)	

ATM balance inquiry (in-network or out-of-network)	\$0.00
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Customer service (automated or live agent)	\$0.00
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Inactivity (after 12 months of inactivity)	\$0.00
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We charge 2 other types of fees. Here they are.

Card replacement fee (regular or expedited delivery)	\$0.00 or \$12.00
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Card to bank transfer	\$0.50
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No overdraft/credit feature.

Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit cfpb.gov/prepaid.

Find details and conditions for all fees and services in the cardholder agreement.

List of all fees for Nevada Child Support Way2Go Card® Prepaid Mastercard

All Fees	Amount	Details
Get Started		
Card purchase	\$0.00	There is no fee to obtain a Card account.
Monthly Usage		
Monthly Usage Fee	\$0.00	There is no monthly fee associated with this card.
Spend Money		
Point-of-sale (POS)	\$0.00	There is no fee for POS purchase transactions conducted in the U.S. using your signature or Personal Identification Number (PIN) number.
Online Bill Pay	\$0.00	There is no fee to use our bill pay service on our website, www.GoProgram.com .
Get Cash		
ATM withdrawal (in-network)	\$0.00	There is no fee for in-network ATM withdrawals conducted at MoneyPass, AllPoint, and Comerica ATM locations. In-network locations can be found at https://locations.comerica.com/ ; moneypass.com/atm-locator.html and https://www.allpointnetwork.com/locator.html . When using your card at an ATM, the maximum amount that can be withdrawn from your Card account per calendar day is \$1025.00. For Cardholders living in Canada, we provide in-network (no-fee) access through the Allpoint ATM Network.
ATM withdrawals (out-of-network)	\$1.15	This is our fee. Out-of-network refers to any ATMs not in the MoneyPass, AllPoint, and Comerica ATM Network. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. When using your Card at an ATM, the maximum total amount that may be withdrawn from your Card account per calendar day is \$1025.00.
Teller-assisted cash withdrawals	\$0.00	You are allowed unlimited teller-assisted cash withdrawals for no fee at Mastercard Member Bank or Credit Union teller windows.
Information		
ATM balance inquiry (in or out-of-network)	\$0.00	There is no fee for ATM balance inquiries. You may be assessed a fee by ATM operator for out-of-network balance inquiries.
ATM denial (in or out-of-network)	\$0.00	There is no fee for declined transactions at ATM. You may be assessed a fee by ATM operator for out-of-network declined transactions.
Customer service (automated or live agent)	\$0.00	You are allowed unlimited calls to Customer Service Interactive Voice Response (IVR) for no fee to check your balance or hear your transaction history.
Using your card outside the U.S.		
International ATM withdrawal fee	\$0.00	There is no additional fee to conduct ATM withdrawals at locations outside the United States. Out-of-network ATM fee still applies. You may also be charged a fee by the ATM operator, even if you do not complete the transaction. For Cardholders living in Canada, we provide in-network (no-fee) access through the Allpoint ATM Network.
International transaction fee	0%	There is no additional fee to conduct transactions outside the U.S.
Other		
Card to bank transfer	\$0.50	Per transaction for one-time and recurring transfers
Card replacement	\$0.00	There is never a charge to replace your card. Standard delivery in the U.S. 7 to 10 calendar days.
Expedited card delivery	\$12.00	This is our fee. You will be assessed a fee if you request your replacement card to be expedited rather than receiving it by regular mail. Expedited card delivery (3 to 5 business days).
International card replacement	\$0.00	There is no charge to replace your card internationally.
Inactivity fee	\$0.00	There is no fee should a card account become inactive. Inactivity is defined as no deposits, purchases, calls to the automated or live customer service, cash withdrawals, or ATM balance inquiries for 12 consecutive months.

Your funds are eligible for FDIC insurance and will be held at or transferred to Comerica Bank, an FDIC-insured institution. Once there, your funds are insured up to \$250,000 by the FDIC in the event Comerica Bank fails, if specific deposit insurance requirements are met. See fdic.gov/deposit/deposits/prepaid.html for details.

No overdraft/credit feature.

Contact Go Program Customer Service by calling 1-844-475-1663, by mail at P.O. Box 245997, San Antonio, TX 78224-5997 or visit www.GoProgram.com.

For general information about prepaid accounts, visit cfpb.gov/prepaid.

If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint.