

FOR OFFICE USE ONLY  
Date app. requested: \_\_\_\_\_  
Date app. provided: \_\_\_\_\_  
Date app. received: \_\_\_\_\_  
Date case opened: \_\_\_\_\_  
Case Number: \_\_\_\_\_

Utah Department of Human Services  
Office of Recovery Services  
Child Support Services

**APPLICATION FOR SERVICES**

**You MUST sign #155 if you are NOT applying for or receiving cash assistance/Medicaid and you want child support services.**

155. I have read and I understand the information about ORS/CSS services. I would like to apply for child support AND medical support services.

\_\_\_\_\_  
Signature Full Name (print) Date

**You MUST sign #156 if you are applying for or receiving cash assistance/Medicaid and you want child support services EVEN IF YOUR CASH ASSISTANCE/MEDICAID IS DENIED.**

156. I have read and I understand the information about ORS/CSS services. I would like to apply for child support AND medical support services in the event I am denied for cash assistance/Medicaid.

\_\_\_\_\_  
Signature Full Name (print) Date

\_\_\_\_\_  
ORS/CSS Worker Signature Date

**ELECTRONIC PAYMENT:** Complete all information in this section to enroll in Direct Deposit or to receive the Utah EPPICard. Please select **ONE** of the following options:

- Direct Deposit (complete Section I, II, III) --OR--  Utah EPPICard MasterCard (complete Section I and III)

**Section I**

\_\_\_\_\_  
Signature Date Social Security Number E-mail

\_\_\_\_\_  
Name Address City, State, Zip Code Daytime Phone

**Section II** (Complete this section only for Direct Deposit. If you are requesting the Utah EPPICard, skip section II and proceed to section III)

\_\_\_\_\_  
Financial Institution Bank Routing Number Account Number Savings\* Checking\*\*

\* For EFT to a savings account you MUST attach a savings deposit slip or your most recent savings account statement.  
\*\* For EFT to a checking account you MUST attach a voided check that includes the bank routing number.

**Section III**

Indicate if you would like the Automated Information System to phone you when EFT is in effect: Yes \_\_\_\_\_  
No \_\_\_\_\_ Phone \_\_\_\_\_

SSN: _____	PACMIS #: _____
NCP/Alleged name: _____	DWS/DOH worker: _____
Date ANIA provided: _____	DWS/DOH worker phone: _____
Date app. approved: _____	CSS initials: _____
	DWS/DOH office: _____

**Child Support Services  
ASSIGNMENT OF RIGHTS  
You MUST sign # 157 if you are receiving or applying for  
cash assistance or Medicaid from the state.**

**157. ASSIGNMENT OF RIGHTS:**

I understand that as a condition of receiving public assistance I have automatically transferred to the Office of Recovery Services/Child Support Services (ORS/CSS), all monies payable to me or my child(ren) by any person as support, alimony or medical support. The monies include the amount past-due and that become due me or the child(ren). I understand that I must turn over to ORS/CSS any support or alimony that the non-custodial parent gives to me. I understand that I must pay ORS/CSS the equivalent cash value of any in-kind support or alimony that I receive. I further understand that anyone may deliver to ORS/CSS, all drafts, checks, money orders or other negotiable instruments due by any person obligated to provide support. ORS/CSS has the power of attorney to act in my name endorsing and cashing all drafts, checks, money orders or other negotiable instruments received by the Department as support payments. This assignment supersedes (replaces) any agreement I have made with the non-custodial parent(s) that has not been approved and ordered by the court.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name (First/Middle/Last)

\_\_\_\_\_  
Social Security Number

Based on section 466(a)(13) of the Social Security Act [42 U.S.C. 666(a)(13)] it is mandatory for a State's child support enforcement program to request an individual's social security account number in order to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations.

**158. MEDICAID ONLY APPLICANTS:**

If you are only receiving Medicaid assistance, you may decline child support services. However, if you do not have a medical support order you must cooperate with ORS/CSS in establishing a child and medical support order. After the order is established and you tell us that you do not want child support services, ORS/CSS will only enforce the medical support. Please sign below to decline child support services.

I am only applying for or receiving Medicaid assistance and I do **NOT** want child support services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**GOOD CAUSE: Only complete this section if you wish to claim good cause.** If you claim good cause, you must provide DWS with documentation supporting your claim. For example, a copy of the protective order.

I have reviewed the information on cooperation and I wish to claim good cause or other exception for refusal to cooperate and request an agency decision based upon evidence I provide and/or an investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

=====

**ADDITIONAL INFORMATION:**

159. I have read and I understand that if a support payment has been incorrectly credited and refunded to me, I agree that my future support payment(s) may be decreased by an amount equal to the payment I received in error.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

160. Do you currently have an assignment, agreement, or contract with a private agent (collection agency or private attorney) to collect your child support? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", write the name and address of the agency or attorney: \_\_\_\_\_

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**RELEASE OF INFORMATION:**

Your case information will be released, unless it has been safeguarded by ORS/CSS, as follows:

- to the Federal Case Registry, where it may be accessed by other state agencies;
- to the Attorney General's Office if your case is referred for a court action;
- to the Office of Administrative Hearings if your case is referred for a hearing;
- to another state if your case is referred to another state's child support agency; or,
- to the other party or the other party's attorney, if we receive a written request and a parent-time order. If a request is made for your address and the address of your child(ren), you will be sent a notice that gives you the opportunity to contest the release of your information and ask that it be safeguarded.

161. If you have a domestic violence issue, would you like ORS/CSS to attempt to safeguard your case information and your child(ren)'s case information? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", you must provide ORS/CSS with a copy of one of the following: a protective order; a current court order prohibiting disclosure; a current court order limiting or prohibiting the requested person's contact with the party whose location is being sought; a criminal order; or, documentation of a pending proceeding for any of the above.