



YOUR RIGHTS AND RESPONSIBILITIES AS A RECIPIENT OF CHILD SUPPORT SERVICES

Attorney–Client Relationship

The Family Support Division (FSD) may use an attorney to establish, modify or enforce a child support order. The attorney represents the interests of FSD, and an attorney–client relationship or privilege does not exist between you and a prosecutor, an assistant attorney general or any other attorney working for FSD. This means that any information you provide to an attorney working for FSD can be used against you if, for any reason, FSD must file a claim against you.

You have the right to have an attorney represent you personally at any time. You should notify FSD staff if you choose to use the services of a private attorney for child support purposes.

Decisions regarding legal action, which may be taken in your case, shall be made by FSD. FSD staff review the case and take whatever action believed to be appropriate, regardless of who applied for services.

Confidentiality

FSD will release information in your case record necessary in the administration of the child support program. Staff may release information when taking action to establish, enforce or modify a support order. FSD staff may also release case record information to the other parent and/or his/her attorney. The information released may include, but is not limited to, copies of the support order, correspondence used to establish or enforce the support order and your home address. If you have any questions about this policy or believe that your address should not be released, contact FSD.

Cooperation

When you apply for services, you agree to cooperate with FSD staff in establishing and/or enforcing a support order for your child. When applicable, you must cooperate by:

- Naming the child’s parent and providing information you have about him/her that may assist FSD in establishing, modifying or enforcing a support order.
- Keeping scheduled appointments for you and your child to have paternity testing.
- Completing all documents needed by FSD staff or any attorney working for FSD.
- Attending court and administrative hearings.
- Notifying FSD of any orders entered for the support of you or your child and any changes made to those orders.
- Completing an affidavit that verifies support payments you have received.

Reporting Changes and Other Information

You must notify FSD if:

- You change your name, address or telephone number (home, cell or work).
- Your child moves out of your home or into your home.
- Your child resides with the person responsible for paying support (PPS) for more than 30 days.
- Your child is adopted, marries, joins the armed forces or turns 18 and is not attending school.
- You use a private attorney or private collection agency for child support purposes.
- You receive support directly from the PPS or a state other than Missouri (not through the Missouri Family Support Payment Center).
- You pay support directly to the person eligible to receive support (PRS) or a state other than Missouri (not through the Missouri Family Support Payment Center).
- You file for divorce against the other parent or are served with divorce papers.
- The court enters a support or custody order for the child in your custody.
- You learn that the other parent changed his/her address, telephone number, employment or health insurance coverage for the child.

Collection and Distribution of Support

Federal law allows FSD to intercept tax refunds to pay past-due support. If the PPS owes past-due support that meets the rules for tax refund intercept, FSD notifies the Internal Revenue Service to withhold up to the past-due amount from the refund.

FSD applies federal income tax intercept collections to past-due support owed the state (if any) before paying past-due support owed the PRS.

FSD may hold the tax refund intercept for six months if the PPS filed a joint income tax return, and the spouse did not claim his/her portion of the refund before the intercept occurred.

The IRS may adjust the amount of the tax refund. If the PRS received a payment from an income tax refund that is later adjusted, (s)he may have to return some or all of the money.

For support payments collected from sources other than federal income tax refund intercept, the amount due for the current month (known as current support) is paid first. After current support is paid for the month, payments are applied to past-due support (arrearages). There are several categories of arrearages. The order in which arrearages are paid depends on the family's public assistance history.

Fees

FSD charges an annual federal fee of \$35 on cases that have payments totaling \$550 or more during a federal fiscal year (October 1 to September 30) if the family never received Temporary Assistance. FSD collects \$17.50 of the required annual fee from the PPS and \$17.50 from the PRS. For the PRS, after FSD receives support payments of at least \$550 on the case, FSD automatically deducts the \$17.50 fee from the next payment received prior to sending the payment to the PRS. Collected fees help offset costs associated with providing child support services.

Additional Information

The PPS must make all support payments on a Missouri support order to the Family Support Payment Center, PO Box 109002, Jefferson City, MO 65110-9002.

If you receive any money in error, you must return it. If you refuse to return it or fail to agree to a repayment plan, FSD may take legal action against you.

FSD can enforce support orders through actions including, but not limited to, income withholding, liens on real and personal property, federal and state income tax refund intercepts, license suspension, passport denial, contempt and criminal nonsupport actions and referrals to other states' child support enforcement agencies (if the PPS lives or works outside of Missouri).

FSD does not calculate interest owed on delinquent payments. FSD will, however, collect interest judgments included on the circuit clerk record as provided by law.

Support payments you receive from the Family Support Payment Center or the State of Missouri will be issued on a prepaid card. The prepaid card is loaded with your support payments. It is not a credit card. The prepaid card provides a safe and convenient way to receive your support payments. If you prefer to have your support payments directly deposited into your bank account go to <https://dss.mo.gov/child-support/>.

To obtain payment information, call 800-225-0530 or go to <https://dss.mo.gov/child-support/>.

To have support payments you pay automatically withdrawn from your bank account go to <https://dss.mo.gov/child-support/>.

For more information, contact FSD at the address or telephone numbers provided at <https://dss.mo.gov/child-support/contact-child-support.htm>.

Please keep this flyer for future reference.



**MISSOURI
DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION**

Dear Parent,

Have you had problems with your current or past spouse or significant other? Are you afraid that person will hurt you or your children if you receive services from the Family Support Division (FSD)?

If the answer to one of the above questions is "Yes," FSD may have information that will help you.

If you would like more information about domestic violence services, please check the appropriate box(es) below and return this form with your completed application for services or contact your local FSD office.

It is safe for you to call me during the day at:

_____.

You can leave a message for me at:

_____.

It is not safe for you to call me. I will contact you within **seven** days.

I understand that if I do not contact you within seven days, you will enter the address shown on the *Referral/Information for Services* into your system and use it as my contact address. However, FSD will also take action to prevent this address from being released to the other parent.

Other: _____

My name is (please print) _____

My Social Security Number is _____

We need your Social Security number in order to identify you properly in our records. You do not have to provide this information, but failure to do so may prevent us from promptly or properly identifying you.

If domestic violence is not an issue for you and/or your child(ren), do not return this form.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
APPLICATION FOR CHILD SUPPORT SERVICES 300-EZ

IV-D CASE NUMBER (IF KNOWN)

THE APPLICANT IS PERSON RECEIVING SUPPORT CUSTODIAN PERSON PAYING SUPPORT ALLEGED FATHER

PERSON RECEIVING SUPPORT/CUSTODIAN INFORMATION SOCIAL SECURITY NUMBER (SSN):

NAME (LAST)		(FIRST)	(MIDDLE)	DATE OF BIRTH
ADDRESS (INCLUDE STREET NAME, APARTMENT NUMBER AND/OR FLOOR NUMBER)			(CITY)	(STATE)
PHONE NUMBER - HOME (INCLUDE AREA CODE)	PHONE NUMBER - WORK (INCLUDE AREA CODE)		CELL PHONE (INCLUDE AREA CODE)	RACE
EMAIL ADDRESS			MESSAGE PHONE NUMBER (INCLUDE AREA CODE)	

PERSON PAYING SUPPORT/ALLEGED FATHER INFORMATION SOCIAL SECURITY NUMBER (SSN):

NAME (LAST)		(FIRST)	(MIDDLE)	ALIAS
ADDRESS (INCLUDE STREET NAME, APARTMENT NUMBER AND/OR FLOOR NUMBER)			(CITY)	(STATE)
PHONE NUMBER - HOME (INCLUDE AREA CODE)	PHONE NUMBER - WORK (INCLUDE AREA CODE)		CELL PHONE (INCLUDE AREA CODE)	DATE ADDRESS LAST KNOWN
EMAIL ADDRESS			MESSAGE PHONE NUMBER (INCLUDE AREA CODE)	
RACE	SEX (M/F)	HEIGHT	WEIGHT	HAIR COLOR
		EYE COLOR	DATE OF BIRTH	
EMPLOYER NAME			EMPLOYER ADDRESS	DATES WORKED (FROM - TO)

CHILDREN OF THE PERSON RECEIVING AND PERSON PAYING SUPPORT/ALLEGED FATHER

CHILD'S SSN	NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	COUNTY/STATE OF BIRTH	RACE	SEX (M/F)

Was the child(ren)'s mother in Missouri when she became pregnant? YES NO UNKNOWN

Are the parents of the child(ren): MARRIED SEPARATED NEVER MARRIED DIVORCED UNKNOWN

Do all of the children listed on this application live with you now? YES NO

If parents are/were married: DATE (CITY, COUNTY AND STATE)

If parents are divorced: DATE (CITY, COUNTY AND STATE)

Have child support payments been ordered by a court? YES (attach a copy of court order) NO UNKNOWN

COUNTY AND STATE OF COURT ORDER DATE OF ORDER

ORDER NUMBER	AMOUNT PER CHILD \$	HOW OFTEN (SUCH AS WEEKLY OR MONTHLY)
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Up until now, how often has the person paying support/alleged father paid child support?
 ALWAYS SOMETIMES NEVER ALWAYS PAID REGULARLY UNTIL _____ (DATE)

Do you have legal custody of the children? YES NO If YES, do you have joint custody? YES NO

IS IT POSSIBLE THAT ANOTHER MAN, OTHER THAN THIS ALLEGED FATHER, MIGHT BE THE FATHER OF THE CHILD(REN) LISTED? IF YES, PROVIDE AS MUCH INFORMATION AS POSSIBLE. YES NO

NAME	ADDRESS	PHONE NUMBER (INCLUDE AREA CODE)

Are the children covered by a health insurance plan other than MEDICAID? YES NO UNKNOWN

If YES, insurance company name and policy number: Insurance Company Name: _____ Policy Number: _____

TYPE OF CHILD SUPPORT SERVICES YOU WANT (check the box next to the service(s) you are requesting):

- ESTABLISH AND/OR ENFORCE CHILD SUPPORT AND MEDICAL SUPPORT**—FSD will try to establish paternity, get an order for child support and/or medical support (if needed), and enforce child and medical support.
- ESTABLISH AND/OR ENFORCE MEDICAL SUPPORT**—FSD will try to establish paternity, get an order for medical support (if needed), and enforce medical support coverage for your child(ren).
- REVIEW AND MODIFICATION**—FSD will review your existing support order and modify the order, if appropriate. This may include updating the order to get medical support for your child(ren). FSD will also provide services shown under Establish and/or Enforce Child Support and Medical Support.
- I certify under the penalties of perjury set forth in Section 575.040, RSMo, that my statements contained herein are true and correct to the best of my knowledge.**
 - I certify that all information provided is true and complete to the best of my knowledge.
 - I authorize the Family Support Division to get information contained in my child(ren)'s birth certificate file or record. This may include a copy of an acknowledgment of paternity completed by the parents.
 - I must provide my Social Security number (SSN) and the SSN for each child(ren) per section 466(a)(13) of the Social Security Act and also provide the SSN of the other parent if I know it.
 - By signing this application on paper or electronically, I am giving the Family Support Division (FSD) permission to deliver, or cause to be delivered, phone calls or text messages to me regarding my case from an automated dialing system at my primary number. The FSD does not use an encryption system when sending text messages. Such unencrypted systems are not secure and carry some level of risk that text messages could be read by a third party. By signing, I am affirming that I nevertheless prefer to receive text messages from FSD and understand I do not have to consent to this as part of my application and can opt out of getting these calls or text messages by checking "No" in the "Accept Text Messages" box below.

APPLICANT SIGNATURE	DATE	ACCEPT TEXT MESSAGES YES <input type="checkbox"/> NO <input type="checkbox"/>	RELATIONSHIP TO CHILD(REN)
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Mail the signed application to: Family Support Division, PO Box 6790, Jefferson City, Missouri 65102–6790

Additional Information about Child Support Services

Do I need to apply for FSD Child Support Services if I have a court order?

Yes. If you do not apply for child support services, the Missouri Family Support Division cannot proceed with any activity that pertains to your court order.

What child support services are available?

The Family Support Division is a state agency that provides services to establish paternity, establish and review existing support orders, and enforce child support, spousal support (if child support is due) and medical support.

Who can apply for FSD Child Support Services with the Family Support Division?

- If you are a person receiving support or custodian of the child(ren) who need(s) support, fill out and submit one (1) application for each person paying support or alleged father.
- If you are a person paying support or alleged father of the child(ren) who need(s) support, fill out one (1) application for each person receiving support.

What happens after my application for Child Support Services is approved?

You will receive a notice of case opening from the Family Support Division and information on how to inquire about your case. Support payments you may receive from the Family Support Payment Center or the State of Missouri will be issued on a prepaid card, providing a safe and convenient way for you to receive payments (please note, this is not a credit card). If you would like to have support payments deposited directly into your bank account visit dss.mo.gov/cse for information on how to get direct deposit.

NOTICE OF PRIVACY PRACTICES REGARDING YOUR PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your health information is private. The Missouri Department of Social Services (DSS) understands that the information it collects about you and your health is personal. DSS is required by state and federal law to protect your health information from being improperly used or released. This notice will tell you what DSS may legally do with your protected health information. It will also tell you your rights about such information kept by DSS.

DSS is required to provide you this notice regarding your protected health information. DSS will follow the requirements described in this notice. DSS reserves the right to change this notice. All changes to this notice will apply to all of your protected health information. If this notice is changed, the new notice will be available on the DSS' website, in your local DSS office or it will be mailed to you upon request.

Information Handling

In our normal business operations, DSS may receive protected health information, which is information identifying you and which includes some indication of your medical condition. This information may be about you or your family members and the law requires that it be protected. DSS is allowed to use this information and share it with others, if the protected health information is being used for your treatment, the payment of your medical expenses, or for health care operations. Examples of this include:

- to medical professionals and health information networks about Medicaid eligibility as part of health care operations; or
- to insurance companies and health care providers about paying claims; and/or
- to hospitals, medical professionals, and health information networks for your treatment.

A health information network is a group of hospitals and caregivers who share health information. DSS is part of the network.

DSS follows the laws that tell us when we *must* share health information and when we can share health information, without your permission. DSS will share information:

- as required by law, subject to limited restrictions
- to public health authorities to report such things as contagious diseases and for birth, death and immunizations records
- to the police or military as required by law
- for court and administrative proceedings
- to health oversight authorities to see that government programs are being run properly
- to the federal government to protect the country, the president, government workers, and for other government programs
- to funeral directors or coroners
- for organ donation purposes or research involving a DSS program
- to family, relatives or others who help in your care

Sometimes, health information that can normally be released cannot be released. For example, if state law says the information will not be released and federal law allows it to be released, it will not be released. The same is true if federal law says the information cannot be released, but state law allows it to be released. Whichever law is more restrictive is the one that will apply.

Other than the examples listed, DSS may not share any of your information without your written permission. You can authorize DSS to share as much of your information as you wish. You can also cancel your permission for DSS to share that information.

(Over)

Your Rights

1. You have the right to request that DSS limit the information it shares about you, but DSS does not have to agree to such requests.
 2. You have the right to receive your information from DSS privately. DSS will provide it to whatever address you choose and in the form you choose. DSS will charge for providing a copy of your records unless it is being sent to an exempt organization or an organization that does not charge DSS for records. No charge will be imposed on requests by foster children for a copy of their foster care records.
 3. You have the right to inspect and copy your information that DSS has. This right may be limited if the information contains notes taken by a mental health provider during treatment sessions.
 4. You have the right to ask that the information in DSS' file be changed. However, there are limits regarding what may be changed.
 5. You have the right to receive a list of the parties outside DSS that have received your information.
 6. If an unauthorized disclosure of DSS records containing your PHI occurs and it is deemed a breach because there is a possibility the disclosure might lead to harm, you have the right to be notified by DSS and informed of what happened and how best to protect yourself.
 7. You also have the right to request this notice on paper, electronically or both.
- These protections and rights became effective April 14, 2003. Electronic copies of this notice are available at <http://www.dss.mo.gov/hipaa/hprivacy.pdf>. If you have questions or complaints, or want to make a request, contact:

DSS Privacy Officer
Division of Legal Services
P.O. Box 1527
Jefferson City, MO 65102
Telephone: (573) 751-3229
Voice: (800) 735-2466
TDD: (800) 735-2966

Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
601 East 12th Street, Room 248
Kansas City, MO 64106
Voice: (816) 426-7277
TDD: (816) 426-7065

Your health care services will not be affected by any complaint made to DSS or the offices listed above.