



# South Puget Intertribal Planning Agency

## Workforce Development Program Child Support TANF/Cash Assistance Form

**TANF/Cash Assistance Office**

(Agreement, Consent, and Limited Power of Attorney)

YOUR FULL NAME:	SOCIAL SECURITY NUMBER:
CHILD'S NAME AND SOCIAL SECURITY NUMBER:	CHILD'S NAME AND SOCIAL SECURITY NUMBER:

**READ THIS FORM BEFORE YOU SIGN AND DATE IT.**

When you accept a SPIPA Intertribal TANF Program grant, you assign your child, spousal, and medical support rights to the SPIPA. When you assign your support rights this means you agree that the SPIPA can keep the support to pay the tribal and federal governments for the assistance paid to your family.

When you accept a SPIPA Intertribal TANF grant, you agree to cooperate with the SPIPA Intertribal TANF Program and/or the Washington State Division of Child Support (unless you have a reason not to) by:

1. Helping establish paternity (if necessary). This may include participating in a tribal or state court paternity action.
2. Helping establish or modify your support order.
3. Sending all support payments you receive to:

Washington State Support Registry  
PO BOX 45868  
OLYMPIA WA 98504-5868

(NOTE: You may be instructed at a later date to send payments directly to SPIPA.)

4. Appointing DCS and/or SPIPA Intertribal TANF Program to accept and endorse all child, spousal, and medical support payments received for you.
5. Telling SPIPA Intertribal TANF Program in writing when you no longer want child support enforcement services. When you stop receiving a SPIPA Intertribal TANF grant, child support will continue to be enforced unless you tell DCS to stop.

I have read and understood the above listed rules and requirements and have had my rights and responsibilities explained to me.

I understand that I can be terminated from this program for fraud, falsifying information, or intentionally hiding information. I also understand that I could be prosecuted and criminally penalized under applicable law.

DATE	SIGNATURE

## CHILD SUPPORT REFERRAL – South Puget Intertribal WFD

The Division of Child Support will use your social security number for child support enforcement purposes as defined in Title IV-D of the Social Security Act.

### A. INFORMATION ABOUT THE CHILDREN'S PARENTS

MOTHER OF CHILDREN					FATHER OF CHILDREN				
Name (First/Middle/Last):					Name (First/Middle/Last):				
Other Names Used:					Other Names Used:				
P.O. Box or Street Address:					P.O. Box or Street Address:				
City:		State:	ZIP Code:		City:		State:	ZIP Code:	
Home Telephone Number: (     )		Message Telephone Number: (     )			Home Telephone Number: (     )		Message Telephone Number: (     )		
Social Security Number:		Date of Birth (Month/Day/Year):			Social Security Number:		Date of Birth (Month/Day/Year):		
Place of Birth (City/County/State/Country):					Place of Birth (City/County/State/Country):				
Race:	Height:	Weight:	Hair Color:	Eye Color:	Race:	Height:	Weight:	Hair Color:	Eye Color:
Native Language (If correspondence needed in other than English):					Native Language (If correspondence needed in other than English):				
If enrolled in an Indian Tribe, name of the Tribe:					If enrolled in an Indian Tribe, name of the Tribe:				
Lives on an Indian Reservation? <input type="checkbox"/> No <input type="checkbox"/> Yes					Lives on an Indian Reservation? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Last-Known Employer's Name:					Last-Known Employer's Name:				
Employer's P.O. Box or Street Address:					Employer's P.O. Box or Street Address:				
Employer's City:		State:	ZIP Code:		Employer's City:		State:	ZIP Code:	
Employer's Telephone Number: (     )					Employer's Telephone Number: (     )				
Mother's Father's Name:		Mother's Mother's Maiden Name:			Father's Father's Name:		Father's Mother's Maiden Nam		

### B. THE CHILDREN'S RESIDENCE

The children listed on page 2 live with:     Mother     Father     Other (specify): \_\_\_\_\_

### C. IF THE CHILDREN DO NOT LIVE WITH THE MOTHER OR FATHER, COMPLETE THIS SECTION

Your Name:		Your P.O. Box or Street Address:		
Your Social Security Number:		Your City:	Your State:	Your ZIP Code:
Your Telephone Number:		Your Relationship to the Children:		

**D. INFORMATION ABOUT THE CHILDREN FOR WHOM YOU WANT CHILD SUPPORT****List only the children of the parents listed on page 1 that live in your home. Use a continuation sheet if needed.**

Child's Name (First/Middle/Last):		Sex:	Social Security Number	Did the father sign a paternity affidavit? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Birth (Month/Day/Year):	Place of Birth (City/County/State/Country):			
Did the mother become pregnant with this child in Washington State? <input type="checkbox"/> No <input type="checkbox"/> Yes		If no, then where (County/State):		
Is there a support order for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date of order (Month/Day/Year):	If yes, place order entered (County/State/Tribe):		

Child's Name (First/Middle/Last):		Sex:	Social Security Number	Did the father sign a paternity affidavit? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Birth (Month/Day/Year):	Place of Birth (City/County/State/Country):			
Did the mother become pregnant with this child in Washington State? <input type="checkbox"/> No <input type="checkbox"/> Yes		If no, then where (County/State):		
Is there a support order for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date of order (Month/Day/Year):	If yes, place order entered (County/State/Tribe):		

Child's Name (First/Middle/Last):		Sex:	Social Security Number	Did the father sign a paternity affidavit? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Birth (Month/Day/Year):	Place of Birth (City/County/State/Country):			
Did the mother become pregnant with this child in Washington State? <input type="checkbox"/> No <input type="checkbox"/> Yes		If no, then where (County/State):		
Is there a support order for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date of order (Month/Day/Year):	If yes, place order entered (County/State/Tribe):		

**E. MARRIAGE INFORMATION FOR THE PARENTS OF THE CHILDREN LISTED ABOVE**

Date Married (Month/Day/Year):	Place Married (County/State):
Date Divorced (Month/Day/Year):	Place Divorced (County/State):
Date Separated (Month/Day/Year):	Place Separated (County/State):

**F. PUBLIC ASSISTANCE AND CHILD SUPPORT PAYMENT INFORMATION**

Have you or the children listed above ever received public assistance from another state or tribe? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, where (Counties/States/Tribe):	If yes, when (Months/Years):
If there is a child support order(s) for the children listed above and you ever received child support payments for the children, what is the total amount you received? \$_____. <b>Please attach copies of all support orders.</b>	

**G. DECLARATION**

I agree to tell the Division of Child Support immediately, in writing, of any new or changed information that relates to collecting child support from the parent responsible for paying support.

I certify or declare under penalty of perjury that the foregoing is true and correct.

Signed at \_\_\_\_\_, Washington.

Signature:	Date:
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No person because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities.