CHILD SUPPORT REFERRAL AND ASSIGNMENT

A Child Support Referral and Assignment must be completed if there are not two biological or adopted parents in the home.

HEAD OF HOUSEHOLD INFORMATION

Head of Household Name	Do you have legal custody? ☐ Yes ☐ No | If no, who has legal custody?
Relationship to Child	Address

COURT ORDERS

Is an attorney currently working on child support case? ☐ Yes \| If yes, what is name and phone number of attorney?

Date of Order or Filed	Court Case Number		What court?
City	County	State	Was child support ordered? ☐ Yes ☐ No If yes, provide a copy of the order.

PLACEMENT AGENCY

Is the child/ren in Indian Child Welfare or Child Welfare custody? ☐ Yes \| If yes, what agency?

NON-CUSTODIAL PARENT(S) INFORMATION

Relationship between mother and father of child/ren? ☐ Never Married   ☐ Married/Living Together   ☐ Married/Separated   ☐ Divorced

MOTHER'S INFORMATION, IF NOT CUSTODIAN			FATHER'S INFORMATION, IF NOT CUSTODIAN		
Is the mother deceased? ☐ Yes ☐ No	Deported? ☐ Yes ☐ No		Is the father deceased? ☐ Yes ☐ No	Deported? ☐ Yes ☐ No	
Name (First, Middle, Last)			Name (First, Middle, Last)		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Mailing Address			Mailing Address		
City	State	Zip Code	City	State	Zip Code
Phone Number	Message Number		Phone Number	Message Number	
Social Security Number	Date of Birth		Social Security Number	Date of Birth	
Enrolled member of a federally recognized Indian tribe? ☐ Yes ☐ No If yes, name of tribe:			Enrolled member of a federally recognized Indian tribe? ☐ Yes ☐ No If yes, name of tribe:		
Lives on an Indian reservation? ☐ Yes ☐ No	Currently Married? ☐ Yes ☐ No If yes, to whom:		Lives on an Indian reservation? ☐ Yes ☐ No	Currently Married? ☐ Yes ☐ No If yes, to whom:	
Employer's Name			Employer's Name		
Employer's Phone Number			Employer's Phone Number		
Income : $ Per Hour	$ Per Month		Income : $ Per Hour	$ Per Month	
Second job? ☐ Yes If yes, where?			Second job? ☐ Yes If yes, where?		
In jail or prison? ☐ Yes If yes, where?			In jail or prison? ☐ Yes If yes, where?		
Vehicle Year	Vehicle Make	Model	Vehicle Year	Vehicle Make	Model
Military? ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy From: To:			Military? ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy From: To:		

CHILD

Child's Name (First, Middle, Last)			
Social Security Number		Date of Birth	Place of Birth
Gender ☐ Male ☐ Female	Race	Enrolled member of a federally recognized Indian tribe? ☐ Yes ☐ No If yes, name of tribe:	Enrollment Number

CHILD

Child's Name (First, Middle, Last)			
Social Security Number		Date of Birth	Place of Birth
Gender ☐ Male ☐ Female	Race	Enrolled member of a federally recognized Indian tribe? ☐ Yes ☐ No If yes, name of tribe:	Enrollment Number

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Child's Name (First, Middle, Last)			
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CHILD

Child's Name (First, Middle, Last)			
Social Security Number		Date of Birth	Place of Birth
Gender ☐ Male ☐ Female	Race	Enrolled member of a federally recognized Indian tribe? ☐ Yes ☐ No If yes, name of tribe:	Enrollment Number

Agreement, Consent and Limited Power of Attorney

Quinault Indian Nation Child Support Services Program use Social Security numbers for child support enforcement as defined in Title IV-D of the Social Security Act.

Head of Household Name (First, Middle, Last)	Social Security Number
Child's Name (First, Middle, Last)	Social Security Number
Child's Name (First, Middle, Last)	Social Security Number
Child's Name (First, Middle, Last)	Social Security Number
Child's Name (First, Middle, Last)	Social Security Number

When you accept a QIN TANF monthly cash grant, you are assigning your child support and medical support rights to the Quinault Indian Nation. When you agree to assign your support rights, you are agreeing Quinault Indian Nation may keep your support payments to repay the Quinault Indian Nation and the federal government for assistance that is paid to your family.

When you accept a QIN TANF monthly cash grant, you are agreeing to cooperate with the Quinault Indian Nation and the Washington State Division of Child Support by:
1. Helping to establish paternity, if applicable.
2. Helping to establish or modify your support order.
3. Sending all support payments that you directly receive from the non-custodial parent to:

    QIN Child Support Services   Washington State Support Registry
    PO Box 689   PO Box 45868
    Taholah, WA 98587   Olympia, WA 98504-5868
4. Appointing DCS and/or the Quinault Indian Nation to accept and endorse all child, spousal and medical support payments.
5. Informing QIN TANF in writing when you no longer want child support enforcement services. When you stop receiving a QIN TANF monthly cash grant, child support will continue to be enforced unless you request services be stopped.

I have read and understand the rules and requirements above and have had my rights and responsibilities explained to me. I understand that I can be terminated from this program for fraud, falsifying or intentionally omitting information. I understand that if it is determined that I have committed fraud, falsified information or intentionally omitted information, I can be prosecuted and criminally penalized under applicable law.

Signature: _____   Date: _____