



**CHILD SUPPORT VERIFICATION FORM**

Parent/Guardian in home: \_\_\_\_\_  
 Please list name of each child: \_\_\_\_\_

Parent information (not in home) :  
 Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Last Known Address: \_\_\_\_\_

Parent information (not in home, if applicable):  
 Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Last Known: \_\_\_\_\_

**I have received** child support  
 in the amount of \$ \_\_\_\_\_ Per \_\_\_\_\_

**I have not received** child support.  
 Date of last payment received (if any) \_\_\_\_\_

**Because:**

**Receiving FAP/Cash Assistance.**  
 Child support retained by State/DHHS.

**Absent parent is deceased.**  
 Receiving survivor's benefits?  Yes  No

**Other:** \_\_\_\_\_

**I have paid** child support  
 in the amount of \$ \_\_\_\_\_ Per \_\_\_\_\_

**I have received** child support  
 in the amount of \$ \_\_\_\_\_ Per \_\_\_\_\_

**I have not received** child support.  
 Date of last payment received (if any) \_\_\_\_\_

**Because:**

**Receiving FAP/Cash Assistance.**  
 Child support retained by State/DHHS.

**Absent parent is deceased.**  
 Receiving survivor's benefits?  Yes  No

**Other:** \_\_\_\_\_

**I have paid** child support  
 in the amount of \$ \_\_\_\_\_ Per \_\_\_\_\_

I attest under the penalty of perjury that the above information is true & accurate. I understand that additional information may be requested if CAPSC is unable to verify any amounts received or paid out through the Child Support Services Voice Response System.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Child Support Hotline Verification 1-800-371-8844

(Press 1 for English, Press 1 for Payee/Press 2 for Payor, Enter SSN & #, Press 3 for last 5 payments)

<u>Date Received:</u>	<u>Amount Received:</u>	<u>Received By: (State/Client)</u>
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	

Verified By: \_\_\_\_\_ Date Verified: \_\_\_\_\_