

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



November 13, 1979

FSD LETTER NO. 79-37 (Information)
ALL-COUNTY INFORMATION NOTICE I-126-79

TO: ALL COUNTY WELFARE DIRECTORS
ALL DISTRICT ATTORNEYS
ALL TITLE IV-D AGENCIES

SUBJECT: PROPOSED REVISION OF FORM CA 2.1, CHILD SUPPORT QUESTIONNAIRE

REFERENCE: FSD LETTER NO. 79-25 (INFORMATION), ALL COUNTY INFORMATION
NOTICE I-81-79

In response to FSD Letter No. 79-25 (All County Information Notice I-81-79), over thirty county agencies submitted suggestions for improvement of Form CA 2.1, Child Support Questionnaire. Utilizing these suggestions, we have developed the attached revision of Form CA 2.1. Since this revised form is significantly different from the current Form CA 2.1, we are requesting your additional input prior to finalizing it.

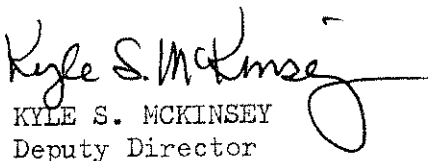
In revising the form, we tried to accommodate as many of your suggestions for improvement as possible. However, if we have failed to include some element which you feel is significant or if we have included elements which are of marginal value, please let us know.

Several county agencies suggested that the Child Support Questionnaire be printed with a carbon paper interleaf. Since the revised Form CA 2.1 is a two-page rather than a one-page form, we would appreciate your comments on whether this is still a viable suggestion.

Please contact Ingrid Petty of the Child Support Management Bureau at the following address or telephone number by December 14, 1979 with any comments or suggestions regarding the revised Form CA 2.1:

Department of Social Services
Child Support Management Bureau
744 P Street, Mail Station 19-19
Sacramento, CA 95814
(916)322-8495

Sincerely,


KYLE S. MCKINSEY
Deputy Director

Attachment
GEN 654a (9/79)

CHILD SUPPORT QUESTIONNAIRE

DRAFT

FOR COUNTY USE ONLY	WELFARE CASE NAME	WELFARE CASE NO.	DATE OF APPLICATION	DISTRICT ATTORNEY CASE NO.
TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Reapplication <input type="checkbox"/> Additional Child <input type="checkbox"/> Transfer From _____				

If the parent or parents of any of the child/children for whom assistance is requested are living but are absent from the home, complete the following information.

INSTRUCTIONS → Answer all questions. If you don't know an answer, please put "UNKNOWN". Please print in ink.

INFORMATION ON PARENT NOT IN THE HOME (ABSENT PARENT)

<p>1. GENERAL INFORMATION - ABSENT PARENT</p> <p>ABSENT PARENT'S LAST NAME FIRST NAME MIDDLE NAME</p> <hr/> <p>MAIDEN NAME NICKNAME OR OTHER NAMES</p> <hr/> <p>SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER AND STATE ISSUED</p> <hr/> <p>BIRTHDATE AGE BIRTHPLACE (CITY AND STATE)</p> <hr/> <p>SEX RACE WEIGHT LBS.</p> <p><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p> <hr/> <p>HEIGHT HAIR COLOR EYE COLOR</p> <p>FT. INCHES</p> <hr/> <p>DESCRIBE ANY SCARS, MARKS, TATTOOS, ETC.</p> <hr/> <p>LAST KNOWN ADDRESS - NUMBER AND STREET APT. NO.</p> <hr/> <p>CITY STATE ZIP</p> <hr/> <p>STILL THERE? IF NO, DATE WHEN LEFT:</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p>ABSENT PARENT'S TELEPHONE NUMBER</p> <p>HOME: WORK: MESSAGE:</p> <p>2. EMPLOYMENT - ABSENT PARENT</p> <p>USUAL OCCUPATION (JOB TITLE) MONTHLY INCOME</p> <hr/> <p>EMPLOYED NOW? IF NO, HAS NOT WORKED SINCE: DATE</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p>NAME AND ADDRESS OF CURRENT OR LAST KNOWN EMPLOYER</p> <hr/> <p>IS ABSENT PARENT A UNION MEMBER? NAME OF UNION LOCAL NUMBER</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p>IS ABSENT PARENT RECEIVING AMOUNT PER MONTH</p> <p><input type="checkbox"/> UNEMPLOYMENT <input type="checkbox"/> DISABILITY <input type="checkbox"/> RETIREMENT</p> <p><input type="checkbox"/> WELFARE <input type="checkbox"/> OTHER _____</p> <hr/> <p>ANY OTHER INCOME? SOURCE AMOUNT PER MONTH</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p>IS ABSENT PARENT A STUDENT? NAME AND CITY OF SCHOOL</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>3. ARREST RECORD - ABSENT PARENT</p> <p>HAS ABSENT PARENT EVER BEEN ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, PLEASE ANSWER THE FOLLOWING:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">WHEN</th> <th style="width:33%;">WHERE</th> <th style="width:34%;">WHAT FOR</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <hr/> <p>IS ABSENT PARENT IN JAIL OR PRISON? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, APPROXIMATE RELEASE DATE IS _____</p> <p>WILL ABSENT PARENT RETURN TO THE HOME WHEN RELEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p>IS ABSENT PARENT ON PROBATION OR PAROLE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, OFFICER'S NAME OFFICE ADDRESS</p> <hr/> <p>4. MILITARY RECORD - ABSENT PARENT</p> <p>IS ABSENT PARENT: <input type="checkbox"/> ON ACTIVE DUTY <input type="checkbox"/> IN RESERVES <input type="checkbox"/> VETERAN</p> <p>BRANCH: <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES</p> <p>DATES OF MILITARY SERVICE RANK</p> <p>FROM TO</p> <p>MILITARY ADDRESS</p> <hr/> <p>IS ABSENT PARENT RECEIVING AMOUNT PER MONTH</p> <p><input type="checkbox"/> VETERAN'S BENEFITS <input type="checkbox"/> GI BILL</p> <p>5. FINANCIAL RECORD - ABSENT PARENT</p> <p>DOES ABSENT PARENT HAVE: <input type="checkbox"/> SAVINGS ACCOUNT <input type="checkbox"/> CHECKING ACCOUNT</p> <p>BANK NAME AND ADDRESS</p> <hr/> <p>LIST CREDIT CARDS USED BY ABSENT PARENT</p> <hr/> <p>DOES ABSENT PARENT OWN A HOUSE, LAND, OR BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, PLEASE ANSWER THE FOLLOWING:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:60%;">WHAT KIND</th> <th style="width:40%;">WHERE</th> </tr> <tr> <td> </td> <td> </td> </tr> </table> <hr/> <p>ABSENT PARENT'S CAR (MAKE AND MODEL) COLOR</p> <hr/> <p>YEAR LICENSE NUMBER AND STATE</p> <hr/> <p>NAME AND ADDRESS OF FINANCE COMPANY OF CAR</p>	WHEN	WHERE	WHAT FOR				WHAT KIND	WHERE		
WHEN	WHERE	WHAT FOR									
WHAT KIND	WHERE										

3. RELATIVES AND FRIENDS OF PARENT NOT IN HOME (ABSENT PARENT)

NAME	ADDRESS	TELEPHONE NO.
FATHER		
1. MAIDEN NAME		
2. RELATIONSHIP		
3. RELATIONSHIP		

7. ABSENT PARENT'S CHILDREN FOR WHOM YOU ARE REQUESTING AID

CHILD'S FULL LEGAL NAME	BIRTHPLACE (CITY, STATE)	BIRTHDATE
1.		
2.		
3.		
4.		
5.		
6.		

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8. YOUR RELATIONSHIP TO ABSENT PARENT/CHILDREN

YOUR RELATIONSHIP TO THE ABOVE CHILDREN:
 MOTHER FATHER OTHER _____

YOUR RELATIONSHIP TO THE ABSENT PARENT: MARRIED DIVORCED
 COMMON-LAW NEVER MARRIED OTHER _____

REASON ABSENT PARENT IS NOT IN HOME: DIVORCED SEPARATED
 DEPORTED JAIL OR PRISON NEVER MARRIED
 OTHER _____

DATES YOU AND ABSENT PARENT LIVED TOGETHER
 FROM: _____ TO: _____

ADDRESS WHERE YOU AND ABSENT PARENT LIVED TOGETHER

YOUR LAST CONTACT WITH ABSENT PARENT WAS ON (DATE) _____
 BY LETTER TELEPHONE IN PERSON OTHER _____

9. MARRIAGE AND DIVORCE RECORDS

PLACE OF MARRIAGE (CITY, STATE) _____ DATE _____

PLACE OF DIVORCE (CITY, STATE) _____ DATE _____

HAVE YOU FILED FOR DIVORCE/SUPPORT: YES NO
 IF YES, WHERE (CITY, STATE) _____ DATE _____

10. SUPPORT PAYMENTS

DOES ABSENT PARENT PAY SUPPORT MONEY? YES NO AMOUNT PER MONTH _____

IF YES, IS THE MONEY PAID TO YOU DIRECTLY YES NO
 OR THROUGH A COUNTY AGENCY YES NO

NAME AND ADDRESS OF COUNTY AGENCY:

IS THERE A COURT ORDER FOR SUPPORT? YES NO
 DO YOU HAVE A COPY OF THE ORDER? YES NO

ORDER NUMBER	DATE OF ORDER	COUNTY OF ORDER

STATE OF ORDER	AMOUNT OF ORDER	SUPPORT DUE
		<input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER _____

DATE LAST SUPPORT PAYMENT RECEIVED	AMOUNT RECEIVED	DO YOU EXPECT ANY PAYMENTS IN FUTURE?
		<input type="checkbox"/> YES <input type="checkbox"/> NO

LIST ALL PAYMENTS RECEIVED IN THE LAST TWELVE MONTHS STARTING WITH THIS MONTH:

AMOUNT	MONTH	AMOUNT	MONTH	AMOUNT	MONTH
1. _____	_____	5. _____	_____	9. _____	_____
2. _____	_____	6. _____	_____	10. _____	_____
3. _____	_____	7. _____	_____	11. _____	_____
4. _____	_____	8. _____	_____	12. _____	_____

11. ANSWER THE FOLLOWING QUESTIONS ABOUT YOURSELF

YOUR LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

MAIDEN NAME _____ BIRTHDATE _____ SOCIAL SECURITY NUMBER _____

SEX MALE FEMALE RACE _____ WEIGHT _____ LBS.

HEIGHT _____ FT. _____ INCHES HAIR COLOR _____ EYE COLOR _____

YOUR ADDRESS—NUMBER AND STREET _____ APT. NO. _____

CITY _____ STATE _____ ZIP _____

YOUR TELEPHONE NUMBER
 HOME: _____ WORK: _____ MESSAGE: _____

YOUR EMPLOYER'S NAME AND ADDRESS

MONTHLY INCOME _____ DRIVER'S LICENSE NUMBER _____ AND STATE ISSUED _____

HAVE YOU EVER RECEIVED WELFARE IN THIS COUNTY BEFORE? YES NO
 HAVE YOU EVER RECEIVED WELFARE ANYWHERE ELSE? YES NO

IF YES, NAME COUNTY AND STATE _____ DATES
 FROM _____ TO _____

PLEASE GIVE ANY OTHER INFORMATION ABOUT YOUR CASE WHICH YOU FEEL WE SHOULD KNOW:

YOUR SIGNATURE _____ DATE _____

ELIGIBILITY WORKER'S SIGNATURE _____ EW'S NUMBER _____

ELIGIBILITY WORKER'S COMMENTS: _____ TELEPHONE NUMBER _____