

## DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814  
(916)322-8495



July 27, 1979

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

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:

Form CA 2.1 (previously WR 2.1), Child Support Questionnaire, is a required form normally completed in the county welfare department as part of the AFDC application process and transmitted to the district attorney's office where the information gathered is utilized in initiating child support activities.

Form CA 2.1 was revised in September, 1975 to meet the requirements of the Title IV-D Child Support Program. Deficiencies in the form have since become apparent. We are therefore requesting your assistance in further revising Form CA 2.1 to best meet county needs. A copy of the current form is attached to this letter for your reference.

As Form CA 2.1 must accommodate the needs of the county welfare department as well as those of the district attorney's office, we are looking for comments from both agencies on form content, format, and utilization.

Any criticisms regarding the existing Form CA 2.1 or comments and suggestions for improvement should be submitted by August 31, 1979 to:

Department of Social Services  
Child Support Management Bureau  
744 P Street, Mail Station 19-19  
Sacramento, CA 95814

Attention: Ingrid Petty

For further information or to discuss form changes, please call Ingrid Petty of the Child Support Management Bureau at (916)322-8495.

Sincerely,

A handwritten signature in cursive script that reads "Kyle S. McKinsey".  
KYLE S. MCKINSEY  
Deputy Director

Attachment  
GEN 654a (8/76)

REQUIRED FORM -- NO  
SUBSTITUTE PERMITTED

CHILD SUPPORT QUESTIONNAIRE

COUNTY USE ONLY	APPLICANT'S NAME		WELFARE NUMBER	DATE OF APPLICATION
	TYPE OF APPLICATION: <input type="checkbox"/> New <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. PLEASE PRINT IN INK.

ABSENT PARENT'S LAST NAME		FIRST NAME	MIDDLE NAME	ALSO KNOWN AS (ALIASES)			
LAST KNOWN ADDRESS (STREET, CITY, STATE)		APPROXIMATE DATE	ABSENT PARENT'S BIRTHPLACE		BIRTHDATE		
DESCRIPTION:	SEX	RACE	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT	MARKS, SCARS, AMPUTATION, TATTOOS, ETC.
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER		STATE	MAKE OF CAR	YEAR	LICENSE PLATE NUMBER	STATE
NAME OF AUTOMOBILE FINANCE COMPANY			ADDRESS OF FINANCE COMPANY (STREET, CITY, STATE)				
ABSENT PARENT'S USUAL OCCUPATION		NAME AND ADDRESS OF LAST KNOWN EMPLOYER			UNION MEMBERSHIP		
IS EMPLOYMENT TERMINATED? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, APPROXIMATE DATE		IS ABSENT PARENT (CHECK IF APPLICABLE) <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> A PUBLIC EMPLOYEE <input type="checkbox"/> STUDENT			
IS ABSENT PARENT IN THE MILITARY? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, GIVE BRANCH, RANK, AND WHERE STATIONED					
IS ABSENT PARENT A VETERAN? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, RECEIVING BENEFITS? <input type="checkbox"/> NO <input type="checkbox"/> YES		AMOUNT OF VETERAN'S BENEFITS \$			

FRIENDS OR RELATIVES OF ABSENT PARENT

NAME	ADDRESS	RELATIONSHIP
NAME	ADDRESS	RELATIONSHIP

REASON FOR ABSENCE:  Divorced  Separated  Deported  Jail or Prison  Never Married  Other

DATE OF MARRIAGE	DATE	PLACE OF DIVORCE	DATE	PLACE LAST LIVED TOGETHER	DATE
DOES THIS PARENT PAY SUPPORT MONEY? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES			AMOUNT PER MONTH \$
		<input type="checkbox"/> TO YOU DIRECTLY <input type="checkbox"/> THROUGH A COUNTY AGENCY			
DATE OF LAST SUPPORT MONEY	AMOUNT	IS THERE A COURT ORDER FOR SUPPORT BY THIS PARENT? <input type="checkbox"/> NO <input type="checkbox"/> YES		GROUP NUMBER	
DATE OF ORDER	COUNTY OF ORDER	STATE OF ORDER	AMOUNT ORDERED \$ <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY		
HAS THIS ABSENT PARENT EVER BEEN ARRESTED? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, WHERE, WHEN, WHAT FOR			

ABSENT PARENT'S CHILDREN

CHILD'S FULL NAME	BIRTHDATE	CHILD'S FULL NAME	BIRTHDATE
CHILD'S FULL NAME	BIRTHDATE	CHILD'S FULL NAME	BIRTHDATE
CHILD'S FULL NAME	BIRTHDATE	CHILD'S FULL NAME	BIRTHDATE

The whereabouts of absent parent have been unknown to me since (approximate date) \_\_\_\_\_

APPLICANT'S NAME (FIRST, MIDDLE, LAST)		MAIDEN NAME
ADDRESS	TELEPHONE NUMBER	DRIVER'S LICENSE NO.
BIRTHPLACE	BIRTHDATE	SOCIAL SECURITY NUMBER

RELATIONSHIP TO ABSENT PARENT:  Spouse  Divorced  Common-law  Casual  Other, specify \_\_\_\_\_

I feel that providing this information would not be in the best interest of the child(ren) for whom this assistance is being requested. I will appear at the office of the district attorney to show good cause for refusing to provide this information.

SIGNATURE OF APPLICANT	DATE	
ELIGIBILITY WORKER'S NAME	ELIGIBILITY WORKER'S SIGNATURE	ELIGIBILITY WORKER'S NUMBER