

**NOTICE OF FORM CHANGE NO. 03-135**

DATE

09/08/2003

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE CW 2.1Q (7/01)  
Support Questionnaire

ORDER UNIT PAD	<input type="checkbox"/> Free <input checked="" type="checkbox"/> Sold	ESTIMATED PRICE \$1.43	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 7/01	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input checked="" type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  
**Department of Social Services Warehouse**  
**P.O. Box 980788**  
**West Sacramento, CA 95798-0788**

Other:

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

Use until exhausted  Destroy

USE NEW FORM

When supply available in DSS Warehouse  Use new form effective \_\_\_\_\_

USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Form has been changed to pads of 100.

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 445-6778 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

# SUPPORT QUESTIONNAIRE

## FOR COUNTY USE ONLY

### Instructions:

You must answer ALL questions.  
 COMPLETE ONE FORM FOR EACH NONCUSTODIAL PARENT  
 OR EACH UNMARRIED FATHER IN THE HOME.

Use ink. Print answer. Check Yes, No, or Unknown.  
 Use a separate piece of paper if you need more room.

CWD CASE NAME	LCSA CASE NAME
CWD CASE NUMBER	LCSA CASE NUMBER
CWD WORKER NAME/NO.	LCSA WORKER NAME/NO.
TELEPHONE NUMBER ( )	TELEPHONE NUMBER ( )

### SECTION 1 - COMPLETE THE FOLLOWING ABOUT YOURSELF

NAME (FIRST, MIDDLE, LAST)	MAIDEN NAME	SOCIAL SECURITY NUMBER (SSN)	BIRTHDATE	BIRTH PLACE	RACE
HOME ADDRESS (STREET NUMBER AND NAME, APARTMENT NUMBER, IF ANY)		CITY	STATE	ZIP	TELEPHONE NUMBER ( )
YOUR RELATIONSHIP TO CHILDREN		YOUR RELATIONSHIP TO NONCUSTODIAL PARENT/UNMARRIED FATHER IN THE HOME <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Other			

### SECTION 2 - COMPLETE THE FOLLOWING ABOUT THE NONCUSTODIAL PARENT OR UNMARRIED FATHER IN THE HOME

**A.** NAME (FIRST, MIDDLE, LAST) SOCIAL SECURITY NUMBER (SSN)  MALE  FEMALE BIRTHDATE BIRTH PLACE

LAST KNOWN ADDRESS (STREET NUMBER AND NAME, APARTMENT NUMBER, IF ANY) HEIGHT WEIGHT EYE COLOR HAIR COLOR RACE

CITY STATE ZIP SCARS, BIRTHMARKS, TATTOOS, NICKNAMES, ETC.

WHEN WAS THIS ADDRESS CURRENT? TELEPHONE NUMBER ( ) WHEN DID YOU LAST HEAR FROM OR GET MAIL FROM THIS PARENT? DOES THIS PARENT LIVE WITH YOU?  YES  NO

**B.** WHAT KIND OF INCOME DOES NONCUSTODIAL PARENT HAVE?  Earnings  Unemployment or Disability Insurance Benefits  Social Security  None  Other

LAST KNOWN EMPLOYER TELEPHONE NUMBER ( )

STREET ADDRESS TYPE OF WORK

CITY STATE ZIP UNION MEMBER?  YES, UNION NAME  NO  UNKNOWN

WHEN DID THIS PARENT LAST WORK THERE? UNION ADDRESS:

**C.** DOES THIS PARENT HAVE HEALTH INSURANCE FOR THE CHILDREN?  YES  NO  UNKNOWN WHO IS COVERED?

NAME OF INSURANCE POLICY NUMBER DATE OF COVERAGE

**D. PARENTS ARE OR HAVE BEEN**  MARRIED DATE \_\_\_\_\_ WHERE \_\_\_\_\_  DIVORCED DATE \_\_\_\_\_ WHERE \_\_\_\_\_  SEPARATED  NEVER MARRIED  LIVING TOGETHER

**E.** IS THERE A COURT ORDER FOR SUPPORT?  YES  NO  PENDING AMOUNT ORDERED \$ HOW OFTEN? DATE OF COURT ORDER COURT ORDER NUMBER LOCATION OF COURT (COUNTY & STATE)

HOW DOES THE PARENT PAY?  PAYS HOUSEHOLD BILLS  TO YOU  TO COUNTY  PAYROLL DEDUCTION  OTHER WHEN DID PARENT LAST PAY? HOW MUCH? \$

**F.** NAME OF A FRIEND OR RELATIVE OF NONCUSTODIAL PARENT RELATIONSHIP TO NONCUSTODIAL PARENT TELEPHONE NUMBER ( )

ADDRESS (NUMBER AND STREET) CITY STATE ZIP

**G.** DOES THIS PARENT OWN ANY MOTOR VEHICLES?  YES  NO  UNKNOWN MAKE MODEL YEAR LICENSE NO. STATE

**H.** DOES THIS PARENT OWN A HOUSE, LAND, BUILDINGS, OR BANK ACCOUNTS?  YES  NO  UNKNOWN WHAT/WHERE

**I.** IS THIS PARENT CURRENTLY ON PROBATION OR PAROLE?  YES  NO  UNKNOWN WHAT COUNTY OR STATE?

**J.** HAS THIS PARENT EVER BEEN IN JAIL OR PRISON?  YES  NO  UNKNOWN IF YES, WHEN/WHERE?

**K.** HAS THIS PARENT EVER BEEN IN THE MILITARY?  YES  NO  UNKNOWN IF YES, WHEN/WHAT BRANCH?

**L.** ARE YOU ABLE TO IDENTIFY OR HELP LOCATE THE NONCUSTODIAL PARENT?  YES  NO

### SECTION 3 - CHILDREN (IN YOUR HOME) OF THIS PARENT OR UNMARRIED FATHER

### PATERNITY DECLARATION

NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	MFG <input type="checkbox"/> DATE SIGNED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	<input type="checkbox"/> COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	MFG <input type="checkbox"/> DATE SIGNED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	<input type="checkbox"/> COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	MFG <input type="checkbox"/> DATE SIGNED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	<input type="checkbox"/> COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	MFG <input type="checkbox"/> DATE SIGNED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	<input type="checkbox"/> COUNTY

### SECTION 4 - SUPPORT ENFORCEMENT SERVICES (MEDI-CAL ONLY)

I don't want other child support enforcement services.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND THE STATE OF CALIFORNIA THAT THE INFORMATION IN THIS QUESTIONNAIRE IS TRUE, CORRECT AND COMPLETE.

SIGNATURE 	DATE
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