

Please Remove and Keep this Cover Sheet for future Reference.

Welcome to Tlingit and Haida Tribal Child Support!

A child support case for your child(ren) will be opened when it is determined that TANF benefits have been issued.

The Tribal Child Support works with both parents to help children receive the financial support they need to survive and thrive.

- Why this case has opened?
- What is the child support process?
- What if the father is not on the birth certificate?
- Can I just keep my child support case with CSSD and not have TCS involved?
- Other questions?

Please call the Tribal Child Support at (907) 463-7132 to set up an appointment to meet with your child support caseworker.
TCS offices are located at: 410 W. Willoughby Ave. 1st Floor
Juneau, Alaska 99801

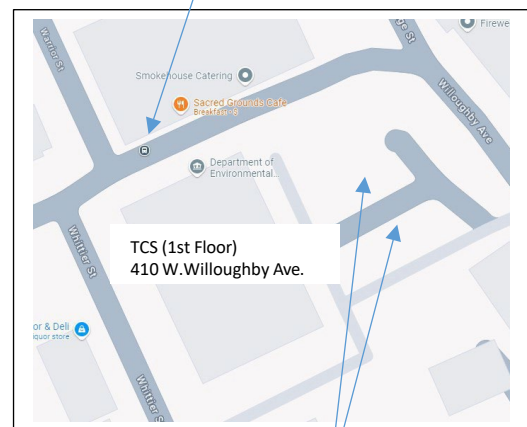
All these questions and more may be addressed with your TCS Specialist.

Help TCS, help you by being an active participant in your child support case.

To make the most out of the meeting with your TCS specialist, please bring all the information you have on the non-custodial parent such as:

- Most recent place of employment
- Most recent contact information (mailing address, physical address, phone #)
- Information about any prior child support actions regarding the child(ren)
- Information about any ongoing custody cases regarding the child(ren)

We're right on the bus line!



Questions?

Call the Tribal Child Support at 907-463-7132

On-site parking available!





Tlingit and Haida Indian Tribes of Alaska

Tribal Child Support • Andrew Hope Building
 320 West Willoughby Avenue, Suite 300 • Juneau, Alaska 99801

**Tlingit & Haida Tribal Child Support
 Child Support Information (NTANF)**

You Are the: Custodial Parent Non-Custodial Parent Foster Care
 Third Party (fill out applications for each parent Mother Father)
 Third Party's Relationship to the Child: _____

Please answer each question as fully as possible. Print or type all answers. If you do not know an answer, put "UNK" or if a question is not applicable put N/A. If you need more space, use a separate sheet and attach it to this form. Complete a new application for each parent that is out of the household.

Important Information: If you receive NTANF, TCS will continue to enforce child support for you even after the NTANF grant has closed until you submit a withdrawal from services form to our office. If you are denied NTANF, TCS will NOT open a child support case on your behalf.

Information about You:

Name (Last, First, Middle)		Previous Names	SSN	Date of Birth
Mailing Address		City	State/Zip	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Physical Address		City	State/Zip	
Telephone (Home)	(Work)	(Message or Cell)	Email Address	

Are you enrolled or eligible to be enrolled with Tlingit & Haida? Yes No
 If enrolled with another tribe indicate name:

Are the children enrolled or eligible to be enrolled with Tlingit & Haida? Yes No
 If enrolled with another tribe indicate name:

Are you receiving or have you ever received TANF/Cash Assistance? Yes No If yes, When?

Does an attorney represent you in any matters related to the child or the parents? Yes No
 If yes, provide attorney's name address, and phone:

Information about the Children (add pages if necessary):

Attach a copy of each child's birth certificate to the application.

Is father listed on **each** birth certificate of **each** child? Yes No

If No, complete the appropriate paternity witness statement. Paternity witness statements are attached.

SSN	Child Full Name	Sex	DOB	Place of Birth	Mother's Name	Father's Name

Child Support Information (attach documentation)

Is there split custody? Yes No *If Yes what % do you have the child(ren)*

Check all that apply: There are one or more orders that concern the <input type="checkbox"/> paternity <input type="checkbox"/> custody <input type="checkbox"/> adoption or <input type="checkbox"/> support of the child(ren).			
If you indicated that one or more orders have been entered, please provide the case number(s) below:			
Paternity Case Number	Custody Case Number	Adoption Case Number	Child Support Case No.
Who issued the order(s)?			

Information on Other Parent Mother Father:

Name (Last, First, Middle)		Previous/Other Names	SSN	Date of Birth
Address (PO or Street)- Residential		City	State/Zip	Current Address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (PO or Street)- Mailing		City	State/Zip	Last Known as of _____
Telephone (Home)	(Work)	(Message or Cell)	Email Address	
Enrolled Member of Tlingit & Haida? <input type="checkbox"/> Yes <input type="checkbox"/> No If enrolled with another tribe indicate name:				
Place of Birth	Race	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Color of Eyes	Color of Hair
			Height	Weight
Does this person have relatives in Alaska? Who and where _____				
Does this person have an attorney regarding child support? <input type="checkbox"/> Yes <input type="checkbox"/> No Who?				Phone #
Is this Parent Deceased?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date of Death _____ City/State _____				
Is estate in probate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who is Trustee?				Phone #

Other Parent's Employer

Usual occupation	Are they a Union Member?		
Does this person work in Alaska currently? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know			
Did this parent used to work in Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when did they leave Alaska?			
What was their last address in Alaska?			
Current or Last Known Employer	Employer Address	Employer Phone	Dates of Employment

Does this Parent have Health Insurance available through Employer, Union, or Indian Health Services (IHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	If yes, type of coverage: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Both <input type="checkbox"/> Other _____
If yes, name of Insurance Company or IHS _____	
Phone number of Insurance Company or IHS _____	

Other Parent's Income or Assets

Does this Parent have other income? Yes No

If yes, Type of Income: Retirement Veterans Social Security Other

Does this Parent have Native Shares/Dividends? Yes No If yes, Where:

Do the children receive benefits based on a disability from this Parent? Yes No

If yes, Source of Disability Benefit: _____ Monthly amount

List any other information that could assist TCS to locate this Parent (Names/Addresses/phone numbers of relatives, friends, creditors and schools attended, any known arrests, etc...)

Relationship between the Parents (attach documentation)

<input type="checkbox"/> Divorced	Date of Separation _____ Date of Divorce _____ Court Case # _____ City/State _____
<input type="checkbox"/> Married but Separated	Marriage Date _____ City/State _____ Separation Date _____
<input type="checkbox"/> Divorce/Dissolution pending	Date filed _____ Separation Date _____ City/State _____ Court Case # _____
<input type="checkbox"/> Never Married	Separation date (if parents lived together) _____ Child: _____ Did father sign an Affidavit of Paternity <input type="checkbox"/> Yes <input type="checkbox"/> No Is the father's name on the birth certificate <input type="checkbox"/> Yes <input type="checkbox"/> No Child: _____ Did father sign an Affidavit of Paternity <input type="checkbox"/> Yes <input type="checkbox"/> No Is the father's name on the birth certificate <input type="checkbox"/> Yes <input type="checkbox"/> No Child: _____ Did father sign an Affidavit of Paternity <input type="checkbox"/> Yes <input type="checkbox"/> No Is the father's name on the birth certificate <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (explain)	_____

- Check here if you **paid** child support for any of the children listed in this application.
- Check here if you have **received** child support for any of the children listed in this application.
- Check here if you have **not received** any child support for any of the children listed in this application.

ASSIGNMENT OF SUPPORT

When you receive NTANF you must sign over to the Tribe any child support or spousal support payments owed to you for any month in which you receive assistance. If the non-custodial parent pays child support while you are receiving NTANF, you MUST turn the support payments over to TCS. This is true even if there is no child support order in effect.

If TCS sends a child support payment to you in error, they will contact you to arrange repayment of that money. If you want to repay the overpayment gradually out of future child support payments, instead of immediately in a lump sum, check this box.

I understand that by signing below, I assign to the tribe any child support payments owed for any month in which I receive assistance. I agree to tell the Tribal Child Support of any new or changed information that relates to the child support case and collection/payment of child support.

I declare under penalty of perjury, under the laws and ordinances of this Tribe that the foregoing is true and correct.

Signature

Date

SUPPLYING INFORMATION TO TCS – SAFETY CONCERNS

You are required by law to give TCS information to get child support for a child receiving NTANF. This means you will be asked to identify the non-custodial parent and where he or she lives and works. You must help TCS establish paternity if the child has no legal father, whether or not you are an intact family. *If you are receiving NTANF, any money you receive from the non-custodial parent for child support must be given to the Tribe through TCS.*

If you believe that enforcing child support will bring harm to you or your children, and you can provide support for your belief, you may claim good cause by marking the 2nd option below. You will be asked by your Tribal TANF caseworker to provide documentation to support your “Good Cause” Claim.

1. I agree to cooperate with TCS (sign below and complete the rest of this form)
2. I believe I have good cause to not cooperate with TCS (sign below and provide documentation; court order, police reports, medical reports, etc.)

Cooperation with TCS is required or you must have good cause not to cooperate. If you do not cooperate and you do not have good cause; your NTANF assistance payment may be reduced and sent to a NTANF approved third party for your family. TCS will continue to pursue child support against the non-custodial parent, even if you do not cooperate, unless the NTANF approves good cause. By submitting this application, I understand that I am also applying for State IV-D services for purposes of submitting arrearages for Federal tax refund offset.

Signature _____

Date _____

PLEASE DO NOT FILL OUT - TANF STAFF ONLY

IF Option #2 above was checked please fill out the following:

Good Cause **Granted** Reason: _____
Was documentation received? Yes No *If Yes, attach copies.*

Good Cause **Denied** Reason Claimed: _____

WDS/WDT Signature _____ Date _____

TANF Supervisor Signature _____ Date _____

PATERNITY WITNESS STATEMENT – Mother

INSTRUCTIONS: Complete this Statement if you are the mother of a child listed in this document and that child's birth certificate does not list a father or lists a person you believe is not that child's father. **A separate Statement is required for EACH child needing paternity established.** (Use the back of the form if additional space is needed.)

I, _____, declare under penalty of perjury that the following is true and correct: I am the natural mother of the child named below.

Child's Full Name (First, Middle, Last)	Child's Date of Birth	Child's Gender
Place of Birth, (City, County, State)		
Date Mother Got Pregnant (Month/Year)	Full Term Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If No, explain.)</small>	Where Mother Got Pregnant (City, State)

The child was conceived as a result of sexual intercourse between _____ and me during the time stated above.

a. A man is named as the father on the child's birth certificate. Yes No
If Yes, provide the man's name and his last known address:

b. I was married when this child was born. Yes No *If Yes, complete the following.*
Provide your (then) husband's name and his last known address:

And, explain why your (then) husband is not the father of this child. Provide any relevant documentation (e.g. divorce decree, genetic test results etc.).

c. Genetic testing has been completed on this child and the results show:

d. I had sexual intercourse with another man (other than the man I am naming as this child's father) 30 days before or after this child was conceived. Yes No *If Yes, complete the following.*
Provide the name(s) and last known address(es) of the other man(men).

The other man/men are biologically related to the man I am naming as the child's father. Yes No
If Yes, state the biological relationship. _____

I do not believe the other man/men is/are the father because:

All of the information and facts contained in this PATERNITY WITNESS STATEMENT are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, the child identified in this STATEMENT, to genetic testing.

DATE _____

SIGNATURE (Do not sign unless you are before a witness) _____

Witness (Print Name) _____

Witness Signature _____ Date Signed _____

Address of Witness _____

Telephone # of Witness _____

PATERNITY WITNESS STATEMENT – Alleged Father

INSTRUCTIONS: Complete this Statement if you believe you are the father of a child listed in this document but are not listed on that child's birth certificate. **A separate Statement is required for EACH child needing paternity established.** (Use the back of the form if additional space is needed.)

I, _____, declare under penalty of perjury that the following is true and correct: I am the natural father of the child named below.

Child's Full Name (First, Middle, Last)	Child's Date of Birth	Child's Gender
Place of Birth, (City, County, State)		
Date Mother Got Pregnant (Month/Year)	Full Term Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If No, explain.)</small>	Where Mother Got Pregnant (City, State)

The child was conceived as a result of sexual intercourse between _____ and me during the time stated above.

The following facts support my belief and statements that I am the father of this child:

- | | | | |
|--|------------------------------|-----------------------------|--|
| a. The mother and I lived together. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b. The mother told me I am the father of the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c. I am named as the father on the birth certificate. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| d. I signed an acknowledgment of paternity | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| e. I was present at the birth of the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| f. I visited the child at the hospital following birth. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| g. I offered to pay for abortion/medical expenses. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| h. I paid for birth related expenses. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| i. I claimed the child on tax returns. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| j. I have provided food, clothing, gifts or financial support for the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| k. I lived with the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| l. I visited the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| m. The child resembles me. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| n. There are witnesses to my relationship with the Child's mother. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

If yes, list names and addresses and briefly describe relevant facts known by each:

All of the information and facts contained in this PATERNITY WITNESS STATEMENT are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, the child identified in this STATEMENT, to genetic testing.

DATE _____ SIGNATURE _____ (Do not sign unless you are before a witness)

Witness (Print Name) _____

Witness Signature _____ Date Signed _____

Address of Witness _____

Telephone # of Witness _____



**Domestic Violence Form
Affidavit and Request for Nondisclosure of Identifying Information**

Complete this affidavit **only** if you do not want your contact information, including your address and information about your location, to be released to a person (such as a parent or custodian) **who would otherwise be entitled to have the information.**

I, _____, swear under penalty of perjury that all of the information provided below is true and correct to the best of my knowledge and belief.

Name of person I do not want information released to:

Person's relationship to me or the child(ren): _____

TCS case number: _____

Please check all that apply:

- 1. The person identified above has committed domestic violence (threatened, harassed, physically or mentally abused, or committed sexual assault or incest) against me or my child(ren).
- 2. A restraining order or protection order has been issued against the person.
- 3. The person has been charged with a crime (such as assault or harassment) or has been involved in a criminal case in which I was a party, a victim, a witness, or otherwise involved.
- 3. The release of my contact information would jeopardize the health, safety, or liberty of my child(ren) and/or myself.

Signature _____

Date _____

Printed name _____



Tribal Citizen/Client & Business Account Setup Form

(This form is used in lieu of the W9 form published by the Internal Revenue service for the creation of accounts for payment processing.) **All forms must be completed, signed and sent to thap@tlingitandhaida.gov before payment can be issued.**

<input type="checkbox"/> New account <input type="checkbox"/> Update to account	
Legal Name (as shown on your tax return)	Social Security Number (for individuals)
Business Name (if different from above)	EIN (for businesses)
Mailing Address: _____	Telephone Number: () _____
City: _____ State: _____ Zip: _____	Email Address:

Payee Type (Check All That Apply)

<input type="checkbox"/> Tribal Citizen/Client	<input type="checkbox"/> Council Delegate	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Government
<input type="checkbox"/> Employee	<input type="checkbox"/> Corporation	<input type="checkbox"/> Landlord	<input type="checkbox"/> Daycare Provider
<input type="checkbox"/> Medical Provider	<input type="checkbox"/> Attorney	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> LLC: C or S Corp	<input type="checkbox"/> LLC: Partnership	<input type="checkbox"/> Other (Specify)	

Certification

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me and
- 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and
- 3) I am a US person (including a US Resident alien)

Certification instructions: You must cross out 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature _____ **Date** _____

Penalties:

Failure to furnish TIN: If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50.00 for each such failure unless your failure is due to a reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding: If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500.00 penalty.

Criminal penalty for falsifying information: Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs: If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Finance Only	
Debarment Certification:	Date



**Central Council
Tlingit and Haida Indian Tribes of
Alaska**
Thomas Building
9097 Glacier Hwy

Authorization for Automatic Deposits

I hereby authorize Tlingit & Haida to initiate automatic deposits to my account at the financial institution named below. I also authorize Tlingit & Haida to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Tlingit & Haida responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Tlingit & Haida receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Finance Department.

Name and Address (Please Print) <input type="checkbox"/> (new address)	For verification purposes please provide your Social Security Number																		
	Phone Number																		
	Email Address																		
Name of Financial Institution	Financial Institute Phone Number																		
Your Account Number <input type="checkbox"/> Checking or <input type="checkbox"/> Savings																			
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Please attach a voided check, deposit slip or other form of bank verification and return this form to the Finance Department.

Authorization Signature

Date



Tlingit & Haida Tribal Child Support (TCS) Text Messaging Consent Form

Client Information

Full Name: _____

Date of Birth: _____

Case Number(s): _____

Phone Number for Text Messaging: _____

Consent to Receive Text Messages

The Tlingit & Haida Tribal Child Support (TCS) offers text messaging as an optional method of communication to improve engagement and provide general case-related reminders.

Important: By signing this form, you are voluntarily consenting to receive text messages from TCS.

Acknowledgments (Initial Each)

____ Text messaging is not a secure form of communication.

____ Text messages from TCS may be viewed by others with access to my phone.

____ My phone's security settings may impact the privacy of text messages from TCS.

____ Standard messaging/data rates may apply.

____ TCS is not responsible for charges I incur as a result of text messaging.

____ It is my responsibility to keep my contact information up to date.

____ TCS cannot receive/respond to texts.





____ TCS will not send or request confidential information or payments via text.

____ Text messaging is supplemental to other required communications from TCS.

____ I may opt-out of receiving text messages from TCS at any time, in writing.

Approved Uses of Text Messaging

- Appointment reminders
- Court date reminders
- Requests to contact TCS
- Requests to submit or pick up documents
- Employment/service-related follow-ups

By signing below, I consent to TCS's use of text messaging to communicate with me in the manner described above, and I consent to TCS using my most recently updated phone number to communicate with me via text.

Client Signature: _____

Date: _____

TCS Staff Use Only

Staff Name: _____

Consent Received Date: _____

Consent Form Entered in Case File: Yes No

FVI Present: Yes No

