

DATA ENTRY APPENDIX C → CHILD SUPPORT - AP DATA FORM

EIS 4900 - DATA ENTRY APPENDIX C - CHILD SUPPORT
EIS/ACTS INTERFACE, PART FIVE
AP DATA FORM
REISSUED 09/01/97 - CHANGE NO. 03-98

I. AP DATA FORM

Because of the requirement for outstationing and doing home visits, it is suggested that Medicaid workers have a paper form to use to collect information to complete a referral to IV-D. This form can also be used at times when EIS is down, as some counties have night and Saturday hours. The form follows the automated referral as closely as possible, so that the worker may easily key the automated referral from the information on the paper form.

The following form is a suggested format for collecting data needed for a referral. Print the three pages separately, so workers can use as many absent parent and child data sheets as needed for each case, without duplicating case level data. EIS casehead/payee name and date can be entered at the top of each page for identification purposes.

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SUPPORT ORDER DATA				
AP NAME	FIRST MIDDLE LAST			
COURT ORDER DOCKET #			ORDER EFFECTIVE DATE	
COURT NAME				
SUPPORT TYPE	<input type="checkbox"/> CHILD	<input type="checkbox"/> MONEY FOR MEDICAL	<input type="checkbox"/> MEDICAL INSURANCE	<input type="checkbox"/> SPOUSAL
AMOUNT ORDERED/MODIFIED			AMOUNT OF ARREARAGE	
PAYMENT	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BI-WEEKLY	<input type="checkbox"/> SEMI-MONTHLY	<input type="checkbox"/> MONTHLY
FREQUENCY	<input type="checkbox"/> YEARLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> SEMI-ANNUALLY	
PAID THRU	<input type="checkbox"/> COURT	<input type="checkbox"/> CLIENT	<input type="checkbox"/> CLIENT TURNS OVER TO DHR	
LAST PAYMENT AMOUNT		LAST PAYMENT DATE		
LIST CHILDREN INCLUDED IN ORDER				
SUPPORT ORDER DATA				
AP NAME	FIRST MIDDLE LAST			
COURT ORDER DOCKET #			ORDER EFFECTIVE DATE	
COURT NAME				
SUPPORT TYPE	<input type="checkbox"/> CHILD	<input type="checkbox"/> MONEY FOR MEDICAL	<input type="checkbox"/> MEDICAL INSURANCE	<input type="checkbox"/> SPOUSAL
AMOUNT ORDERED/MODIFIED			AMOUNT OF ARREARAGE	
PAYMENT	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BI-WEEKLY	<input type="checkbox"/> SEMI-MONTHLY	<input type="checkbox"/> MONTHLY
FREQUENCY	<input type="checkbox"/> YEARLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> SEMI-ANNUALLY	
PAID THRU	<input type="checkbox"/> COURT	<input type="checkbox"/> CLIENT	<input type="checkbox"/> CLIENT TURNS OVER TO DHR	
LAST PAYMENT AMOUNT		LAST PAYMENT DATE		
LIST CHILDREN INCLUDED IN ORDER				

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EIS CASEHEAD NAME		DATE	
AP NAME	FIRST MIDDLE LAST	RACE	SEX
BIRTHDATE	AGE		
ALIAS	MAIDEN NAME		
SECONDARY NAME	FIRST MIDDLE LAST		
RELATIONSHIP OF AP TO CLIENT <input type="checkbox"/> SPOUSE <input type="checkbox"/> UNCLE/AUNT <input type="checkbox"/> SIBLING <input type="checkbox"/> CHILD <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> COUSIN <input type="checkbox"/> PARENT <input type="checkbox"/> NEPHEW/NIECE <input type="checkbox"/> OTHER			
GOOD CAUSE CD	PENDING	APPROVED	DENIED
	MARRIAGE DATE	SEPARATION/DIVORCE DATE	
MAIL ADDRESS 1			
ADDRESS 2			
CITY		STATE	ZIP
INTN'L COUNTRY		INTN'L ZIP	
MAILING ADDRESS AS OF DATE		WORK PHONE	
HOME ADDRESS 1			
ADDRESS 2			AS OF DATE
CITY	STATE	ZIP	HOME PHONE
INTERNATIONAL COUNTRY		INTERNATIONAL ZIP	
BIRTHPLACE CITY	COUNTY	STATE	
DL NUMBER	DL STATE	SSN	
LIC PLATE #	LIC PLATE STATE	SSI? <input type="checkbox"/> Y <input type="checkbox"/> N SSA? <input type="checkbox"/> Y <input type="checkbox"/> N	
HEIGHT	WEIGHT	IDENTIFYING MARKS	
HAIR COLOR: <input type="checkbox"/> BALD <input type="checkbox"/> BLACK <input type="checkbox"/> BLOND <input type="checkbox"/> BROWN <input type="checkbox"/> GREY <input type="checkbox"/> RED <input type="checkbox"/> UNKNOWN			
EYE COLOR: <input type="checkbox"/> BLACK <input type="checkbox"/> BLUE <input type="checkbox"/> BROWN <input type="checkbox"/> GREEN <input type="checkbox"/> GREY <input type="checkbox"/> HAZEL <input type="checkbox"/> UNKNOWN			
PROVIDES INKIND SUPPORT <input type="checkbox"/> Y <input type="checkbox"/> N		PROVIDES DIRECT SUPPORT <input type="checkbox"/> Y <input type="checkbox"/> N	ON AFDC?
USUAL OCCUPATION			WAGES

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EIS CASEHEAD/PAYEE NAME			
MILITARY BRANCH <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD <input type="checkbox"/> MARINE CORP <input type="checkbox"/> ARMY NATIONAL GUARD <input type="checkbox"/> NAVY NATIONAL GUARD <input type="checkbox"/> MARINE NATIONAL GUARD <input type="checkbox"/> AIR FORCE NATIONAL GUARD		<input type="checkbox"/> ARMY RESERVES <input type="checkbox"/> NAVY RESERVES <input type="checkbox"/> MARINE RESERVES <input type="checkbox"/> AIR FORCE RESERVES <input type="checkbox"/> NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION <input type="checkbox"/> PUBLIC HEALTH SERVICE <input type="checkbox"/> UNKNOWN SERVICE END DATE _____	
		STATUS: <input type="checkbox"/> ACTIVE <input type="checkbox"/> DISABLED <input type="checkbox"/> RETIRED <input type="checkbox"/> ENLISTED <input type="checkbox"/> NONACTIVE <input type="checkbox"/> UNKNOWN	
NAME OF BANK		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET CHECKING	
PLACE OF ARREST	CITY	STATE	
CONVICTED OF CRIME <input type="checkbox"/> Y <input type="checkbox"/> N	CONVICTION TYPE- <input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	CONVICTION DATE	ON PROBATION <input type="checkbox"/> Y <input type="checkbox"/> N
PRISON/JAIL NAME			
ADDRESS			
	CITY	STATE	ZIP
AP FATHER NAME	FIRST MIDDLE LAST		
AP MOTHER NAME	FIRST MAIDEN LAST		
PARENT'S ADDRESS			
ADDRESS 2			
	CITY	STATE	ZIP
INTN'L COUNTRY		INTN'L ZIP	
MOST RECENT			
SPOUSE NAME	FIRST MIDDLE LAST		
MARRIAGE DATE		SEP/DIV DATE	

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EIS CASEHEAD NAME		DATE		
CHILD 1	FIRST MIDDLE LAST			
DOB	RACE	SEX	SSN	EIS ID#
RELATIONSHIP TO CLIENT	<input type="checkbox"/> CHILD <input type="checkbox"/> SIBLING <input type="checkbox"/> COUSIN <input type="checkbox"/> NIECE/NEPHEW <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> OTHER			
IS CHILD'S MINOR PARENT A PARTICIPANT ON THIS CASE?				
MINOR PARENT'S ID NUMBER:		NAME:		
SSI? <input type="checkbox"/> Y <input type="checkbox"/> N	SSA? <input type="checkbox"/> Y <input type="checkbox"/> N	FOOD STAMP NUMBER	SIS NUMBER	
BIRTHPLACE	CITY	COUNTY	STATE	
STATE OF CONCEPTION	CHILD BORN OUT OF WEDLOCK <input type="checkbox"/> Y <input type="checkbox"/> N			
FATHER'S NAME ON BC-FIRST MIDDLE LAST				
PATERNITY/GENETIC TEST PERFORMED <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U		(WHICH AP-ENTER EIS ID #)		
PATERNITY ESTB. <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U		PATERNITY ACKNOWLEDGED <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> IN COURT <input type="checkbox"/> IN WRITING		
HAS THE AFFIRMATION OF PATERNITY BEEN SIGNED?				
EMPLOYMENT INFO FOR CHILD				