

Option 1 (based on the office handling the case)

- A. 1-305-530-2600 (if case is handled in Miami-Dade County)
- B. 1-800-622-KIDS (5437) (if A. Conditions are not met, [all other sites])

Option 2 (when the form is generated from the ZPSN activity)

If you are a parent, we have also enclosed a Financial Affidavit and Parent Information Form. If you are a nonparent caregiver, we have enclosed the Parent Information Form. You must complete these forms and return them within <<Option 4>> days to the address at the end of this notice.

We need this information to determine the amount of child support owed by the parent named above.

If you receive temporary cash assistance, Medicaid, or food stamps and do not complete and return the form(s), your benefits may be reduced. If you do not receive public assistance and do not complete and return the forms, your case may be closed.

If you are a nonparent caregiver, you will not receive the Financial Affidavit. You do need to fill out the Parent Information Form. If you are providing health insurance for the child(ren) please write the information about the insurance company and the cost to you for covering the child(ren) on the bottom of the form. The parent named in the notice may be ordered to pay for part of the cost of the health insurance.

Option 3: (based on option 2 selected above)

A. when option 2 is selected

Enclosures: Financial Affidavit
Parent Information Form
Initial Notice

B. when option 2 is not selected

Enclosures: Initial Notice

Option 4:

A. when case is not responding

20

B. when case is responding

45

Option 5:

A. when case is not responding CP address is printed normally

B. when case is responding CP name is selected, then the following text:

In Care Of Child Support Agency

Then the street, street 2, city, state, and zip of the BP in the role of other state county on the case, or, if other state county is missing, the BP in the role of other state agency on the case.

<<Option 35>> refers to common administrative logic option 35 for recipients address. Must also incorporate option 5 language.