Application For Child Support Services

For Reach Up/PSE Applicants

137

Before we can determine your eligibility, you must complete one of these forms for each absent parent. If you complete it by hand, please print clearly using a pen.

Revised 02/2025

DOMESTIC/FAMILY VIOLENCE CONCERNS

To be eligible for Reach Up or Post-Secondary Education (PSE), you must apply for services from the Office of Child Support (OCS) and assign your rights to child & medical support to the State of Vermont. If you have any concerns related to domestic/family violence, we want to know.

Do you believe pursuing child support could put your, or a child's, safety at risk?

☐ **Yes** ☐ **No** ➔ If NO, skip to #1. If YES, check one of the boxes below.

I'd like to:

☐ Request a waiver from participating in the child support process *(see page 6 for more info).*

☐ Pursue child support anyway. I can request a waiver later if the situation changes.

1. Information about you *(the applicant)*

Your role related to the children: ☐ Parent ☐ Legal Guardian ☐ Caretaker

Last name	First name	Middle initial/maiden name
Mailing address	City/town & state	Zip code
Home address (if different)	City/town & state	Zip code

Social Security number	Date of birth (mm/dd/yyyy)	Phone no. (with area code)	Email address

Gender: ☐ Male ☐ Female	Place of birth:	Marital status: ☐ Never married ☐ Married to _____ on _____ ☐ Divorced from _____ on _____

Have you ever received child support services in another state? ☐ Yes ☐ No	If yes, where? (city/state)	When?	Case or ID number
Have you received public assistance or Medicaid in another state? ☐ Yes ☐ No	If yes, where? (city/state)	When?	Case or ID number

Name & address of employer	Phone no. (with area code)	Dates of employment

Is a lawyer currently representing you on this child support case? If yes, provide the lawyer's information below.

Name _____ Phone no. _____

2. Information about the other parent (or one parent if you are the child's guardian/caretaker)

Last name		First name	Middle initial/maiden name
Mailing address		City/town & state	Zip code
Home address (if different)		City/town & state	Zip code
Social Security number	Date of birth (mm/dd/yyyy)	Phone no. (with area code)	Email address

Parent deceased? ☐Yes ☐No	Parent in prison? ☐Yes ☐No	Marital status: ☐Never married ☐Married to_____ on _____ ☐Divorced from_____ on _____
Gender: ☐Male ☐Female	Place of birth:	

Name & address of employer	Phone no. (with area code)	Dates of employment

Provide as much additional information as possible.

Height	Weight	Hair color	Eye color	Scars/tattoos

Mother's maiden name & address	Father's name & address

Property owned and other sources of income (describe nature & location)

Is there any reason this parent cannot pay child support (e.g., Is in jail or has a disability)?

Military branch & dates of service (if applicable)	Does this parent have other children?

Vehicle make & model	Vehicle year	Vehicle color	License plate number & state

3. Absent parent's children. Use more paper if needed. Provide all requested information.

Full Name	Child #1	Child #2	Child #3	Child #4
Full Name				
Gender	☐Male ☐Female	☐Male ☐Female	☐Male ☐Female	☐Male ☐Female
Social Security number				
Date & place of birth				
State where conceived				
Parents married at time of birth?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Child living with you?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Child getting SSI benefits?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Parentage established?	☐Yes - VAP* ☐Yes - court order ☐No ☐Don't know	☐Yes - VAP* ☐Yes - court order ☐No ☐Don't know	☐Yes - VAP* ☐Yes - court order ☐No ☐Don't know	☐Yes - VAP* ☐Yes - court order ☐No ☐Don't know

* A Voluntary Acknowledgment of Parentage (VAP) form is used to establish parentage if the parents are not married at the time of the child's birth. It is usually signed and witnessed at the hospital shortly after the child is born. For more information about establishing parentage, go to *https://dcf.vermont.gov/child-support/parentage*.

4. Most recent court orders

If there is no order regarding custody *(parental rights & responsibilities)*, check this box ☐ and go to #5.

Custody Order *(parental rights & responsibilities)*			
Date of order	City & state where entered	Case/docket #	Primary physical responsibility is with _____ Primary legal responsibility is with _____

If there is no order regarding child support, check this box ☐ and go to #5.

Child Support Order				
Date of order	City & state where entered	Case/docket #	Weekly support $_____ Support paid by: ☐ Me ☐ Parent listed in section #2	Does the parent listed in #2 owe past support to you? ☐Yes ☐No If yes, amount due: $ _____

5. Health insurance information

If neither parent has health insurance, check this box ☐ and go to #6.

Your Health Insurance	Type of coverage	Policy no.	Added cost for coverage of child(ren) $ _____ Per _____
	Insurance company	Names of those covered	
Other Parent's Health Insurance	Type of coverage	Policy no.	Added cost for coverage of child(ren) $_____ Per _____
	Insurance company	Names of those covered	

6. Comments to the OCS caseworker assigned to your case

Use the space below to tell OCS any additional details about your situation you think they should know.

_____

_____

_____

_____

_____

_____

********** BE SURE TO SIGN AT THE BOTTOM OF PAGES 6 & 7. **********

7. Statements of understanding from the Office Of Child Support (OCS)

If you need help understanding these statements, call 1-800-786-3214.

I UNDERSTAND THAT:

1. **OCS representatives act on behalf of the State of Vermont to enforce child support laws; representatives do not act in the interests of any particular person or party; and OCS lacks the authority to become involved in custody and visitation issues.** This means OCS does not act as my personal advocate or representative in any legal proceedings before the Family Division of Superior Court; must make many discretionary decisions concerning best implementation of its policy objectives; and is guided not only by the economic interests of an individual case, but also by the best interests of a child. When OCS becomes involved in my case, it will investigate and make recommendations to the court based upon its interpretation of the law and facts.
2. **The role of OCS and my right to get my own attorney in connection with this matter.** I understand that in addition to OCS participation in my case, I may present my own information, testimony and witnesses in any legal proceedings before the Family Division of Superior Court.
3. **By receiving OCS services, I'll receive all services deemed appropriate by OCS, many of which are automatic.** Services include locating a parent for the purpose of collecting child support, establishing parentage, establishing a child/medical support order, reviewing the amount of child support paid to ensure it is consistent with guidelines, modifying a child support order due to a change in income or circumstances of one or both of the parents, collecting and distributing child support payments, and enforcing a child support order. Other services that may be appropriate include certification of arrears with state and federal tax departments, reports to credit bureaus, lottery offsets, administrative wage withholding, data matches with financial institutions, trustee process, liens and other legal remedies. Parties may not receive prior notification of every process OCS undertakes. It is my responsibility to notify OCS in writing when I no longer want services from OCS.
4. **Child support payments must be made through OCS.** Payments made directly from one parent to the other parent must be turned over to OCS for issuance. I understand that failure to do so may result in the termination of OCS services.
5. **If money is sent to me in error or issued to me based on insufficient funds, I must return the money.** If I don't return the money, I authorize OCS to deduct such payments from my account or from future payments until this obligation is satisfied.
6. **OCS is required to submit minimal information about me to a national directory used only by other state child support agencies.** Federal law prohibits the release of information about those who are at risk of harm from family violence. If I believe that my children or I am at risk, I understand that I may request in writing that OCS not release my information to the directory. I further understand that if I ask OCS not to release my information, there may be delays in my case because some automatic processes may not go forward as usual.
7. **After I try to resolve an issue with an OCS caseworker and supervisor, I have the right to request an OCS administrative review of any decision or action taken by OCS in my child support case.** I may call my OCS caseworker to request an *Administrative Review Form* or write to OCS, ATTN: Intercept Unit, 280 State Drive, Waterbury, VT 05671-1060. I must explain my complaint, request an administrative review, and provide the following information: my name, Social Security number, address, daytime phone number, and whether I want the review conducted in person, over the phone, or by mail.
8. **If a court order requires either parent to provide health insurance for the child, the other parent will have access to information maintained by the child's insurer (e.g., Social Security number).**

8. Important information about child support & Reach Up/PSE

ASSIGNMENT OF RIGHTS TO CHILD SUPPORT

To be eligible for Reach Up or Post-Secondary Education (PSE), you must:

1. Agree to accept services from, and cooperate fully with, the Office of Child Support (OCS).
2. Assign your rights to child support to the State of Vermont for the entire period you get assistance.

Your Reach Up/PSE grant may be paid with either state or federal funds. The type of funding you get will affect your right to any unpaid child support *(called arrears)*. Once you grant closes:

⇨ *State-funded grant:* Any arrears that accrued while you were getting assistance will be owed to you. If your grant reopens, the State may be entitled to some of those arrears.

⇨ *Federally-funded grant*: Any arrears that accrued while you were getting assistance will be owed to the State, no matter when OCS collects it.

COLLECTION AND DISTRIBUTION OF CHILD SUPPORT

While you're getting a Reach Up/PSE grant:

⇨ OCS will send all child support collected to DCF's Economic Services Division (ESD).

⇨ ESD will add up to $100 of current support collected to your grant as a family bonus. For example: if $25 in current support is paid, you'll get a $25 bonus. If $125 is paid, you'll get a $100 bonus. You'll start getting bonuses two months after we start collecting child support.

⇨ If OCS collects more current support than your grant, you'll get the difference. However, if this happens for two months in a row:

- Your Reach Up/PSE grant will be closed.
- OCS will start sending current support to you, within two business of receiving it.
- OCS will continue providing other child support services.

⇨ OCS will send you an annual statement showing the amount of support collected.

ASSIGNMENT OF MEDICAL SUPPORT RIGHTS

As a condition of eligibility for health care assistance, you must assign all rights to medical support and third party payments (e.g., insurance & court-ordered cash medical payments) to the State of Vermont for Vermont health care services reimbursed by Medicaid. After your grant closes, this assignment will continue as long as your children are getting health care benefits.

RIGHT TO APPEAL

If you disagree with an OCS action or decision in your child support case, you may ask for a review by a unit supervisor. If you disagree with the supervisor's decision, ask for a *Request for Administrative Review* form. When OCS receives your completed form, someone will contact you to complete the review process. If you get state-funded assistance and disagree with a decision about child support forwarded from OCS to ESD, you may ask for a fair hearing.

9. Waiver from participating in the child support process

You may request a *Waiver of Cooperation* if you believe the other parent might physically or emotionally harm you or the children because of something OCS might:

⇨ Do to pursue support (e.g., contact the parent to establish parentage)

⇨ Require you to do to pursue support (e.g., appear in court with the other parent)

To request a waiver now, check the relevant box in the *Domestic/Family Violence Concerns* section at the top of page one. OCS will not actively pursue support while your request is being reviewed. If you are granted a waiver, you may receive Reach UP or PSE assistance without cooperating with OCS; however, you must still provide all the information requested about the parent.

You may also request a waiver later on. If you do so, the department will give you the form, review your request and send you a written notice of the decision. Before beginning any legal action to pursue support, OCS will send you a notice to remind you of your right to request a waiver. There are a few exceptions, however, including when either parent files a court action and OCS represents the State of Vermont.

10. Signature & authorization for child support services

BY SIGNING BELOW, I CERTIFY AND AGREE THAT I:

a. Have read and understand the Statements of Understanding on page 4 and the important information about child support on page 5 and above.

b. Assign my rights to child and medical support as described on page 5.

c. Authorize OCS to collect and distribute child support to ESD as described on page 5.

d. Will accept services from, and cooperate fully with, OCS unless I request and am granted a *Waiver of Cooperation,* which I may do at anytime.

e. Understand that federal and state law require me to provide OCS with certain information (e.g., Social Security numbers for me and my children) to get child support services and I authorize OCS to use this information to provide the services.

f. Understand that enrolling my child in health insurance requires OCS to provide their Social Security number and mailing address to the other parent's employer.

g. May request a copy of this form.

SIGN BELOW.

Unsigned applications will be returned.

I certify that the information provided on this application is true and complete to the best of my knowledge.

Signature _____ **Date** _____

11. Authorization for electronic payments

EVERYONE MUST SIGN THIS PAGE:

- If you pay support, you may skip the next section but must sign below. If you're ever owed support, you'll automatically get payments on a ReliaCard® until you complete a direct deposit form.
- If you get or are seeking support, you must both complete the next section & sign below.

SIGN UP FOR ELECTRONIC PAYMENTS IN ONE OF TWO WAYS.

Once we get your authorization, it will take about 30 days for payments to begin. *Call 1-800-786-3214 to find out when OCS received your payment or change your electronic payment option.*

1. Direct deposit to one bank account:

- Depending on the bank, funds are usually available 7 - 10 business days after OCS receives a payment. *Contact your bank to find out if a payment has been credited to your account.*

2. U.S. Bank ReliaCard®:

- ReliaCard is a Visa® Prepaid Debit Card that can be used to make purchases, pay bills and get cash everywhere Visa debit cards are accepted[1]. *It's not a credit card. You don't need a bank account.*
- Your ReliaCard will be mailed to the address you provide within 7 - 10 business days from the date of enrollment. *Sign up to get email or text[2] alerts when funds are added to your card.*

[1] Fees and transaction limits apply. See fee schedule on page 9 for details.

[2] Standard text messaging charges apply through your mobile carrier; message frequency depends on account settings.

Provide your information below

Last name	First name & middle initial	Email address
Social Security number	Preferred phone (with area code)	Secondary phone (with area code)

Check ☑ one of the two options below. If you don't make a selection, you'll be issued a ReliaCard.

☐	**Direct Deposit**	**Bank Name**	**ABA Routing/Transit #**	**Account #**	**Account Type**
					Checking ☐ Savings ☐
☐	**U.S. Bank ReliaCard***	*Please read the information provided on pages 8 and 9 about the ReliaCard option before you decide which option you'd like to choose.*			

***If you select the ReliaCard:** to help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means that when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. The ReliaCard is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A. Inc. Member FDIC.

SIGN BELOW.

Unsigned applications will be returned.

This request cancels any other direct deposits I have in place with OCS.

Signature _____ **Date** _____

U.S. Bank ReliaCard® Pre-Acquisition Disclosure
Program Name: Vermont Child Support

Monthly fee	Per purchase	ATM withdrawal	Cash reload
$0	**$0**	**$0** in-network **$1.25*** out-of-network	**N/A**

ATM Balance Inquiry (in-network or out-of-network)	$0
Customer Service (automated or live agent)	$0 per call
Inactivity (after 365 days with no transactions)	$2.00 per month

We charge 3 other types of fees.

* This fee can be lower depending on how and where this card is used.

No overdraft/credit feature.
Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit c*fpb.gov/prepaid.* Find details and conditions for all fees and services inside the card package or call **1-855-203-3824** or visit **usbankreliacard.com**.

All fees	Amount	Details
Get cash		
ATM Withdrawal (in-network)	$0	This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass® or SUM® ATM networks. Locations can be found at *usbank.com/locations* or *moneypass.com/atm-locator.html* or *sum-atm.com.*
ATM Withdrawal (out-of-network)	$1.25	This is our fee per withdrawal. This fee is waived for your first ATM withdrawal per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass or SUM ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	$0	This is our fee for when you withdraw cash off your card from a teller at a bank or credit union that accepts Visa®.
Using your card outside the U.S.		
International Transaction	3%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.
International ATM Withdrawal	$1.25	This is our fee per withdrawal. This fee is waived for your first ATM withdrawal per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. You may also be charged a fee by the ATM operator even if you do not complete a transaction.

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All fees	Amount	Details
Other		
Card Replacement	$0	This is our fee per card replacement mailed to you with standard delivery (up to 10 business days).
Card Replacement Expedited Delivery	$15.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Inactivity	$2.00	This is our fee charged each month after you have not completed a transaction using your card for 365 consecutive days.

Your funds are eligible for FDIC insurance. Your funds will be held at U.S. Bank National Association, an FDIC-insured institution, and are insured up to $250,000 by the FDIC in the event U.S. Bank fails. See *fdic.gov/deposit/deposits/prepaid.html* for details.

No overdraft/credit feature.
Contact Cardholder Services by calling 1-855-203-3824, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit ***usbankreliacard.com***.

For general information about prepaid accounts, visit *cfpb.gov/prepaid*. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visi *cfpb.gov/complaint*.

The ReliaCard is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A. Inc. © 2024 U.S. Bank. Member FDIC.

CHECKLIST

REQUIRED SECTIONS & SIGNATURES

Make sure you've completed & signed all required sections:

➔ EVERYONE - Complete pages 1 to 3

➔ EVERYONE - Sign at the bottom of pages 6 and 7

➔ IF YOU'RE SEEKING/GETTING CHILD SUPPORT - Complete page 7

DOMESTIC/FAMILY VIOLENCE

If you have any concerns about domestic/family violence, complete the safety section at the top of page 1 and attach copies of the following (if applicable):

➔ Nondisclosure, protective or relief-from abuse order

➔ Determination of good cause for non-cooperation with a child support agency

➔ Explanation of why you believe releasing information about you/your children would be harmful

Send your application to:

DCF - Economic Services Division
Application & Document Processing Center
280 State Drive
Waterbury, VT 05671-1500

Need help?

1-800-479-6151