



CHILDREN AND FAMILY SERVICES – ECONOMIC ASSISTANCE AND EMPLOYMENT SUPPORTS

Cooperation with Child Support

Purpose: This notice explains your rights and responsibilities for cooperating with the Minnesota Department of Human Services, Child Support Division, and your county child support agency. Cooperation with the child support agency includes answering questions, filling out forms, and appearing at appointments and/or court hearings.

This notice also explains how you make a “good cause claim” that gives you the right not to cooperate if your claim is granted. If you choose to claim good cause and your county child support agency is currently collecting your child support payments, the county will immediately stop collecting those payments for the child(ren) you name on the attached form. The county will stop providing all child support services until it makes a decision on your good cause claim. If you are granted a good cause exemption, the child support agency will close your case.

Instructions: Read this notice so you understand how and why you must cooperate. **Fill out the “Client Statement of Good Cause” whether or not you plan to claim good cause.**

Your Responsibility to Cooperate

Why must you help your county child support agency?

If you receive Minnesota Family Investment Program (MFIP), Diversionary Work Program (DWP), Child Care Assistance Program (CCAP) or IV-E Foster Care, federal and state laws say you must help your county child support agency. You must help establish paternity, collect basic support, medical support and child care support. You must also help establish court-ordered dependent health care and dental coverage. You must help your child support agency for all children in your home if you are getting benefits from CCAP.

If you and your child(ren) receive only Medical Assistance (MA), federal law says that you must help the county child support agency. You must help establish paternity, collect medical payments and/or establish court-ordered dependent health care and dental coverage.

What do you have to do?

We will ask you to do one or more of the following:

- Name the other parent of the child(ren) for whom you applied for or who get MFIP, DWP, IV-E Foster Care or MA. Give all the details you have to help find the parent.
- Name the other parents of all the children in your family if you applied for or get CCAP. Give all the details you have to help us find the parents.

- Help us determine who the legal parent is, if paternity has not been established for a child. You are not required to sign a Recognition of Parentage or waive your right to genetic testing, even if the father asks you to do so.
- Help your child support agency get basic support, medical support, and child care support money owed to you or the child(ren) getting MFIP, DWP, Child Care Assistance, IV-E Foster Care or MA.
- Insist the obligor pay the Minnesota Child Support Payment Center (CSPC), not you directly. The CSPC cannot send medical support to you if you are receiving benefits from MA. The CSPC cannot send child care support to you if you are receiving benefits from CCAP.
- Tell us about any health, dental or accident insurance you now have or you could have through your job.
- Tell us about any health, dental or accident insurance the other parent of your child(ren) has or could have through a job.
- Appear in person at the county human services agency, the child support agency, the Minnesota Department of Human Services (DHS) or court to sign papers or to give information when requested.

How does cooperating with your child support agency help you?

- We will try to find your child(ren)'s other parent by gathering information from government agencies, credit reporting agencies, employers, utility companies and other sources.
- We will try to establish legal paternity for your child(ren), which may give your child(ren) Social Security or veterans' benefits through the other parent or inheritance rights.

- We will try to establish an order for support if you do not have one.
- We will enforce your child support order.
- You may be able to get off MFIP if support payments are more than your MFIP grant.

Your Right to Claim Good Cause for Not Cooperating

What does "good cause" mean?

Good cause means that there is a reason, due to potential physical or emotional harm to you or your child, why you do not want to cooperate. If establishing paternity or collecting support could harm you or your children and that can be proven, the law allows you to apply for good cause to not cooperate.

The rest of this notice explains how you can claim good cause and what happens if you do. Read this form carefully. If you need help, ask your financial worker, child care worker, lawyer or welfare advocate.

How and when should you claim good cause?

If you want to claim good cause, you must tell your financial worker, child care worker or your child support worker that you think you have good cause not to cooperate. Then you must fill out and sign the attached Client Statement of Good Cause form.

Check the decision box to indicate you are making a claim of good cause and the reason(s) that best describe(s) why you are making the claim. You must complete a form for each parent for whom you are making a claim of good cause. You can claim good cause at any time.

If you are a current participant in the Safe At Home (SAH) Program, you are automatically eligible for a good cause exemption.

What may be good cause for not cooperating?

The following are reasons to claim good cause:

- Physical or emotional harm could come to your child(ren) if you help.

- Physical or emotional harm could come to you that is so serious it would reduce your ability to care for your child(ren) adequately if you help.
- Your child was conceived as a result of rape or incest.
- You are working with an agency that is helping you decide if you should place the child(ren) for adoption, and the work has gone on for three months or fewer.
- Court action is going on to adopt the child(ren).

How do you prove good cause?

If you want to claim good cause, you must:

- Give your public assistance agency the proof to decide if you have good cause for not helping. See "What are acceptable types of proof?"
- Give your public assistance agency the proof within 20 days after you claim good cause. You may get more time only if the agency agrees you need more than 20 days to get proof.

Once you have done these things, your child support and public assistance agencies will:

- Decide your claim for good cause based on the proof you gave or
- Ask you for more proof that might support your claim if needed or
- Investigate further to prove your claim if needed.

What are acceptable types of proof?

The following are examples of proof to help your child support agency decide if you have good cause:

- Safe at Home (SAH) identification card
- Medical or law enforcement records that shows the child was conceived as a result of rape or incest

- Court documents or other records that show legal actions for adoption are pending in court
- Court, medical, criminal, child protective services, social services, domestic violence, psychological or law enforcement (police or sheriff) records that show the alleged father or obligor might cause physical or emotional harm to you or your child(ren)
- Medical or emotional health records that show cooperation with the child support process may cause physical or emotional harm to you or your child(ren), this may include you or your child(ren)'s emotional health history and present status
- Written proof from an agency confirming you are deciding whether to keep your child or place your child for adoption
- Sworn statements from friends, neighbors, clergy, social workers, medical professionals and others that help prove your good cause claim
- A written statement from you giving your reasons for claiming good cause.

If you need help to get copies of some documents, ask your financial worker, child care worker or child support worker to help you.

Will you receive benefits while awaiting a decision?

If you apply for or now get MFIP, DWP, Child Care Assistance, IV-E Foster Care or MA, you will still get these benefits while the decision on your good cause claim is pending as long as you:

- Qualify
- Give the proof we ask for within 20 days and
- Help us investigate your good cause claim.

What happens if you have a good cause exemption?

If your public assistance agency agrees you have good cause, the child support agency will take no further action to establish paternity or get basic support, medical support or child care support.

Can good cause be time-limited?

Your public assistance agency will redetermine your good cause exception at least once per year.

What if your good cause exemption is denied?

- If you cooperate with your child support agency, you will receive services
- If you refuse to cooperate:
 - If you get MA and do not cooperate, your child(ren) will get MA, but you will not
 - If you get MFIP and do not cooperate, your grant will be reduced by at least 30 percent
 - If you get DWP and do not cooperate, DWP will stop for you and your child(ren)
 - If you get Child Care Assistance and do not cooperate for all the children in your home, Child Care Assistance will stop.
- If you withdraw your MFIP, DWP, Child Care Assistance, IV-E Foster Care or MA, you will not receive benefits.

What are your rights to appeal a denial?

You have the right to ask for an appeal if:

- Your child support agency does not give you a chance to claim good cause yet your public assistance agency prepares to deny, end, or reduce your MFIP, DWP, Child Care Assistance, IV-E Foster Care for not helping.
- Your public assistance agency denies your good cause claim, you refuse to cooperate with your child support agency. You may appeal the denial of good cause claim as soon as you are notified of the denial. You do not need to wait until your public assistance agency prepares to deny, end or reduce your MFIP, DWP, Child Care Assistance, IV-E Foster Care or MA benefits for not cooperating. Once you request a hearing, the child support agency will stop all child support services and cannot report your noncooperation to public assistance agencies until a human services judge issues a decision on your appeal.

Definition of terms: The following terms are used in this application

Basic support	Support for expenses relating to the child's care, housing, food, clothing, and transportation. The basic support obligation does not include payment towards arrears.
Child	An individual under 18 years of age; an individual under 20 years who is still attending secondary school; or an individual who, by reason of physical or mental condition, is incapable of self-support.
Child support	Money parents pay for the care, support and education of their children. It may include a monthly court-ordered amount for basic support, child care support and medical support.
Child support agency/office	A county office that provides child support services or the state office of child support.
Custodial parent	The person or entity who has primary care and custody of a minor child.
Establishing parentage	The process to create a legal relationship between a child and the child's parent when no legal relationship previously existed. Actions to establish a legal relationship between a child and the child's father are informally referred to as paternity actions.
Obligee	A person to whom payments for maintenance or support are owed.
Obligor	A person obligated to pay maintenance or support. For purposes of ordering medical support, a parent who has primary physical custody of a child may be an obligor subject to a payment agreement.
Public assistance	Benefits from a state or federal program. Public assistance programs include the Diversionary Work Program (DWP); the Minnesota Family Investment Program (MFIP), which is Minnesota's Temporary Assistance to Needy Families (TANF) program; Tribal TANF; Child Care Assistance; Medical Assistance (MA) and IV-E Foster Care services.
Safe at home	A confidential mail forwarding service administered by the Minnesota Secretary of State Office.
Support	A court-ordered obligation for the benefit of the obligor's child(ren), spouse or former spouse who lives with the child. A support order may include basic support, or child care support. A court order may also include spousal maintenance.

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打 1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သ့ဟ်သးဘဉ်တက့ၢ်. ဖဲန့ၢ်လိာ်ဘဉ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,သံကွၢ်ဘဉ်ပုၤဂ့ၢ်ဝီအပုၤမၤစၢၤတၢ်လၢန့ၢ်မ့တ မ့ၢ်ကိးဘဉ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປ 1-888-487-8251.

Hubachiisa. Dokumentiin kum bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

DAI (8-16)



For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)

Client Statement of Good Cause

Instructions: Fill out a separate form for each noncustodial parent indicating if you are or are not making a claim of good cause. Be sure to sign the bottom of this form.

YOUR NAME (Last, First, Middle)	OTHER PARENT'S NAME* (Last, First, Middle)	ASSISTANCE CASE NO.
CHILD SUPPORT CASE NUMBER (If Known)		

* Name of parent for whom applicant is claiming good cause.

Programs: (Check all that apply)

I am an applicant for or recipient of:

- ☐ Minnesota Family Investment Program (MFIP)
 ☐ Title IV-E Foster Care
 ☐ Diversionary Work Program (DWP)
 ☐ Child Care Assistance only
 ☐ Medical Assistance (MA)

Good cause claim:

Decision: (Check the appropriate box below to indicate if you **are** or **are not** making a claim of good cause.)

- ☐ I do not wish to make a good cause claim. Go to the end of this form and sign it.
☐ I am making a claim of good cause for not cooperating with the child support agency in establishing paternity and in collecting child support for my child(ren); I know I must give any proof I can to support my claim.

Reasons for good cause claim: (Check all the boxes that apply)

- ☐ If I help you, I think physical or emotional harm will come to my child(ren).
☐ If I help you, I think physical harm will come to me and it will reduce my ability to adequately care for my child(ren).
☐ If I help you, I think emotional harm will come to me and this harm will be such that it will reduce my ability to adequately care for my child(ren).
☐ My child was conceived as a result of rape or incest.
☐ Court action is going on to adopt my child(ren).
☐ I am working with an agency that is helping me decide whether I should place my child(ren) for adoption.

Names of child(ren):

Indicate the name of the child(ren) for whom you are making a claim of good cause. If good cause is granted, no child support enforcement actions will be taken for the child(ren) listed on this form. If you currently have an open case at the county for other children you have with the parent listed on this form, the case will remain open and enforcement actions will be taken unless you are making a claim of good cause for them. If you want to make a claim of good cause for other children you have with the parent, check the box below. Child support enforcement actions will stop immediately for the other children you have with the parent if you choose to make a claim of good cause.

I am making a claim of good cause for the child(ren) listed below: (Check the box that applies)

- ☐ I do not have other children with the parent.
☐ I have other children with the parent listed on this form and wish to include them in my claim of good cause. I understand that child support enforcement actions will stop when I make a good cause for the other children.
☐ I have other children with the parent listed on this form, but I am not making a claim of good cause for the other children.

CHILD'S NAME (LAST, FIRST, MIDDLE)	CHILD'S NAME (LAST, FIRST, MIDDLE)
CHILD'S NAME (LAST, FIRST, MIDDLE)	CHILD'S NAME (LAST, FIRST, MIDDLE)

Comments: In the space below, tell us the facts that you think support your claim for good cause. Attach more pages if you need more space. **Be sure to sign this form below.**

ASSISTANCE CASE NO.

Signatures: I have read this notice about my right to claim good cause for refusing to cooperate. I understand that I can discuss any part of this notice I find unclear with my financial worker, child care worker, child support worker or anyone else I choose, including a lawyer or welfare advocate.

SIGNATURE OF APPLICANT/RECIPIENT	DATE	Agency use <input type="radio"/> Approved <input type="radio"/> Not approved
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