# PENOBSCOT NATION CHILD SUPPORT AGENCY APPLICATION FOR CHILD SUPPORT SERVICES

Information provided on this form (including attachments) may be shared with others for the sole purpose of administration of the tribal child support agency and State/Tribal TANF and foster care programs.

PNCSA Staff are mandated reporters. PNCSA Staff must make a report if he/she has reasonable cause to suspect that a child has been or is likely to be abused or neglected.

The Penobscot Nation Child Support Agency is an equal opportunity service provider. If you have a disability and need to access this information in an alternative format, or need it translated to another language, please contact PNCSA at (207) 817-7355

- ➤ Please fill out this form the best you can;
- ➤ If you are unsure of information or do not know some of the information, you can leave that portion blank;
- ➤ The more information you can provide, the better job your Child Support Specialist can do on your case;
- > If you need help filling out this form, or have questions about this application, please talk with your Child Support Specialist.

Do you have a disability?	YES	NO	
If yes, describe:			
Does your child have a disability?	YES	NO	
If yes, describe:			
SERVICES REQUESTED: Federal regulations require the Tribal Chi based on your circumstances	ld Support Agency to pr	rovide all services appropria	ate for your case
Establish Paternity Establish Child Support Order Locate Absent Parent		Leview Support Order Enforce (Collect) Child Sup	port
Please attach copies of any and all c involving child support, paternity es copies of the following: Birth Certificates Social Security Cards Driver's License Enrollment Cards	, 0	-	de

#### PENOBSCOT NATION CHILD SUPPPORT AGENCY P.O. Box 446, Old Town ME 04468

## CHILD SUPPORT APPLICATION

CHILD CUSTODIAN INFOR	RMATION				
Your Relationship to the Childre	en listed in this a	applicati	ion		
Your Name: Last	First		Middle		Maiden or Also Known As (AKA)
Social Security Number	Birthda	nte		_	Birthplace (City/State)
Home address: Street	City	State	Zip	_	Home Telephone Number
Mailing address				_	Cell Phone #
Employer Name & Address:				_	Work Telephone Number
Monthly gross income (before t	axes):			Cost of	health insurance per Month:
Cost of Child Care per month_		_			
Name and Address of Child Car	e Provider:				
Tribal Affiliation:		Are yo	ou enrolle	d?()	YES ( ) NO Number:
					ne State or Tribe? ( ) YES ( ) NO which you are receiving assistance:
Name and phone number of cas	e worker for the	above s	service:		
Services you receive-please che	ck all that apply:	 : ( ) Fo	od Stamp	os	( ) Medical Assistance
( ) Child Care ( ) SSI ( ) T	'ANF-Amount o	f Grant-	-\$		_ ( ) Other

## PARENT #1 INFORMATION

Name: Last	First	Middle		Also Known A	as (AKA)
Social Security Number	cial Security Number Birthdate		<del></del>	Birthplace (City/State)	
Home address: Street	City	State 2	Zip	Home Telepho	one Number
Mailing address				Cell Phone #	
Employer Name & Address	:			Work Telepho	ne Number
Tribal Affiliation:		Is he/she en	rolled?(	YES ( ) NO N	ımber:
Height: We					
Race: Lis					
piercing, birthmark, physica	l impairment,	etc.):			
Employer Name & Address	·				
Hourly pay \$	_ Hours per	week	If sal	aried, salary per yea	ar: \$
Second Employer:			Но	urly pay \$	Hours/week
Other sources of Income:					
	Describe)			mount received)	(Frequency received)
School or Training:(Descr				(Dagman/Cantificate)	(Date Received)
Vehicle:	/			(Degree/Certificate)	(Date Received)
(Description: Mak			(Name(s	s) of Person(s) on T	itle)
Bank Account:			•		
	cking/Savings)		(Balanc	ee) (Na	me of Bank)
Other Financial Assets:			`	,	,
Does the perent house any of	har minar ahil	dran other than t	tha abildra	n included in this or	unlication?() VEC()
Does the parent have any of NO	nei minoi cimo	aren omer man	me cimure	n meruded in tills af	optication? ( ) TES ( )
Please provide the names, b	irthdates, home	e address and ar	ny other pe	rtinent information:	
Name of this parent's mother	er and father				
_					
Address and Phone Number	of parents:				
Provide the names of family	members or fr	riends who may	be able to	assist in locating th	ne parent:

application:				in processing your child support	
PARENT #2 INFORMAT	ION				
Name: Last	First	Middle		Also Known As (AKA)	
Social Security Number	Bi	Birthdate		Birthplace (City/State)	
Home address: Street	City	State	Zip	Home Telephone Number	
Mailing address	Iailing address			Cell Phone #	
Employer Name & Address:			Work Telephone Number		
Tribal Affiliation:		Is he/sh	ne enrolled	?( ) YES ( ) NO Number:	
Race: List	t any distinguis l impairment, e	hing features etc.):	that would	Hair Color: Hair Color: l assist in identification (Tattoos, scars,	
Employer Name & Address	:				
Hourly pay \$ Hours per week If salar			alaried, salary per year: \$		
Second Employer:			Н	fourly pay \$ Hours/week	
Other sources of Income:					
(D. School or Training:				Amount received) (Frequency received)	
School or Training:(Descr	ibe)			(Degree/Certificate) (Date Received)	
Vehicle:(Description: Make	e/Model/Year)		(Name	es of Persons on Title)	
			`	•	
Bank Account:(Type: Chec	cking/Savings)		\$ (Balar	nce) (Name of Bank)	
Other Financial Assets:					
Does the parent have any of NO Please provide the names, be information:	irthdates, home	address and	any other p		

Name of this parent's mo	ther and father: _		
Address and phone numb	er of parents:		
Provide the names of fam	nily members or fr	iends who may be able	to assist in locating the parent:
Provide us with any other application:		•	s in processing your child support
MARITAL INFORMA	TION (If applica	able)	
Are the parents of the mi	nor children:		
( ) Married ( ) Unm ( ) Separated	arried ( ) Legall	y separated	
Marriage Date and Locat	ion	Divorce/	Legal Separation Date and Location
What Jurisdiction?		Type of Action: _	Status:
CHILD'S INFORMATE CHILD 1	ION		
Name: Last	First	Middle	Birthdate or Expected:
(Month/Day/Year)			
Location where child was	s born: (Name, Cit	ty)	Social Security Number
Tribal Affiliation:		Is this child	d enrolled? ( ) YES ( ) NO Number
Person/Agency, if other t	han the parent (s),	which have custody/pl	acement of the child
Date Child was placed: _			
Was there a Court Action	placing the child	ren in your care?() YE	SS()NO
What Court and Agency	was involved in th	is placement?	
Does this child have any	special medical or	other needs?	

## CHILD 2

Name: Last	First	Middle	Birthdate or Expected:
(Month/Day/Year)			
Location where child wa	as born: (Name, Cit	ry)	Social Security Number
Tribal Affiliation: Is this child			ild enrolled?( ) YES ( ) NO Number
Person/Agency, if other	than the parent(s),	which have custody/p	lacement of the child
Date Child was placed:			
Was there a Court Actio	n placing the child	ren in your care?() Y	TES () NO
What Court and Agency	was involved in th	is placement?	
Does this child have any	special medical or	other needs?	
CHILD 3			
Name: Last	First	Middle	Birthdate or Expected:
(Month/Day/Year)			
Location where child wa	as born: (Name, Cit	y)	Social Security Number
Tribal Affiliation:		Is this ch	ild enrolled?( ) YES ( ) NO Number
Person/Agency, if other	than the parent(s),	which has custody/pla	acement of the child
Date Child was placed:			
Was there a Court Actio	n placing the child	ren in your care?() Y	TES () NO
What Court and Agency	was involved in th	is placement?	
Does this child have any	special medical or	other needs?	
CHILD 4			
Name: Last	First	Middle	Birthdate or Expected:
(Month/Day/Year)			
Location where child wa	as born: (Name, Cit	y)	Social Security Number
Tribal Affiliation:		Is this ch	ild enrolled?( ) YES ( ) NO Number

Person/Agency, if other than the parents, which	n have custody/placement of the child
Date Child was placed:	
Was there a Court Action placing the children	in your care? () YES () NO
What Court and Agency was involved in this p	lacement?
Does this child have any special medical or oth	ner needs?
Have you ever applied for child support service ( ) Yes ( ) No	es for the above mentioned child (ren)?
If you answered yes to the above question plea dates of your application.	se identify the Agency at which you applied for services and the
PLEASE PROVIDE A COPY OF ALL APPLI  Upon oath, I certify that to the best of day of	of my knowledge, the above information is true and correct.
	Signature of Applicant
Subscribed and sworn to before me this OR	Witness to signature this day of, 2024
day of, 2024	Signature of Witness
Notary Public, State of Maine	Print name:
My Commission expires:	Address: