



P.O. Box 367, West Liberty, Kentucky 41472
 Voice: 1-800-927-1833 Fax: (606) 743-1130
 TDD: (800) 648-6056
 www.gatewaycaa.org
 An Equal Opportunity Employer "M/F/D"

VERIFICATION OF CHILD SUPPORT INFORMATION

Client's Name: _____ SSN: _____ Client's Phone #: _____

Child's Name _____ Birth Date _____	Child's Name _____ Birth Date _____	Child's Name _____ Birth Date _____
Child's Name _____ Birth Date _____	Child's Name _____ Birth Date _____	Child's Name _____ Birth Date _____

I do receive child support through the state child support office and has had my information Verified by the Outreach Worker.

I **DO NOT** receive child support through the state's Child Support Enforcement office. Child support enforcement services are automatically provided to current and former recipients of K-TAP and public medical assistance. Your K-TAP caseworker will refer your case to the appropriate child support office. If you are not receiving K-TAP or medical assistance, you can apply for child support enforcement services by completing an application for services.

WARNING: ANY PERSON WHO AIDS ANOTHER PERSON IN OBTAINING ANY TYPE OF ASSISTANCE FRAUDULENTLY IS SUBJECT TO PENALTIES PROVIDED BY THE STATE AND FEDERAL LAWS. THIS COULD INCLUDE PENALTIES AND/OR FINES.

I, _____ HEREBY CERTIFY THAT **I HAVE NOT** RECEIVED CHILD SUPPORT FOR MY
(CUSTODIAL PARENT OF GUARDIAN)

CHILDREN IN THE PREVIOUS _____ MONTH(S).

CLIENT'S SIGNATURE: _____ DATE: _____
(SIGNATURE REQUIRED) (REQUIRED)

ADDRESS: _____ PHONE #: _____
(REQUIRED) (REQUIRED)

CITY: _____ STATE: **Kentucky** ZIP: _____
(REQUIRED) (REQUIRED)

I, _____ HEREBY CERTIFY THAT I PAY \$_____ PER ()WEEK, ()MONTH
 CHILD SUPPORT TO/FROM _____ FOR THE CHILDREN NAMED ABOVE.

PARENT'S SIGNATURE: _____ DATE: _____
(SIGNATURE REQUIRED) (REQUIRED)

ADDRESS: _____ PHONE #: _____
(REQUIRED) (REQUIRED)

CITY: _____ STATE: **Kentucky** ZIP: _____
(REQUIRED) (REQUIRED)





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Date: _____ Client's Name: _____

You are being referred to Kentucky's Child Support Enforcement office to determine child support eligibility.

Child Support Enforcement (CSE) in the Department for Income Support (DIS) that provides assistance to parents with minor children seeking financial support from a noncustodial parent. **Every child has a legal right to financial support from both parents.**

Bath County

Child Support Office
33 South Court Street
P.O.Box 1040
Owensville, KY 40360

Phone (606) 674-9624
Fax (606) 674-2666

Menifee County

Child Support Office
P.O. Box 253
Frenchburg, KY 40322-0253

Phone (606) 768-3946
Fax (606) 768-3947

KY Paternity Acknowledgement Program

(888) 675-7425
Information on establishing paternity voluntarily.

Montgomery County

Child Support Office
P.O. Box 96
Mt. Sterling, KY 40353-0096

Phone (859) 498-8718
Fax (859) 498-8792

Morgan County

Child Support Office
527 West Main Street
West Liberty, KY 41472

Phone (606) 743-1000
Fax (606) 743-1001

Rowan County

Child Support Office
546 East Main Street, Suite A
Morehead, KY 40351

Phone (606) 784-2225
Fax (606) 784-2477

