

Parent Information Request Form

Please complete this form and return it to the agency using the instructions on the second page. If children have more than one possible father, use separate forms for each alleged father (request additional questionnaires as needed.)

If you are receiving OWF cash assistance from the Department of Job and Family Services, you MUST comply with CSEA in establishing paternity and/or child support to remain eligible for these benefits.

| Applicant's Information: | | | |
|--------------------------------------|--------------------------------|------------------|----------------|
| First Name: | Middle Name: | Last Name: | Nickname/Alias |
| Address: | | | |
| Email Address: | | | |
| Phone | SSN: | DOB: | Race: |
| Do you have Legal Custody? Yes or No | If yes, what county and State? | Date of Custody: | |

| Children's Information: | | | |
|-------------------------|----------------|---------------------------------|--------------|
| First Name: | Last Name: | | DOB: |
| State of Conception: | Receiving SSI? | Has paternity been established? | If yes, how? |
| First Name: | Last Name: | | DOB: |
| State of Conception: | Receiving SSI? | Has paternity been established? | If yes, how? |
| First Name: | Last Name: | | DOB: |
| State of Conception: | Receiving SSI? | Has paternity been established? | If yes, how? |
| First Name: | Last Name: | | DOB: |
| State of Conception: | Receiving SSI? | Has paternity been established? | If yes, how? |

Mother's Information:

| | | | |
|--|--|--------------------------------------|---------------------------------|
| First Name: (If different than above) | Middle Name: (If different than above) | Last Name: (If different than above) | Nickname/Alias |
| Address: (If different than above) | | | |
| Email Address: (If different than above) | | | |
| Phone: (If different than above) | SSN: (If different than above) | DOB: (If different than above) | Race: (If different than above) |
| City and State of Birth: | Height: | Weight: | Eye Color: |
| Employer's name and Address: | | Current? Y or N | Phone: |
| Child(ren) born during a legal marriage? Y or N | Date of Marriage: | City and State of Marriage: | |
| Date of Separation: | Date of Divorce: | County and State of Divorce: | |
| Is there a divorce pending in court? Y or N If yes, give County and State of pending divorce | | | |
| Does mother have any other children? Y or N – If yes, list their names and dates of birth | | | |

Alleged Father's Information:

| | | | |
|---|---|-----------------|----------------|
| First Name: | Middle Name: | Last Name: | Nickname/Alias |
| SSN | DOB: | Age: | Race: |
| City and State of Birth: | Height: | Weight: | Eye Color: |
| Address: | | Phone: | |
| Email address: | | | |
| Employer's name and Address: | | Current? Y or N | Phone: |
| Is it possible that anyone else could be the father of the child(ren): | If yes, please complete additional form(s) for each possible father. | | |
| Does alleged father have any other children? Y or N – If yes, what is the name of the birthing parent(s) and the children? (List even if only the first name is known.) | | | |

You may return this form:

- By mail:** Return the document(s) in the envelope enclosed.
- By fax:** To: (513) 946-2395 – Please fax to the attention of **"Intake Paternity"**
- In person:** 222 E. Central Parkway
Second Floor Lobby
Cincinnati, Ohio 45202
- Questions:** Call (513) 946-7387