

## Medical Assistance Only - Election of Support Enforcement Services

CERTIFICATION PERIOD (FOR DEPARTMENTAL USE ONLY)		CASE NUMBER (FOR DEPARTMENTAL USE ONLY)
OPEN:	CLOSE:	
YOUR FULL NAME (PLEASE PRINT)		
NONCUSTODIAL PARENT'S FULL NAME (THIS IS THE PERSON WHO HAS A REQUIREMENT TO PAY CHILD SUPPORT) (PLEASE PRINT)		
IF PREGNANT - ESTIMATED DELIVERY DATE		

The Division of Child Support (DCS) will provide full child support enforcement services until:

1. You mark either box 2, 3, 4 and 4a below.
2. You sign this form.
3. DCS receives and processes this form.

If the noncustodial parent's dependent children receive medical assistance benefits, DCS must try to enforce and collect medical support owed for those children. Medical support includes health insurance coverage and health care costs. If the children's father is not identified, a court must try to determine the father of the dependent children.

**Mark the box that lists the child support enforcement services you want. Sign this form.**

1.  I want full child support enforcement services. DCS may contact me at any time. Full child support enforcement services may include any of the following as needed:
  - Establishment of child support orders.
  - Establishment of paternity.
  - Case reviews for modification.
  - Enforcement and distribution of child support, spousal support, child care support, and medical support.
2.  I want medical support establishment and enforcement services only. I do not want full child support enforcement services. Paternity is not in question.
  - I understand that DSHS may keep medical support payments to repay the state for medical costs. DCS will send other payments to me.
3.  I want to have paternity established if necessary and medical support establishment and enforcement services only. I do not want full child support enforcement services.
4.  I am pregnant and I receive medical assistance benefits.
  - a.  I do not want full child support enforcement services. I do not want DCS to contact me for information during my pregnancy.
  - b.  I want full child support enforcement services. I do not want DCS to contact me for information during my pregnancy.

Mail the completed original form to: DIVISION OF CHILD SUPPORT  
PO BOX 11520  
TACOMA WA 98411-5520

**I declare that I read and understand the services I chose above.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

No person because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request.