Port Gamble S'Klallam Child Support Program
31912 Little Boston Road NE
Kingston, WA 98346

ELECTION OF SUPPORT ENFORCEMENT SERVICES
TRIBAL MEDICAL ASSISTANCE FORM

To: Division of Child Support
Attn:_____
P.O. Box 9008
Olympia, WA 98507-9008

IV-D Case #_____

_____ Custodial Parent

_____ Noncustodial Parent

_____ Child DOB

_____ Child DOB

_____ Child DOB

_____ Child DOB

_____ Child DOB

_____ Child DOB

I understand since I am receiving medical coupons for myself and/or my children from the State of Washington, the Division of Child Support must try to enforce and collect medical support for my children which may include establishing paternity and child support.

I do not want the State of Washington, Division of Child Support to establish paternity, child support, or medical support or to provide support enforcement services for the following reasons:

1. ☐ I am receiving Tribal TANF through the Port Gamble S'Klallam Tribe. The Port Gamble S'Klallam Child Support Program is providing full child support enforcement services. This includes establishing paternity, child support, medical support, and enforcement of child support and medical support orders.

2. ☐ I am receiving full child support enforcement services from the Port Gamble S'Klallam Child Support Program. This includes establishing paternity, child support, medical support, and enforcement of child support and medical support orders.

3. ☐ The Port Gamble S'Klallam Child Support Program has certified there is good cause, which is defined as not in the child(ren)'s best interest to establish paternity, or pursue child support. Attached is a letter supporting the good cause.

I declare that I read and understand the above and want my case with the State of Washington, Division of Child Support closed immediately.

_____ Custodial Parent Signature

_____ Date

_____ PGST Case Manager Signature

_____ Date