

**Georgia Department of Human Services  
Division Of Family and Children Services  
Absent Parent Information Form**

Date \_\_\_\_\_  
Case Worker Name \_\_\_\_\_  
Phone # \_\_\_\_\_

**Applicant/Recipient Information (to be completed by DFCS)**

Client Name \_\_\_\_\_ Case # \_\_\_\_\_

**Absent Parent Information (to be completed by Applicant/Recipient)**

*If space is needed for additional Absent Parents, please complete this page again as needed.*

**Please provide the following information for the Absent Parent #1:**

Full name of Absent Parent #1 \_\_\_\_\_  
Last known address \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Employer Contact Information \_\_\_\_\_  
DOB \_\_\_\_\_ SSN \_\_\_\_\_

List the names of all children of this Absent Parent.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide the following information for the Absent Parent #2:**

Full name of Absent Parent #2 \_\_\_\_\_  
Last known address \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Employer Contact Information \_\_\_\_\_  
DOB \_\_\_\_\_ SSN \_\_\_\_\_

List the names of all children of this Absent Parent.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide the following information for the Absent Parent #3:**

Full name of Absent Parent #3 \_\_\_\_\_  
Last known address \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Employer Contact Information \_\_\_\_\_  
DOB \_\_\_\_\_ SSN \_\_\_\_\_

List the names of all children of this Absent Parent.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide the following information for the Absent Parent #4:**

Full name of Absent Parent #4 \_\_\_\_\_  
Last known address \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Employer Contact Information \_\_\_\_\_  
DOB \_\_\_\_\_ SSN \_\_\_\_\_

List the names of all children of this Absent Parent.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you married to the Absent Parent(s) \_\_\_\_\_ Yes \_\_\_\_\_ No *If yes, complete info below.*

Name of Absent Parent	Date(s) of Marriage

Did Absent Parent(s) serve in the military? \_\_\_\_\_ Yes \_\_\_\_\_ No *If yes, complete info below.*

Name of Absent Parent	Branch	Date(s) Served

Is the Absent Parent(s) currently (or was recently) incarcerated? \_\_\_\_\_ Yes \_\_\_\_\_ No *If yes, complete info below.*

Name of Absent Parent	Location of Incarceration	Date(s) of Incarceration

Does the Absent Parent(s) have health insurance on the children? \_\_\_\_\_ Yes \_\_\_\_\_ No *If yes, attach copy of card.*

Name of Absent Parent	Child(ren) Covered	Name of Insurance Company (if known)	Policy # (if known)	Is policy Major Medical

Does the Absent Parent(s) pay child support? \_\_\_\_\_ Yes \_\_\_\_\_ No *If yes, complete info below.*

Name of Absent Parent	Child Name	Method(Direct or Child Support Services)	Amount Court Ordered	Amount Paid	How Often Ordered	How Often Paid