TANF, FS and Family Medicaid Child and Medical Support Letter

Division of Family and Children Services

Case Number:

Worker ID:

Telephone Number:

Fax Number:

Date:

Name and Address

Dear

This letter is to tell you that has applied for or is receiving:

☐ Temporary Assistance for Needy Families (TANF) ☐ Food Stamps ☐ Medical Assistance

For:

Under Georgia law and Federal regulation, a person who receives TANF must give to the state the right to the child support that an absent parent may owe. Also, when your child receives TANF, this means you may have to repay the state for all or part of the TANF benefits he or she receives.

Under Georgia law and Federal regulation, a person who receives Medicaid must give our department the right to the medical support that a parent may owe. If your child receives Medicaid, you may need to get medical insurance to cover your child.

You may have other information that you think affects the eligibility of your child. You may wish to show that you are making child support payments or providing medical insurance. Please respond by completing the back of this form. Return the form within ten days. Be sure to include your mailing address and telephone number, so we may contact you to arrange meetings, if needed.

All cases approved for TANF and/or Medicaid are referred to the Division of Child Support Services for the collection of child support payments and/or medical insurance coverage. You may contact me at the above phone number if you have any questions.

1. Is the child/ children on the front of this form your child (ren)? ☐ Yes ☐ No

2. Do you give money to or for any of the people listed on the front of this form? ☐ Yes ☐ No

If yes, please show how much you paid, the date paid, and to whom the money was paid in the following months: (if you have receipts, canceled checks, etc., please attach and they will be returned to you)

Month	Amount Paid	Dates(s) Paid	Paid to Whom?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Is this money court ordered? ☐ Yes ☐ No

If yes, how much? $ how often?

4. Do you have insurance on any of the people listed on the front of this form? (Not required for Food Stamps) ☐ Yes ☐ No

If yes, please provide this information:

Person(s) covered

_____

Company name

_____

Policy Number(s) Type of Insurance: Health ☐ Life ☐

5. Do you live in the house with any person(s) listed on the front of this form? ☐ Yes ☐ No

If yes, state the name(s)

_____

6. Does your child live somewhere other than with the person shown on the front of the form? If so, where do they live? ☐ Yes ☐ No

PLEASE READ CAREFULLY BEFORE SIGNING:

The information given on this form is true and correct to the best of my knowledge. It reflects my total contribution. If any of this information is found to be intentionally inaccurate, I may be subject to criminal prosecution for giving false information on purpose. (See Georgia Code Section 49-4-15 for the full reference). I understand the meaning of this paragraph.

_____ _____

Signature of person completing this form Date

Address:

Home Phone Number:

Business Phone Number:

Current Employer:

Employer Address: