

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

P.O. Box 419064, Rancho Cordova, CA 95741-9064



August 31, 2011

POP Letter: 11-02

TO: ALL IV-D DIRECTORS
ALL IV-D PATERNITY OPPORTUNITY PROGRAM COORDINATORS
ALL IV-A AGENCY DIRECTORS

SUBJECT: INTERNET ACCESS TO FILED POP DECLARATIONS
REQUEST FOR ACCESS TO FILED POP DECLARATIONS, FORM DCSS 0668

The purpose of this letter is to provide information regarding access to filed Paternity Declarations.

The Department of Child Support Services (DCSS) will now be offering online access to the POP data. Access will be restricted to authorized users and will require a log-in ID and password that will be assigned by the DCSS upon request and approval. We are hoping that this website will increase collaboration between the IV-D Agencies and the IV-A Agencies by providing online access to paternity establishment data in order to decrease referrals and staff workload while improving customer service to our clients.

We have enclosed a copy of the form DCSS 0668, Request for Access to Filed POP Declarations. If you would like to obtain access to the POP data, please complete the form and mail it to:

California Department of Child Support Services
Paternity Opportunity Program – MS 238
P.O. Box 419070
Rancho Cordova CA 95741-9070

If you have any questions regarding this letter, please contact the Paternity Opportunity Program toll free at (866) 249-0773 or send an e-mail to askPOP@dcss.ca.gov.

Sincerely

o/s
Bill Otterbeck
Deputy Director
Child Support Services Division

Enclosure

REQUEST FOR ACCESS TO FILED POP DECLARATIONS

DCSS 0668 (08/15/11)

This request is for read-only access to the Paternity Opportunity Program database of filed declarations for use by authorized persons pursuant to California Family Code section 7571(i). The following terms and conditions apply to this request.

By your initials and signature below, you acknowledge that confidential Child Support information is subject to strict confidentiality requirements imposed by state and federal law, including but not limited to; California Civil Code section 1798, California Penal Code section 502, and California Family Code section 17212.

READ AND INITIAL EACH OF THE STATEMENTS PRINTED BELOW

_____ Requestor will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the data in accordance with the DCSS Information Security Manual (available online at <http://www.cdss.ca.gov/Portals/0/home/docs/InfoSecurityManual.pdf>) and all codes and laws referenced therein.

_____ Requestor will take any and all steps necessary to ensure the continuous security of all computerized data systems containing the POP data. These steps must include, at a minimum, compliance with all of the data security provisions applicable to the personal confidential data files under state and federal law.

_____ Requestor will not sell, assign, or release any data provided through the POP database to any other person. The data provided, or any portion thereof, may not be used for fraudulent purposes and may not be shared with unauthorized persons, this includes email, copying, or posting on the internet. Data must not be available for public view. Data may be accessed only for the purposes of verifying paternity establishment. No other access is authorized.

_____ Security breaches must be reported immediately according to the Information Security Manual.

Requests for POP access will be reviewed and granted only to approved applicants. The person granted access is responsible for securing and maintaining their passwords. Questions regarding access to filed POP declarations are to be sent to askPOP@dcss.ca.gov.

I, the undersigned, on behalf of the organization represented in this application and under penalty of perjury under the laws of the State of California, agree to the above as referenced by my signature.

REQUESTOR INFORMATION

ORGANIZATION NAME		
ORGANIZATION ADDRESS (Street Address)		ORGANIZATION ADDRESS (City, State, Zip Code)
PERSON REQUESTING ACCESS (Please Print)	SIGNATURE	DATE SIGNED
REQUESTOR PHONE NUMBER	REQUESTOR E-MAIL ADDRESS	

I, the undersigned, as the supervisor of the requestor listed above, approve access on behalf of our organization.

REQUESTOR SUPERVISOR (Please Print)		SIGNATURE	DATE SIGNED
REQUESTOR SUPERVISOR PHONE NUMBER	REQUESTOR SUPERVISOR E-MAIL ADDRESS		