

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

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

Reason for this Transmittal

- State Law or Regulation Change
- Federal Law or Regulation Change
- Court Order or Settlement Change
- Clarification requested by One or More Counties
- Initiated by DCSS

May 29, 2001

CSSIN NO. 01-16

TO: ALL IV-D DIRECTORS
 ALL COUNTY ADMINISTRATIVE OFFICERS
 ALL DISTRICT ATTORNEYS
 ALL BOARD OF SUPERVISORS
 ALL HOSPITALS AND HEALTH CARE FACILITIES

SUBJECT: OFFICIAL SOURCE OF DEPARTMENT OF CHILD SUPPORT SERVICES
 FORMS AND PUBLICATIONS

Effective immediately all Department of Child Support Services (DCSS) Forms and Publications will no longer be available through the warehouse of the Department of Social Services. A new Child Support Services Forms Catalog and a new order form BSS 103, is now available. To order additional order forms and catalogs, and to place an order for forms and publications please contact the DCSS Business Services Section – Forms Management Unit at:

1. Telephone: Jesse M. Saenz, Business Services Section – Forms Mgmt.
(916) 464-5104
2. Fax: (916) 464-5213
3. Writing to: Jesse M. Saenz, Business Services Section – Forms Mgmt.
California Department of Child Support Services
P. O. Box 419064
Rancho Cordova, CA 95741-9064
4. E-mail Address: Jesse.Saenz@dcss.ca.gov



DO YOUR PART TO HELP CALIFORNIA SAVE ENERGY
 For energy saving tips, visit the DCSS website at
www.childsup.cahwnet.gov

Within the next couple of months DCSS will have warehouse operations in place with the Office of State Publishing. Until the warehouse operation is in place, DCSS will not have the capacity to mail forms and publications orders on a daily basis. Instead orders will be mailed on a weekly basis. When the warehouse operations are in place, they will directly receive all new orders of forms and publications. Until then please continue to send orders to Jesse Saenz as noted above. In the future DCSS plans to have all forms and publications available at our website: <http://www.childsup.ca.gov>. We will notify you when this becomes available.

Jetforms, maintained by the Customer and Community Services Branch (CCSB) are not related to these forms and publications. If you have any questions or concerns with these forms, please contact Francine Woods, Chief for the CCSB, at (916) 464-5377 or e-mail address, francine.woods@dcss.ca.gov.

We hope to make the transition of this function as smoothly as possible.

Sincerely,

Original Signed on May 29, 2001

by Michael Strazzo

MICHAEL STRAZZO, CHIEF

Administrative Resources Branch

Attachments

Obsolete

COUNTY FORMS ORDER

TO: DCSS Business Services Section - Forms, P.O. Box 419064, Rancho Cordova, CA 95741-9064

SHIP TO:
COUNTY/LOCAL FAMILY SUPPORT AGENCY, OFFICE OR SECTION
STREET ADDRESS AND ROOM NUMBER
CITY STATE ZIP

FOR:

COUNTY/LOCAL FAMILY SUPPORT AGENCY CODE	PERSON TO CONTACT	DATE
TELEPHONE NUMBER ()	AUTHORIZING SIGNATURE	

SHADED AREAS BUSINESS SERVICES SECTION USE ONLY

LINE	FORM NUMBER	ENGLISH	SPANISH	OTHER	TITLE OR CATALOG DESCRIPTION	QUANTITY WANTED	UNIT OF ISSUE	PROCESS CODE (OVER)	TYPE OF ORDER	
									<input type="checkbox"/> Regular	<input type="checkbox"/> Emergency
1									DATE RECEIVED:	
2									FILLED BY:	DATE:
3									PACKED BY:	DATE:
4									PIECES:	WEIGHT:
5									VIA:	B/L:
6									DATE:	BY:
7									REMARKS	
8										
9										
10										
11										
<i>(SHADED AREAS BUSINESS SERVICES SECTION USE ONLY)</i>										

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California
Department of
Child Support Services



INDEX

	<u>Page</u>
Ordering Instructions.....	I
Camera-Ready Copies.....	I
Back-Order Procedure.....	I
Unit of Issue Abbreviations.....	II
Shortages and Damaged Deliveries.....	II
Obsolete Forms.....	II
Categories of Department Developed Forms.....	III
Required Form - No Substitute Permitted (REQ).....	III
Required Form - Substitute with Prior DCSS Approval (RSP).....	III
Recommended Forms (REC).....	III
Program Contact.....	III
County Forms Order, BSS 103.....	IV
DCSS Forms Listing.....	V
DCSS Publications.....	IX

ORDERING INSTRUCTIONS

All forms orders must be submitted on a County Forms Order (BSS 103). Detailed instructions are shown on the reverse side of the form. Whenever possible, consolidate orders until all lines of the Forms Order are filled and limit your order to a three-month supply of each item.

Send your orders to:

Business Services Section - Forms
California Department of Child Support Services
P.O. Box 419064
Rancho Cordova, CA 95741-9064

Forms orders specifying revision dates prior to the most recent printing will be shipped by the DCSS Business Services Section - Forms provided the older revision is still available. These valid forms, bearing older revision dates, will not be accepted back by the DCSS in exchange for the latest revision.

Orders may be reduced at the discretion of the Business Services Section - Forms, depending upon the level of stock available.

For information on ordering forms not listed in this catalog, please contact the DCSS Business Services Section - Forms, at (916) 464-5104 or by electronic mail at: Jesse.Saenz@dcss.ca.gov.

CAMERA-READY COPY

Camera-ready copies may be requested by counties currently printing their own supplies.

Requests can be made by contacting the DCSS Business Services Section - Forms, at (916) 464-5104, or by electronic mail at: Jesse.Saenz@dcss.ca.gov.

BACK-ORDER PROCEDURE

Backordered forms will be noted on the copy of the BSS 103 returned to you. A duplicate copy of the order will be retained by the DCSS Business Services Section - Forms and the order will be shipped when stock becomes available. **Do not reorder backordered forms. You may receive duplicate shipments.**

Occasionally, orders may be reduced. The balance will not be backordered. If this occurs, it will be indicated on the paperwork returned to you. To obtain the balance, please reorder on another BSS103.

UNIT OF ISSUE ABBREVIATIONS

BD - Band	PD - Pad
BDL - Bundle	SE - Set
CTN - Carton	SH - Sheet
EA - Each	

SHORTAGES AND DAMAGED DELIVERIES

If an order is short or damaged, please contact the DCSS Business Services Section - Forms within five (5) working days after receipt of the order. In the event of damage in transit, DCSS will file a claim against the carrier. The following documents should be forwarded in order to substantiate the claim:

1. A copy of the carrier's freight bill or delivery document bearing notation of shortage and/or damage.
2. A copy of the carrier's inspection report when issued.
3. A signed and dated statement of all pertinent facts concerning the shortage or damage not in the documents identified above,

If stock is defective or ordered in error, contact Jesse Garcia at the DCSS Business Services Section - Forms at (916) 464-5104.

OBsolete FORMS

Whenever possible, DCSS keeps obsolete forms to a minimum. If changes in State or Federal legislation/regulation make it necessary to obsolete a form, DCSS may accept the return of their obsoleted stock.

An official obsolescence notice will be issued. **Do not return any forms until such notices have been issued.** Follow the instructions below on the return of stock.

CATEGORIES OF DEPARTMENT DEVELOPED FORMS

The following definitions pertain to the classification of forms listed in this catalog:

Required Form - No Substitute Permitted -Section 23-400.111, Management and Office Procedures - Forms Management

Forms in this category are required and cannot be modified or reconstructed. However, overprinting is permitted.

A form is assigned to this category if: a) the form is legally mandated or federally required; b) uniformity is necessary in the gathering or reporting of data; or, c) the form will be used to communicate information between Local Family Support Agencies and some state or federal agency.

Required Form - Substitute with Prior DCSS Approval -Section 23-400.112, Management and Office Procedures - Forms Management

Forms in this category are required forms for which modifications or substitutions are permitted with the prior approval of the California Department of Child Support Services (DCSS). The Local Family Support Agencies may modify these forms to add or obtain information that does not: a) conflict with program policy/regulations; or, b) change the legal content of the form. Ordinarily, rewording the content of a form in this category will not be approved. However, such suggestions for language improvement will be considered by DCSS on future revisions.

A form is assigned to this category if: a) legal or regulatory considerations require only certain content in the form; or, b) uniformity is desirable, but variations in Local Family Support Agency systems or demographic characteristics require flexibility so the form will be more useful without the need for supplementary forms.

Recommended Forms - Section 23-400.113, Management and Office Procedures - Forms Management

Forms in this category are recommended forms that Local Family Support Agencies may modify without prior DCSS approval or may opt not to use. A form is assigned to this category if: a) it is used within the internal operation (not for client use) of the Local Family Support Agency with no specific use or reference required by DCSS; b) it is a referral or verification form used within the Local Family Support Agency not requiring uniformity or specific interagency coordination and not legally mandated; or, c) it is a model or experimental form being tested in Local Family Support Agencies prior to release for general use.

PROGRAM CONTACT

A program contact is indicated next to each form listed. You should contact that office about questions concerning the use of the form, suggestions for changes and improvements, and approvals of substitute county forms. Send inquiries to the attention of the program contact at:

Business Services Section - Forms
California Department of Child Support Services
P.O. Box 419064
Rancho Cordova, CA 95741-9064

COUNTY FORMS ORDER

(Instructions Over)

TO: DCSS Business Services Section - Forms, P.O. Box 419064, Rancho Cordova, CA 95741-9064

SHIP TO:

COUNTY/LOCAL FAMILY SUPPORT AGENCY, OFFICE OR SECTION

FOR:

COUNTY/LOCAL FAMILY SUPPORT AGENCY CODE	PERSON TO CONTACT	DATE
TELEPHONE NUMBER ()	AUTHORIZING SIGNATURE	

STREET ADDRESS AND ROOM NUMBER		
CITY	STATE	ZIP

SHADED AREAS BUSINESS SERVICES SECTION USE ONLY

LINE	FORM NUMBER	ENGLISH	SPANISH	OTHER	TITLE OR CATALOG DESCRIPTION	QUANTITY WANTED	UNIT OF ISSUE	PROCESS CODE (OVER)	TYPE OF ORDER	
									<input type="checkbox"/> Regular	<input type="checkbox"/> Emergency
1									DATE RECEIVED:	
2									FILLED BY:	DATE:
3									PACKED BY:	DATE:
4									PIECES:	WEIGHT:
5									VIA:	B/L:
6									DATE:	BY:
7									REMARKS	
8										
9										
10										
11										
<i>(SHADED AREAS BUSINESS SERVICES SECTION USE ONLY)</i>										

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INSTRUCTIONS

1. Use this order for forms listed in the DCSS Forms Catalog.
2. Print clearly or type in duplicate.
3. Complete all spaces except shaded areas.
4. List forms from DCSS Forms Catalog in (Alpha/Numeric) sequence.
5. List separate line entry (white areas) for each form ordered. Enter the following:
 - a. Form Catalog Number:
 - b. Indicate the version requested.
 - b. Quantity: Number of units wanted. No fractions.
 - c. Unit of Issue: Enter the unit shown under UNIT OF ISSUE column in the DCSS Forms Catalog.
6. Route original (typed/printed) order to the DCSS. Retain a copy for your records. A printed copy will be returned with your order.

PROCESS CODE LEGEND

Action taken by Business Services Section - Forms will be found in the process code column on the front of this order. The following codes explain action taken on your order:

- ✓ - filled as requested.
- A - Cancelled - All office shipment pending.
- B - Back ordered - will be shipped when available. Do not reorder.
- C - Cancelled - Item not furnished.
- D - Cannot identify - Check DCSS Forms Catalog for code or form number and description, or send sample.
- E - Should not have been on this order. See remarks section.
- G - Quantity reduced - Amount requested appears excessive; please reanalyze usage of this item.
- I - Quantity changed due to packaging.
- K - Quantity reduced; stock low - reorder when needed.
- L - Form obsolete.
- N - Our records indicate the entire supply of this form is maintained by another office. Contact Business Services Section - Forms for further information.

REQ= REQUIRED FORM NO
CHANGE PERMITTED

RSP= REQUIRED FORM SUBSTITUTE
WITH PRIOR DCSS APPROVAL

REC= RECOMMENDED
FORM

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
AGO 107 PART I	Confidential Paternity Questionnaire-Part I	REQ		PD	100 SH
AGO 107 PART I	Confidential Paternity Questionnaire Part I (SP)	REQ		PD	100 SH
AGO 107 PART II	Department Of Justice Confidential Paternity Questionnaire-Part II	REQ		PD	100 SH
AGO 107 PART II	Department Of Justice Confidential Paternity Questionnaire-Part II	REQ		PD	100 SH
AGO 107 PART III	Confidential Paternity Questionnaire Part III	REQ		PD	100 SH
AGO 107 PART III	Confidential Paternity Questionnaire Part III (SP)	REQ		PD	100 SH
CS 157	Child Support Enforcement Activities Quarterly And Annual Data & Accounts Receivable Report	RSP		PD	100 SH
CS 196	Child Support Enforcement Program Notice	RSP		PD	100 SH
CS 196 SP	Child Support Enforcement Program Notice	RSP		PD	100 SH
CS 278L	Child Family And Spousal Support Case History and List Of Authorizations (Legal Size)	REC		PD	100 SH
CS 278M	Child And Spousal Support Transmittal/Action Document (Legal Size)	RSP		PD	100 SH
CS 355	District Attorney Employee's Child Support Time Study For IV-D Functions (Legal Size)	RSP		PD	100 SH
CS 355a	District Attorney Employee's Child Support Daily Time Study For IV-D Staff Performing EDP Activities (Legal Size)	RSP		PD	100 SH
CS 356.1	IV-D Child Support Expenditure Schedule And Certification	RSP		EA	
CS 356.2	IV-D Child Support Expenditure Schedule And Certification	RSP		EA	
CS 356.2a	Group E EDP Activity Allocation Ratios (Legal Size)	RSP		EA	
CS 356.2b	Group E EDP Activity Allocation Ratios (Legal Size)	RSP		EA	
CS 356.3	IV-D Child Support Time Summary And Activity Allocation Ratios	RSP		EA	
CS 356.4	IV-D Child Support Program Distribution Total Allocable Costs	RSP		EA	
CS 356.5	IV-D Child Support Program Distribution Direct Costs (Excluding Lab costs)	RSP		EA	
CS 356.6	IV-D Child Support Program Distribution Total Allocable And Direct Costs (Excluding Lab costs)	RSP		EA	
CS 356.7	IV-D Child Support Program Distribution Report Of Total Expenditures	RSP		EA	
CS 356.7a	Modification B - Indirect, Allocable and Direct Cost Summary For Statistical Reporting Purposes Only (SB 936)	RSP		EA	

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
CS 356.8	IV-D Child Support Program - Personal Services Direct Costs	RSP		EA	
CS 356.8a	MOD D - Allocation of Other Child Support Costs	RSP		EA	
CS 357	Group A Individual Employee Worksheet Local IV-D Agency Direct Costs	RSP		EA	
CS 800	Summary Report Of Child And Spousal Support Payments (Legal Size)	RSP		PD	50 SH
CS 801	Child And Spousal Support Payroll Form For Collections And Disbursement (Legal Size)	RSP		PD	50 SH
CS 801A	Summary CS 800 Reconciliation-Intracounty/Interstate (Legal Size)	REC		PD	50 SH
CS 801B	Intercounty Summary CS 800 Reconciliation (Legal Size)	REC		EA	
CS 802	CS 800 Reconciliation and Worksheet	RSP		EA	
CS 803	CS 800 Intercounty Collections-Assistance Related Disbursements	RSP		EA	
CS 810	Summary Report of Health Insurance Obtained - Non-Agency	RSP		EA	
CS 811	Monthly Report Of Health Insurance Identified (Legal Size)	RSP		EA	
CS 820	Child/Spousal/Medical Support Collections and Non-Assistance Distributions and Disbursements Summary	RSP		EA	
CS 821	Child/Family/Spousal and Medical Support Collections Detail (Legal Size)	REC		EA	
CS 822	CS 820 Reconciliation Worksheet Summary	REC		EA	
CS 831	Collection Agency Accounts Receivable	RSP		EA	
CS 850a	Monthly Report on Paternity Established (Source: CS 850) (Legal Size)	RSP		EA	
CS 858	Important Information Regarding The Establishment Of Paternity	REQ		EA	
CS 858 SP	Important Information Regarding The Establishment Of Paternity	REQ		EA	
CS 864	Request For Administrative Review	REQ		EA	
CS 869 ENG/SP	Important Notice Child Support Enforcement Program	REQ		EA	
CS 870	Attestation Statement	REQ		EA	
CS 870 SP	Attestation Statement	REQ		EA	
CS 871	Child Support Intercept - County Transaction Document	RSP		EA	
CS 872	Child Support Intercept System Certification/Transmittal	REC		MO	
CS 873	Child Support Case List Transmittal	REC		MO	

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
CS 875	Manual County Case List	REC		MO	
CS 876a	Collection and Distribution Worksheet #2	REC		MO	
CS 876b	Collection and Distribution Worksheet #3	REC		MO	
CS 876c	Collection and Distribution Worksheet #4	REC		MO	
CS 876d	Collection and Distribution Worksheet #5	REC		MO	
CS 876e	Collection and Distribution Worksheet #6	REC		MO	
CS 877	Child Support Case Data Key Entry	REQ		MO	
CS 878	Child Support Case Listing Transmittal	REQ		MO	
CS 879	Child Support Intercept System Address Update Document	REQ		MO	
CS 883	Child Support Credit Reporting System Transaction Document	REQ		MO	
CS 884	Child Support Credit Reporting Transmittal	REQ		MO	
CS 885	Request For Investment Funds Certification	REQ		MO	
CS 886	Request For Investment Funds Worksheet	REQ		MO	
CS 887	State Licensing Match System Request For Review	REQ		MO	
CS 888	State Licensing Match System Release Form	REQ		PD	100 SH
CS 889	Worksheet For Calculating Excess Incentives SFY 1990/91 (Legal Size)	REC		MO	
CS 890	Worksheet For Calculations Excess Incentives SFY 1991/92 (Legal Size)	REC		MO	
CS 891	Worksheet For Calculating Excess Incentives SFY 1993/94 and Subsequent Years (Legal Size)	REC		MO	
CS 891a	Worksheet For Calculating Excess Incentives - SFY 1998/99 (Legal Size)	REC		MO	
CS 892	Intercounty Case Transfer Notification	RSP		MO	
CS 892a	Case Transfer Caselist	RSP		MO	
CS 894	Request For Further Review To The California Department Of Child Support Services Services	RSP		MO	
CS 896	Appeal Form (Request For DCSS Review)	RSP		MO	
CS 896 SP	Appeal Form (Request For DCSS Review)	RSP		MO	
CS 898	Final Decision	RSP		MO	
CS 898 SP	Final Decision	RSP		MO	

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FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
CS 899	County County Request fro Additional Information - B	RSP		MO	
CS 899 SP	County County Request fro Additional Information - B	RSP		MO	
CS 900	Response to Complaint About Collection or Distribution	RSP		MO	
CS 900 SP	Response to Complaint About Collection or Distribution	RSP		MO	
CS 901	Child Support Complaint Form(Regarding the Collection or Distribution of Child Support Payments Only)	RSP		MO	
CS 901 SP	Child Support Complaint Form(Regarding the Collection or Distribution of Child Support Payments Only)	RSP		MO	
CS 902	Final Written Decision	RSP		MO	
CS 902 SP	Final Written Decision	RSP		MO	
CS 903	County Notice Regarding Complaint - A	RSP		MO	
CS 903 SP	County Notice Regarding Complaint - A	RSP		MO	
CS 904	County Notice Regarding Complaint - B	RSP		MO	
CS 904 SP	County Notice Regarding Complaint - B	RSP		MO	
CS 905	County Request for Additional Information - A	RSP		MO	
CS 905 SP	County Request for Additional Information - A	RSP		MO	
CS 906	Detail For Personal Services Request	RSP		MO	
CS 909	Paternity Opportunity Program, Paternity Declaration - Instructions for Completion (This Form Is To Be Completed By Unmarried Parents Only)	REQ		PD	100 SH
CS 909 SP	Paternity Opportunity Program, Paternity Declaration - Instructions for Completion (This Form Is To Be Completed By Unmarried Parents Only)	REQ		PD	100 SH
CS 910 ENG/SP	How a Declaration of Paternity Can Help You and Your New Baby	REQ		EA	
CS 911	Child Support Intercept - Case Transfer Document	REQ		EA	
CS 912	Request For Administrative Review	REQ		EA	
CS 913	Child Support Credit Reporting/State Licensing Match Systems Transaction Document	REQ		EA	
CS 914	Child Support Credit Reporting/State Licensing Match Transmittal	REQ		EA	
CS 915	Rescission Form For The Declaration Of Paternity	REQ		EA	
CS 915 SP	Rescission Form For The Declaration Of Paternity	REQ		EA	
CS 916	Monthly Statement of Collections and Distributions (Legal Size)	REQ		EA	

Obsolete

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FORM

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
CS 916 SP	Monthly Statement of Collections and Distributions (Legal Size)	REQ		EA	
CS 917	This Notice Has Important Information About Child Support (Legal Size)	RSP		EA	
CS 917 SP	This Notice Has Important Information About Child Support (Legal Size)	RSP		EA	
CS 918	Parents Request Form For Declaration Of Paternity	RSP		EA	
CS 918 SP	Parents Request Form For Declaration Of Paternity	RSP		EA	
CS 919	Paternity Declaration Information Request (For Use By Public Agencies Only)	RSP		EA	
PUB 158	When Teens Become Parents	REC		EA	
PUB 158 SP	When Teens Become Parents	REC		EA	
PUB 160	California Child Support Information Handbook	REC		EA	
PUB 160 SP	California Child Support Information Handbook	REC		EA	
PUB 199	Facts You Need To Know About Licenses For Child Day Care Facilities	REC		EA	
PUB 244	Establishing Paternity For You And Your Child	REQ		EA	
PUB 244 SP	Establishing Paternity For You And Your Child	REQ		EA	
PUB 277	NFL Poster	REC		EA	
PUB 278	NFL Pocket Calendar	REC		EA	
PUB 284	California's Paternity Opportunity Program	REC		EA	

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<h1>Obsolete</h1>					