

Child Support Program Fact Sheet WE'RE HERE TO HELP YOU AND YOUR FAMILY

<u>Variable 1- Prints when HFS 3316 is generated along with HFS 2589, Client Questionnaire, for Medicaid (Obligation Type 4) cases.</u> You are receiving this letter because you and/or the child(ren) in your care are receiving medical services from the state of Illinois. **Your participation**

with the child support program is voluntary and your decision whether or not to utilize our services will have no impact on anyone's medical eligibility.

Variable 2 – Prints when HFS 3316 is generated along with HFS 2589, Client Questionnaire, for Medicaid (Obligation Type 4) cases when there is an existing case in KIDS that has been closed for more than 2 years.

You previously indicated that you did not want to utilize child support services. Some time has passed since that communication and we want to make sure that you still do not want the services our agency provides.

The Child Support Program of the Department of Healthcare and Family Services (HFS) helps many families in Illinois get child support. We may be able to help you too, whether or not you already have an order for child support.

We use various methods to collect the basic support your family deserves at no cost to you. By signing and returning the enclosed ______ [Variable 3 – "application" for NA (OT 2) cases;" questionnaire" for Medicaid (OT 4 cases), we can get started.

We can:

- $\sqrt{}$ Establish paternity for your child (if necessary);
- $\sqrt{}$ Locate the non-custodial parent;
- $\sqrt{}$ Obtain/modify a child support order;
- $\sqrt{}$ Send an income withholding notice to the non-custodial parent's employer for payroll deduction;
- $\sqrt{}$ Deduct support from unemployment insurance benefits;
- $\sqrt{}$ Send a medical support notice to enroll dependent(s) in health insurance coverage.

When payments fall behind, the state has the following other methods to try to collect past due child support. (Individual case circumstances determine the method(s) used.)

- $\sqrt{}$ Intercept federal and/or state tax refunds;
- $\sqrt{}$ Deny a passport requested by the delinquent non-custodial parent;
- $\sqrt{}$ Suspend/revoke the delinquent non-custodial parent's professional and/or recreational license;
- $\sqrt{}$ Suspend the delinquent non-custodial parent's driver's license;
- $\sqrt{}$ Report the delinquent non-custodial parent to credit bureaus;
- √ Place a lien on the delinquent non-custodial parent's finances/real estate/personal property.

Your case may go to court. If it does, the Department will be represented by attorneys from either the Illinois Attorney General's Office or the county State's Attorney's office. These attorneys represent the Department only and do not represent you, your children, or any other party. There is no attorney-client relationship and any discussions between attorneys and you or any other party will not be considered confidential or privileged under Illinois law. When your case is being prepared for court, you will be asked to read and sign a disclosure statement which more fully explains the role of the attorneys used in child support matters for the State of Illinois.

If you want legal representation, you should consult a private attorney. If you are already working with a private attorney on your child support needs, signing up for HFS child support services could provide additional services to you and your family. You can work with your attorney and HFS at the same time.

How can you help us help you?

Please provide as much information as you can about your case, including sending us a copy of your support order with your <u>[Variable 4 – "application" for NA (OT 2) cases; "guestionnaire" for Medicaid (OT 4) cases]</u>, if you have one.

Please report any changes to your address or phone number by calling the Customer Service Call Center at 1-800-447-4278; TTY 1-800-526-5812; faxing to 1-217-524-1218; by visiting our website at <u>www.childsupportillinois.com</u> or in writing to:

Address Change IL Dept of Healthcare and Family Services Child Support Program P.O. Box 19405 Springfield, IL 62794-9405

