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Additional Child Information Form

Addendum to Application for Child Support Services | TCSP Case #: _____.

Legal Name of Child: (Last, First, MI)		Social Security Number:
Date of Birth:	If Native American, what tribe?	
Tribal ID#:	Gender:	
If the child is 18 years of age or older, and no longer enrolled in high school (e.g. the child graduated), please provide a brief explanation of why you are choosing to pursue child support services.		
Does the child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is he/she currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of school: Must provide verification of enrollment.
Paternity established? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how was it established?	Date established?
<input type="checkbox"/> No Child Support Order has been established Type: _____	<input type="checkbox"/> Order of Support has been established Date established: _____	
If paternity of this child is in question, who is/are the alleged father(s)? Provide first and last names of individuals:		

Child's Health Insurance Coverage (Please attach copy)

Who is the provider of health insurance?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Other
<input type="checkbox"/> Public <input type="checkbox"/> Private	Effective Date: _____		
Is the child enrolled in a health insurance plan?	Name of Insurance Plan:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____		
Cost per month to cover only the child(ren)	\$ _____		
Child(ren) eligible for Indian Health Services (IHS)?	_____		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? _____		