

**MONTANA CHILD CARE RESOURCE & REFERRAL NETWORK
CHILD SUPPORT COMPLIANCE CHECKLIST**

To Be Completed By Applicant

Custodial Parent (please print) _____ SSN (last 4 digits) ###-##-_____

I, authorize the Child Support Enforcement Division of the Department of Public Health and Human Services (CSED), its employees or agents, to share information about my child support case(s) to the Best Beginning Child Care Subsidized Program.

Signature _____ Date _____

To Be Completed By Child Care Resource & Referral Network Representative

Please respond to the following request for CSED case information. In the event there are multiple CSED cases involving this Custodial Parent, this document can be copied in order to respond to each case separately. This inquiry to the CSED involves the following child(ren):

Please reply to the following program representative:

The Nurturing center
146 Third Ave. West
Kalispell, MT 59901

Name: _____ Office Location: _____

Phone: _____ Fax: _____ Email: _____

To Be Completed By Child Support Enforcement Division (CSED) Representative

Absent Parent's Name _____

Child(ren) _____

CSED case # _____ is

open for enforcement establishment paternity

in compliance not in compliance

open, but the custodial parent portion of the case is closed (ie, collecting state assigned arrears only)

case has been closed since _____

Amount of Support Paid to the Custodial Parent in the Past 6 Months: _____

Note: Additional information regarding the last 5 payments credited to this case is available on-line at <https://app.mt.gov/csed>

Additional Information: _____

CSED Authorized Signature: _____ Date: _____

Phone: _____ Fax: _____ Email: _____