

NEW YORK STATE

DEPARTMENT OF SOCIAL SERVICES

40 NORTH PEARL STREET, ALBANY, NEW YORK 12243-0001

MARY JO BANE
Commissioner



(518) 474-9475

LOCAL COMMISSIONERS MEMORANDUM

Transmittal No: 92 LCM-92

Date: June 17, 1992

Division: Income Maintenance

TO: Local District Commissioners

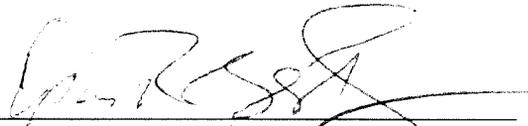
SUBJECT: DSS-2860: "Child Support Enforcement Referral"

ATTACHMENTS: Attachment I - State/Country Abbreviations - available on-line
Attachment II - DSS-2860: "Child Support Enforcement Referral" - not available on-line

Attached is a list of valid state and country abbreviations for use with the DSS-2860: "Child Support Enforcement Referral" (copy also attached).

These state and country abbreviations should be used in the two-character "State" fields in section II, "Absent Parent/Putative Father Lead Information" of the DSS-2860, as appropriate. If the absent parent/putative father resides in a country which does not appear on the attached list, income maintenance (IM) workers should leave the "State" field blank and enter the country in the "Address" and/or "City" field of this section.

Questions about IM child support enforcement referrals may be directed to Carolyn Karins at 1-800-342-3715.


Oscar R. Best, Jr.
Deputy Commissioner
Division of Income Maintenance

State/Country Abbreviations
 For DSS-2860: "Child Support Enforcement Referral"

VALID STATE CODES

ALABAMA
 ALASKA
 ARIZONA
 ARKANSAS
 CALIFORNIA
 COLORADO
 CONNECTICUT
 DELAWARE
 DISTRICT OF COLUMBIA
 FLORIDA
 GEORGIA
 GUAM
 HAWAII
 IDAHO
 ILLINOIS
 INDIANA
 IOWA
 KANSAS
 KENTUCKY
 LOUISIANA
 MAINE
 MARYLAND
 MASSACHUSETTS
 MICHIGAN
 MINNESOTA
 MISSISSIPPI
 MISSOURI
 MONTANA
 NEBRASKA
 NEVADA
 NEW HAMPSHIRE
 NEW JERSEY
 NEW MEXICO
 NEW YORK
 NORTH CAROLINA
 NORTH DAKOTA
 OHIO
 OKLAHOMA
 OREGON
 PENNSYLVANIA
 PUERTO RICO
 RHODE ISLAND
 SOUTH CAROLINA
 SOUTH DAKOTA
 TENNESSEE
 TEXAS
 UTAH
 VERMONT
 VIRGINIA
 VIRGIN ISLANDS
 WASHINGTON
 WEST VIRGINIA
 WISCONSIN
 WYOMING

AL
 AK
 AZ
 AR
 CA
 CO
 CT
 DE
 DC
 FL
 GA
 GU
 HI
 ID
 IL
 IN
 IA
 KS
 KY
 LA
 ME
 MD
 MA
 MI
 MN
 MS
 MO
 MT
 NE
 NV
 NH
 NJ
 NM
 NY
 NC
 ND
 OH
 OK
 OR
 PA
 PR
 RI
 SC
 SD
 TN
 TX
 UT
 VT
 VA
 VI
 WA
 WV
 WI
 WY

VALID COUNTRY CODES

AUSTRALIA
 AUSTRIA
 BERMUDA
 BELGIUM
 BOLIVIA
 BRAZIL
 BAHAMA ISL.
 CANADA
 CHINA
 COLUMBIA
 COSTA RICA
 CANAL ZONE (PANAMA)
 DENMARK
 DOMINICAN REPUBLIC
 EQUADOR
 SPAIN
 FIJI
 FALKLAND ISLANDS
 FRANCE
 FRENCH GUIANA
 GHANA
 GREECE
 GUATEMALA
 GUYANA
 HONDURAS
 HAITI
 HUNGARY
 INDIA
 IRELAND
 ISRAEL
 ITALY
 JAMAICA
 JAPAN
 LUXEMBOURG
 MEXICO
 NICARAGUA
 NEW ZEALAND
 NORWAY
 PANAMA
 PERU
 PHILIPPINE ISL.
 POLAND
 PORTUGAL
 PARAGUAY
 SOUTH AFRICA
 SOUTH KOREA
 SPAIN
 SURINAME
 SWEDEN
 EL SALVADOR
 THAILAND
 TURKS & CAISCOS ISL.
 TRINIDAD & TOBAGO
 UNITED KINGDOM
 URUGUAY
 VENEZUELA
 VIETNAM
 WEST GERMANY

AU
 AS
 BM
 BE
 BO
 BR
 BS
 CN
 CH
 CL
 CR
 CZ
 DK
 DO
 EC
 ES
 FJ
 FK
 FR
 GF
 GH
 GR
 GT
 GY
 HN
 HT
 HU
 II
 IE
 IL
 IT
 JM
 JP
 LX
 MX
 NI
 NZ
 NW
 PN
 PE
 PH
 PO
 PT
 PY
 SA
 SK
 ES
 SR
 SW
 SV
 TH
 TC
 TT
 UK
 UY
 VE
 VN
 WG

CHILD SUPPORT ENFORCEMENT REFERRAL

SECTION I - ADC CASE INFORMATION (must be prepared as completely as possible by IV-A)

CASE NUMBER	CASE NAME	OTHER THAN GRANTEE? Y = YES N = NO	DATE OF MARRIAGE	MO.	DAY	YR.
RELATIONSHIP OF CLIENT TO ABSENT PARENT:		DATE DEPRIVATION FACTOR VERIFIED (CATEGORICAL ELIGIBILITY ESTABLISHED)	MO.	DAY	YR.	GOOD CAUSE INDICATOR Y = YES N = NO
<input type="checkbox"/> SPOUSE <input type="checkbox"/> DIV. PEND. <input type="checkbox"/> SEPARATED <input type="checkbox"/> OTHER _____ <input type="checkbox"/> DIVORCED <input type="checkbox"/> LEGAL SEP. <input type="checkbox"/> NEVER MARRIED						
LINE NO.	NAMES OF DEPENDENT CHILDREN	WEDLOCK IN OUT	DOCUMENTATION - Note which are available in IM record but not attached to this referral. <input type="checkbox"/> Court Order of Support <input type="checkbox"/> Separation Agreement <input type="checkbox"/> Proof of Incarceration <input type="checkbox"/> Order of Filiation <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Documentation of Military Service <input type="checkbox"/> Paternity Acknowledged <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Good Cause Claim <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Paternity Allegation <input type="checkbox"/> OTHER: _____			
NATURAL MOTHER'S NAME - FIRST		M.I.	LAST			

SECTION II - ABSENT PARENT / PUTATIVE FATHER LEAD INFORMATION

NAME - FIRST	M.I.	LAST	SEX M / F	SOCIAL SECURITY NUMBER
RESIDENTIAL ADDRESS (Current / Last Known)			DATE OF BIRTH	
CITY		STATE	ZIP CODE	PLACE OF BIRTH
HGT	WGT	ALIAS		RACIAL / ETHNIC
TELEPHONE NUMBER AREA CD.	DATE OF LAST CONTACT MO. DAY YEAR	DATE OF DESERTION MO. DAY YEAR	VERIFIED BY IM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MAILING ADDRESS (Current / Last Known)			DATE OF ADDRESS MO. DAY YEAR	
CITY		STATE	ZIP CODE	VERIFIED BY IM? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER NAME (Current / Last Known)			TYPE OF WORK	
EMPLOYER ADDRESS			UNION MEMBER?	DATE OF ADDRESS MO. DAY YEAR