

STATE OF MICHIGAN

Rick Snyder, GOVERNOR
Maura D. Corrigan, DHS DIRECTOR



MICHIGAN DEPARTMENT OF HUMAN SERVICES (DHS)
OFFICE OF CHILD SUPPORT
P O BOX 30750
Lansing, MI 48909-8250

Phone No: 1 (866) 540-0008
Fax No: 1 (517) 241-0844

February 22, 2011

Janice Doe
905 Johnny Jump Up St
Lansing, MI 49999

Child Support IV-D Case Number: 888888888
DHS Case Number: 111111111

Re: Jimmy Earl Jones Doe

Final Customer Contact Letter

Dear Ms. Doe:

You have received this letter because you asked for child support services or your Department of Human Services (DHS) worker referred you to the Office of Child Support (OCS).

Required Action:

Please call A. Worker, your child support specialist, at 1 (866) 540-0008 Ext. 55555 **no later than Wednesday, March 30, 2011**. You will need to give information about the non-custodial parent(s) of the above-named child(ren), including:

- Full legal name;
- Date of birth;
- Social Security number;
- Last-known address and/or employer; and
- Physical description (include height/weight, hair/eye color, race).

If you need to leave a message, clearly say your full legal name and your child support case number (located at the top of this letter) or Social Security number. Also say your telephone number (with area code) and the best time to reach you.

Instead of calling, you may complete the enclosed *Child Support Information* (DHS-842) form and mail it to OCS **before Wednesday, March 30, 2011**. The DHS-842 is also available at: <http://www.michigan.gov/childsupport>.

If you made a claim that your child support case was opened in error, your receipt of this Final Customer Contact Letter means that your claim was denied.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

Legal Authorities: 42 USC 654(29) Failure to cooperate may result in loss of Family Independence Program benefits for all family members and loss of Medicaid for the noncooperating members. R400.3009 MAC and R400.5008 MAC Failure to cooperate may result in loss of benefits from Child Development and Care and the Food Assistance Program.

This institution is an equal opportunity provider.

Public Assistance Recipients:

If you do not give all the needed information, you will be found not cooperative. Your benefits may be reduced or your assistance case closed unless you have a good reason. Federal law and state policy require all persons receiving Family Independence Program, Medicaid, Food Assistance Program, and/or Child Development and Care benefits to cooperate with the child support program.

Good reasons for not cooperating with the child support program include:

- Cooperating would result in serious physical or emotional harm to the child or to you;
- The child's conception was a result of incest or rape; or
- Adoption proceedings are pending.

If any of the above reasons apply to you, contact your DHS worker now to complete a *Claim of Good Cause – Child Support* form (DHS-2168).

Sincerely,

A. Worker
Child Support Specialist
1 (866) 540-0008 Ext. 55555

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