



RENSSELAER COUNTY DEPARTMENT OF SOCIAL SERVICES

Steven F. McLaughlin
County Executive

Theresa A. Beaudoin
Commissioner

<u>DSS Case:</u>	<u>DSS Cask Name:</u>	<u>DSS case Worker:</u>

ABSENT PARENT NAME

<u>First:</u>	<u>Last:</u>	

ABSENT PARENT CONTACT INFORMATION

<u>Home/Mailing Address:</u>	<u>City and State:</u>	<u>Zip Code:</u>
<u>Home Phone #:</u>	<u>Work Phone #:</u>	<u>Other #:</u>

ABSENT PARENT EMPLOYMENT INFORMATION

<u>Employer Name:</u>	<u>Employer Phone # and/or Address:</u>

CHILDREN OF THE ABSENT PARENT

1.	2.	3.
4.	5.	6.

ABSENT PARENT CHILD SUPPORT INFORMATION

Has applicant attempted to secure court ordered child support.

Yes No

Amount of Child Support received from absent parent: \$

Weekly Bi-weekly Monthly

Applicant Signature

Date

ADMINISTRATION BUILDING, 127 BLOOMINGROVE DRIVE, TROY, NY 12180
PHONE: (518) 833-6000 / FAX: (518) 283-7884
FLANIGAN SQUARE, 547 RIVER STREET, TROY, NY 12180
PHONE: (518) 266-7800 / FAX: (518) 266-7829