



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Katie Hobbs
Governor

Angie Rodgers
Director

Date _____

RE: _____ ATLAS No.: _____

Si usted necesita asistencia con la traducción de este documento, por favor llame a la oficina y pregunte por un representante que hable español.

Caretaker's Statement Regarding Physical Custody of A Child or Children

I, *(Caretaker Full Name)* _____, *(Date of Birth)* _____,
(Relationship to Children) _____ state under penalty of
perjury that I have had physical custody of the following child(ren) for at least 30 consecutive days
beginning on or about _____.

I am providing this statement so that I can receive support payments for the child(ren) in my custody. I understand that if I am enrolled with the child(re) in the TANF cash assistance program, the state may retain the support payments to reimburse the grant amount I received.

Name _____ Date of Birth _____

Signature of Caretaker _____ Date _____

This Section Reserved for Use By the Division of Child Support Services (DCSS)

Custody Begin Date _____ 30th Day _____ Notice Sent _____

Request for Administrative. Review Received _____

Disbursement Begin Date _____

If you have any questions about this notice, you may contact DCSS Customer Service at (602) 252-4045 (*within Maricopa County*), Nationwide toll free at 1-(800)-882-4151, or TTY/TDD Services: 7-1-1. You may also contact us by e-mail at the DCSS web site at www.azdes.go/dcss.

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Child Support Services at 602-252-4045; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local