## ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Child Support Services

## **ACKNOWLEDGMENT TRACKING**

To be completed and returned at the end of every week.

Hospital Name:

Address (No., Street, City, State, ZIP):

For the Week Ending:

Total Number of Births:

Total Births Out of Wedlock:

roi the week Ending.		Total Number of Births Tot		ai births Out of Wedlock	
FORM NUMBER	MOTHER'S NAME	MOTHER'S SOC. SEC. NO.	FATHER'S NAME	FATHER'S SOC. SEC. NO.	HPP ONLY
For Hospital Paternity Program Use Only		Verified By:		Date Verified:	

Routing: Original – DCSS/Hospital Paternity Program, Copy – Hospital