CSE-1165A FORFF (11/25)

Arizona Department of Economic Security
Division of Child Support Services

Acknowledgment Tracking

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

Facility Name: _____

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

Date Mailed: _____ Total AOPs Mailed: _____ # Other Documents Mailed: _____

Child's Name	Child's DOB	Mother's Name	Father's Name	Waiver or Divorce Decree/ Name Change Order	HPP Only
For Hospital Paternity Program Use Only		Verified By:		Date Verified:	

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

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