

STATE OF LOUISIANA
DEPARTMENT OF SOCIAL SERVICES
SUPPORT ENFORCEMENT SERVICES
PO BOX 18590
SHREVEPORT, LA 71138-1590

CHOICE OF SERVICE FOR NON-AFDC MEDICAID RECIPIENT

Absent Parent: _____

Case Identification Number: _____

Dear Mr./Ms: _____

As a non-AFCD Medicaid recipient, please select one of the following services:

_____ FULL SERVICE, including the establishment of child support and medical support, or

_____ MEDICAL SUPPORT ONLY; if you choose this service and there is a non-legal absent parent, you must cooperate in the establishment of paternity.

There are many benefits of receiving full services. With your cooperation and personal information, which only you can furnish, the child support program can provide the following services: establishment of paternity, establishment and enforcement of child and medical support orders, enforcement of spousal support, and collection and distribution of child and spousal support.

Please indicate the type of service you desire. Sign at the bottom of this letter and return it to the address above or call your Support Enforcement Specialist whose name and phone number are provided below.

Sincerely,

SUPPORT ENFORCEMENT SPECIALIST
(318)226-6871

X _____
Payee's Signature