

CHILD SUPPORT MODIFICATION INTAKE FORM

Applicant Referred by: _____

Circle all options that apply, or fill in blanks as needed. **PLEASE PRINT ANSWERS LEGIBLY.**

Failure to *FULLY* complete this form may result in delay or rejection of application.

(You may use opposite side of page for more space, if needed.)

APPLICANT'S INFO: Gender: M F

Name: _____

Phone#: _____

Email: _____

SS#: _____

Date Of Birth: _____

Current Address:

OTHER PARENT'S INFO:

Gender: M F

Name: _____

SS#: _____

Date Of Birth: _____

Current Address:

CHILD INFO:

Please provide the following information about the child OR children you have with the Other Parent you listed above:

NAMES:

DOB:

Gender

FINANCES:

How many people do you live with (including self)? _____

How do you support yourself? (Check all that apply)

YOU _____ Job Amount
\$ _____ per hour / wk / biwk / month

Where do you work: _____

_____ SSI	\$ _____ per month
_____ SSD	\$ _____ per month
_____ Cash Asst.	\$ _____ per month
_____ Food Stamps	\$ _____ per month
_____ Housing Asst.	\$ _____ per month
_____ Worker's Comp	\$ _____ per month
_____ Unemployment	\$ _____ per month
_____ Other	\$ _____ per month

List the names of all other Household Members and their Job Income or Benefits:

PENDING CASE

Do you currently have a support modification case pending?

YES,

JUDGE:

Court DATE/TIME:

Index #:

Spouse's Lawyer:

Childrens' Lawyer:

NO, I would like to file.

Agency: _____
Activity: _____

CLIENT CHARACTERISTIC FORM - CDBG 50
Public Services - Limited Clientele Activities

Staff Reviewed Initial _____
Issue Date: **10/1/24**

PARTICIPANTS MUST FILL AND COMPLETE ENTIRE FORM FOR ELIGIBILITY. THIS INFORMATION IS FOR RECORD KEEPING ONLY AND WILL NOT BE PUBLICLY SHARED.

Home Address: _____ City: _____ Zip: _____

1. Individual Age: Please check one from the below based on your (the participant) age.

<input type="radio"/> Under 5 years	<input type="radio"/> 10-15 years	<input type="radio"/> 21-24 years	<input type="radio"/> 45-54 years	<input type="radio"/> 62 years and older
<input type="radio"/> 5-9 years	<input type="radio"/> 16-20 years	<input type="radio"/> 25-44 years	<input type="radio"/> 55-61 years	

2. Gender: Please check one from the below based on your (the participant) gender.

<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Other: _____
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3. Please check one from the below for your (the participant) ethnicity. Ethnicity and Race are separate, please answer #4 as well.

<input type="radio"/> Hispanic	<input type="radio"/> Non-Hispanic
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4. Please check one from the below which best describes your (the participant) race.

<input type="radio"/> White	<input type="radio"/> Asian and Black or African American
<input type="radio"/> Black or African American	<input type="radio"/> American Indian or Alaskan Native and White
<input type="radio"/> Asian	<input type="radio"/> American Indian or Alaskan Native and Black or African American
<input type="radio"/> American Indian or Alaskan Native	<input type="radio"/> Native Hawaiian or other Pacific Islander and White
<input type="radio"/> Native Hawaiian or other Pacific Islander	<input type="radio"/> Native Hawaiian or other Pacific Islander and Black or African American
<input type="radio"/> Black or African American and White	<input type="radio"/> Other/Multi Racial
<input type="radio"/> Asian and White	

5. Is your (the participant) family type defined as an adult female head of household (no male significant other with dependents)?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
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6. Are you (the participant) severely disabled?

<input type="radio"/> Yes	<input type="radio"/> No
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7. Household Income: Please check one from the below based on your income and the number of members living in your household. You may skip this section if you are over the age of 62, severely disabled or meet any other criteria for Presumed Benefit.

Income Limits	1 Person Household	2 Person Household	3 Person Household	4 Person Household
30% median (XL)	<input type="radio"/> \$20,350 or less	<input type="radio"/> \$23,250 or less	<input type="radio"/> \$26,150 or less	<input type="radio"/> \$29,050 or less
50% median (VL)	<input type="radio"/> \$33,950 or less	<input type="radio"/> \$38,800 or less	<input type="radio"/> \$43,650 or less	<input type="radio"/> \$48,450 or less
80% median (LI)	<input type="radio"/> \$54,250 or less	<input type="radio"/> \$62,000 or less	<input type="radio"/> \$69,750 or less	<input type="radio"/> \$77,500 or less
81%+ median	<input type="radio"/> \$54,251 or more	<input type="radio"/> \$62,001 or more	<input type="radio"/> \$69,751 or more	<input type="radio"/> \$77,501 or more
Income Limits	5 Person Household	6 Person Household	7 Person Household	8 Person Household
30% median (XL)	<input type="radio"/> \$31,400 or less	<input type="radio"/> \$33,700 or less	<input type="radio"/> \$36,050 or less	<input type="radio"/> \$38,350 or less
50% median (VL)	<input type="radio"/> \$52,350 or less	<input type="radio"/> \$56,250 or less	<input type="radio"/> \$60,100 or less	<input type="radio"/> \$64,000 or less
80% median (LI)	<input type="radio"/> \$83,700 or less	<input type="radio"/> \$89,900 or less	<input type="radio"/> \$96,100 or less	<input type="radio"/> \$102,300 or less
81%+ median	<input type="radio"/> \$83,701 or more	<input type="radio"/> \$89,901 or more	<input type="radio"/> \$96,101 or more	<input type="radio"/> \$102,301 or more

Certification (If participant is under the age of 18, this form must be completed and signed by a parent or guardian): *I acknowledge that this information as submitted above has been examined by myself and is true and correct.*

Name: _____

Participant Name (if applicable): _____

Signature: _____

Date: _____



HOW ELSE CAN WE HELP YOU?

The Legal Aid Bureau of Buffalo, Inc. provides free Civil Legal Services

Financial Issues

- ☐ I am a victim of identity theft
- ☐ I want to request my credit reports
- ☐ I am unable to pay my bills
- ☐ I have a lot of debt
- ☐ I would like help with my benefits

Family

- ☐ I am married and would like a divorce
- ☐ Other family matters
- ☐ I would like to change my name/child's name
- ☐ I cannot afford my child support*
- ☐ My license has been suspended because I owe arrears (back pay)
- ☐ I think I have child support orders but am not sure

* Child support orders must be paid. An attorney can determine whether you can petition for lower payments.

Estate Planning

- ☐ I would like a healthcare proxy & living will
- ☐ I would like to know if I need a Will

☐ Other: _____

Renters/Homeowners

- ☐ I am being evicted
- ☐ My rent is behind
- ☐ I rent and I think my apartment is unsafe and/or needs repairs
- ☐ My house is facing foreclosure
- ☐ My mortgage is behind
- ☐ I am homeless

Barriers to Employment

- ☐ I have criminal convictions that prevent me from being hired
- ☐ I would like to know if my records can be sealed
- ☐ I cannot find a job

School Aged Children

- ☐ My child's school needs are not being met
- ☐ Home schooling and remote learning rights
- ☐ My child needs an IEP

NAME: _____ TELEPHONE NO: _____

ADDRESS: _____

NOTES/DETAILS ABOUT YOUR LEGAL ISSUE (use back of this form for additional space): _____

Return this form to us and we will call you.

ATTORNEY/STAFF USE ONLY:

Applicant was called on: _____ Appointment scheduled for: _____