TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND CASE MANAGERS

FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR

RE: LOUISIANA CHILD SUPPORT INFORMATION FOR KATRINA
EVACUEES

PROGRAMS AFFECTED: TEMPORARY CASH ASSISTANCE, CHILD SUPPORT

ORIGINATING OFFICE: OFFICE OF PROGRAMS

DHR received the following information from Robbie Endris, Executive Director, Louisiana Support Enforcement Services, yesterday afternoon:

Changes on Louisiana Child Support cases can be reported in the following ways:

Calling our Customer Service Center 1-800-256-4650 or 1-225-922-8100

Sending an e-mail to our Customer Service Center lacsc@dss.state.la.us

Or sending a fax to our State Office 225/342-4397

If we have checks, we can mail them to you or to the client, whichever works best. Just let us hear from you and we'll work it out. If we change the address before the checks are cut, we will have less hassle, so please let us know ASAP.

Attached is an information form that may be used to report Child Support changes in all 3 states.
By dialing 1 (888) LAHELPU or 1 (888) 524-3578 from 7 a.m. to 7 p.m., information can be obtained on the following programs:

- Food Stamp Benefits, including Disaster Food Stamp Benefits
- Medicaid or WIC
- Mental Health Counseling
- Addictive Disorders
- Developmental Disorders
- Social Security Benefits or Social Security Disability Benefits
- Child Support
- Foster Care Program
- DHH Optional State Supplement Checks
- Louisiana Rehabilitation Services
- Unemployment Benefits and Disaster Unemployment Benefits
- Displaced DSS employees may also call the number to report their whereabouts or inquire about their jobs.

Persons with information about missing children should call 1-800-THE LOST or log on to www.missingkids.com. Enter "Louisiana" under state information to find information about the effort. Beginning Tuesday, there will be a "Katrina" link on the Web site.

The State of Louisiana has a general web site that is very helpful. The address is: www.katrina.louisiana.gov.

If you have questions or need further clarification, please direct inquires to Marilyn Lorenzo at 410-767-7333 or e-mail at mlorenzo@dhr.state.md.us.

cc: FIA Management Staff
Constituent Services
Help Desk
Dianna McCulloh
CHILD SUPPORT INFORMATION FORM

Please provide information about yourself:

State you are receiving Child Support from: ____________________________

Name: __________________________________________________________

Last                                                                     First

Date of Birth: ______________________

Social Security Number: ___________________

Child Support Case number (if known): ____________________________

Please provide information about the non-custodial parent:

Name: __________________________________________________________

Last                                                                     First

Date of Birth (if known): ______________________

Please provide information about your child(ren):

Name: ____________________________________________        Date of Birth: ______________________

Last                                                                     First

Name: ____________________________________________        Date of Birth: ______________________

Last                                                                     First

Name: ____________________________________________        Date of Birth: ______________________

Last                                                                     First

Name: ____________________________________________        Date of Birth: ______________________

Last                                                                     First

Please complete the following section if you wish for your child support payments to be mailed to a new address:

_____________________________________________________
Address line 1

_____________________________________________________
Address line 2

City                                                                        State                             Zip Code

_____________________________________________________
Printed Name

____________________________________________________________________
Signature                                                                                 Date

If you reside in a shelter, please provide shelter identification and address information.