

APPENDIX A

REPORT ON CLAIMS OF GOOD CAUSE FOR REFUSING
TO COOPERATE WITH CHILD SUPPORT ACTIVITIES

DATE:

TO: Office of Income Maintenance
Attention: Policy Unit

FROM:

SUBJECT: Good Cause Statistical Report

Period Covered:

1. Good Cause Claims during period: _____
 - a. Claims made during period without corroborative evidence, where the claim is based on anticipation of physical harm to the child or to the parent or caretaker relative. _____

2. Good Cause Claims found to be valid during the period: _____
 - a. Claims found to be valid, by circumstances:
 1. Potential physical harm to child _____
 2. Potential emotional harm to child _____
 3. Potential physical harm to parent or caretaker relative _____
 4. Potential emotional harm to parent or caretaker relative _____
 5. Conception result of incest or forcible rape _____
 6. Legal adoption before court _____
 7. Parent receiving pre-adoption services _____
 - b. Claims found to be valid during the period without corroborative evidence, where the claim is based on anticipation of physical harm to the child or to the parent or caretaker relative _____
 - c. Claims found to be valid based solely on an examination of the corroborative evidence supplied by the applicant or recipient with no investigation _____

3. Claims made by an applicant prior to receiving AFDC and the final determination that good cause did not exist was made after the applicant was determined to be eligible for AFDC _____

GOOD CAUSE REPORTING

The Department of Health and Human Resources (DHHR) requires the states submit to a report semi-annually on good cause claims for failure to cooperate in activities to establish paternity and secure child support.

The two reporting periods cover good cause claims made from October 1 through March 31 and from April 1 through September 30. Each county is responsible for collecting the needed statistics and forwarding them to Income Maintenance where they are compiled into the federal report which is submitted to the DHHR in April and October of each year.

At the end of this Appendix is a form (Report on Claims of Good Cause for Refusing to Cooperate with Child Support Activities) which indicates the data that is needed from each county. Each report must be received by Income Maintenance no later than the seventh working day in the month following the end of the reporting period. (The seventh working day of April and October.) Each county is responsible for managing information so it is available for the report.

For the purpose of completing the form, corroborative evidence consists one or more of the following:

1. Birth certificates or medical or law enforcement records which indicate that the child was conceived as the result of incest or forcible rape.
2. Court documents or other records which indicate that legal proceedings for adoption are pending before a court of competent jurisdiction.
3. Court, medical, criminal, child protective services, social services, psychological, or law enforcement records which indicate that the putative father or absent parent might inflict physical or emotional harm on the child or caretaker relative.
4. Medical records which indicate emotional health history and present emotional health status of the caretaker relative or the child for whom support would be sought; or, written statements from a mental health professional indicating a diagnosis or prognosis concerning the emotional health of the caretaker relative or the child for whom support would be sought.

5. A written statement from a public or licensed private social agency that the application or recipient is being assisted by the agency to resolve the issue of whether to keep the child or relinquish him for adoption.
6. Sworn statements from individuals other than the applicant or recipient with knowledge of the circumstances which provide the basis for the good cause claim.

When the statistical report is due, the county will make a copy of the form in this appendix, complete it, and forward it to Income Maintenance. A copy of the completed report should be retained for the county's records.

Also, please note that the total of items 1 through 7 in section 2a of the form should equal the number entered on the first line of section 2