

West Virginia Department of Health and Human Resources

ACKNOWLEDGMENT OF AUTOMATIC ASSIGNMENT OF SUPPORT RIGHTS  
AND OF COOPERATION REQUIREMENTS

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

1. ☐ I, the undersigned, have been informed by the West Virginia Department of Health and Human Resources that upon receipt of financial assistance I shall be deemed to have assigned, pursuant to West Virginia Code, Chapter 9, Article 3, Section 4 to the Department, all rights, title and interest I and/or any member of the assistance group for whom I am applying may have to receipt of support and maintenance monies and medical support from any person responsible for the support and maintenance of any member of the benefit group.
2. ☐ I further have been informed that state law requires court-ordered support payments be withheld from the absent parent's income and paid to the **Bureau for Child Support Enforcement** (BCSE) and this must continue after closure of my cash assistance case. If no order for paternity and/or support has been established when my assistance case is closed, I must notify BCSE in writing if I no longer **want services**.
3. ☐ I further have been informed that all support payments received by me for any member of the assistance group belong to the department and must be given to the **BCSE**; except, all court-ordered support monies in excess of the cash assistance check, and not specifically needed to pay arrearages due the state will be directed to the assistance group.
4. ☐ I further have been informed **BCSE** will be initiating appropriate action to locate an absent parent, establish paternity if that is necessary, and secure support, including medical support.
5. ☐ I understand that I am required to cooperate with the Department's efforts to get child support payments for any of the children for whom I want cash assistance, unless I have good cause for not cooperating.
6. ☐ It has been explained to me that my cooperation in the child support enforcement process may be of value to me and my child because it might result in the following benefits:
  - Finding the absent parent of the child
  - Legally establishing the child's paternity
  - The possibility that support payments might be higher than the cash assistance **benefit** and I might be able to close my case and receive the higher amount.

- Since child support payments will be made to **BCSE** instead of to me, my **cash assistance** will not change every time there is a change in the amount of the support check.
- **I will receive a Child Support Incentive payment of \$25 for each month that child support is recovered from the absent parent.**
- **All court-ordered support monies in excess of the cash assistance, and not specifically needed to pay arrearages due the State, will be forwarded to me and the first \$50 of that income will be disregarded in determining my benefit amount.**

7. ☐ I understand that if I do not cooperate and I do not have good cause:

- I will be ineligible for Medicaid for myself.
- I will be ineligible for Emergency Assistance.
- A sanction will be applied to **my** cash assistance **benefits** as follows:
  - If it is **the** first sanction, **my benefits** will be reduced by one-third(1/3) **for 3 months.**
  - If it is **the** second sanction, **my benefits** will be reduced by two-thirds (2/3) **for 3 months.**
  - If it is **the** third sanction, **my benefits** will be closed for **3 months, or until I cooperate, whichever is later.**

8. ☐ I understand that I will be excused from cooperating if I have good cause on the grounds that:

- Cooperation is likely to result in significant physical or mental harm to the child(**ren**) or to me:
- The child was conceived as the result of rape or incest;
- Court proceedings are pending for adoption of the child; or,
- I am working with an agency which is helping me to decide whether to place the child for adoption.

9. ☐ I understand that if I wish to claim good cause for refusing to cooperate, I will be asked to provide information the Department will need to decide my claim.

I have read the above statements or have had them read to me **and understand them.**

\_\_\_\_\_  
Applicant/Recipient Signature

\_\_\_\_\_  
Date

The above statements have been read by or to the applicant/recipient whose name is signed above.

\_\_\_\_\_  
Signature of Worker

\_\_\_\_\_  
Date