

State of Florida Department of Children and Families

Rick Scott Governor

David E. Wilkins Secretary

DATE:

April 22, 2011

TO:

Regional Directors

THROUGH:

Pete Digre, Assistant Secretary for Operations

FROM:

Jamie Self, Ed.D., Director of Family Safety

SUBJECT:

State and Federal Parent Locator Service/Diligent Search

ACTION REQUIRED: Notification to Lead Agencies, Sheriff Grantees,

and Child Protective Investigators **EFFECTIVE DATE**: Upon Receipt

PURPOSE: The Department and Community-based Care lead agencies have access to the State/Federal Parent Locator Service through the Department of Revenue/Child Support Enforcement. This locator service is particularly helpful when attempting to locate a parent or prospective parent. Child welfare agencies may now request information on relatives for potential placement of a child in out of home care. This memorandum provides information on the expansion of the use of the locator services and the changes to the form when requesting information from the State and Federal Parent Locator Service.

BACKGROUND: Currently when a child enters out of home care, the Department or CBC is required by statute (39.503, F.S.) to notice and gather information about the parent(s) to assist in making a placement determination regardless of dependency status. If the location or identity of the parent(s) is unknown, the child protective investigator or case manager must conduct a diligent search. One of the resources for parental information is available through the State Parent Locator Service or Federal Parent Locator Service at the Department of Revenue/Child Support Enforcement.

Recent changes to federal regulations have significantly enhanced child welfare agencies access to information available to child support (title IV-D) agencies. This new regulation was effective on December 30, 2010 and allows the release of information to child welfare (IV-B and IV-E) agencies to assist with locating relatives for potential placement of a child removed from parental custody.

If you would like to read the entire rule, it can be accessed at: http://www.acf.hhs.gov/programs/cse/pol/AT/2010/at-10-12.htm

In addition to information available for conducting diligent searches for parents or legal guardians, the Department of Revenue/Child Support Enforcement may share information that will assist with locating other relatives.

Purpose	Who	Return Information
Assist with location of a person who has or may have parental rights of a child in out of home care.	Custodial parent Noncustodial Parent Alleged Father Child	Name SSN Address Employer name, address and FEIN Wages, Income Benefits of employment, including health care coverage Types, location and value of any assets Types, location and amount of any debts owed
Assist in locating relatives and siblings.	Relatives (grandmother, grandfather, aunts, uncles, etc) of a child in a TANF or Non-TANF foster care case Siblings of a child	Name SSN Address Employer name Employer address and FEIN

As a result of these changes, the Department of Revenue/Child Support Enforcement has revised the Request for Authorization to Use the State and Federal Parent Locator Service (*Form CS-AP80*). The revised form and instructions are included as attachments to this memo.

ACTION REQUIRED: Please disseminate this guidance and attachments to all child protection staff and community-based provider partner staff.

CONTACT INFORMATION: For additional information, please contact Lynne Dupuis at (850) 717-4651 or via email at lynne_dupuis@dcf.state.fl.us or Sallie Bond at sallie_bond@dcf.state.fl.us

Attachments

CC:

Sheriffs' Offices CBC CEOs

John Slye, Acting General Counsel Mary Cagle, Director of Children's Legal Services

Kimberly Barrett, Director, Florida Abuse Hotline



921 N. Davis St., Building A, Suite 370

Jacksonville, FL 32209-6832

Child Support Enforcement

Request for Authorization to Use the State and Federal Parent Locator Service

Date:	
	ervice (SPLS) to use its location resources and access the Federal Parent a about the following individual who is the parent or alleged parent of a
Name: Social Security number: Date of birth:	
☐ I hereby request Florida's State Parent Locate Se or siblings of the following dependent child receiving	ervice (SPLS) to use its resources to identify and locate parents, relatives foster care services.
4) Child's Name: 5) Social Security number: 6) Date of birth:	
	entifying information for those sources to generate location responses. per (or date of birth if a Social Security number is unknown) will not allow a denial of this request.
INFORMATION MAY RESULT IN DENIAL OF FUTURE It certify under penalty of perjury that:	EQUEST. UNAUTHORIZED USE OF STATE PARENT LOCATOR JRE REQUESTS AND OTHER LEGAL SANCTIONS. Itioner to perform diligent searches as required by s. 39.503(5)-(7) or
	553, an "authorized person" and will use the information for the purpose of enforcing a support obligation.
	63, an "authorized person" and will use the information for the purpose of unlawful taking or restraint of a child or making or enforcing a child
Name of Requesting Entity	Name of Entity Representative (Please Print)
Mailing Address	Signature of Entity Representative
City, State Zip Code	Telephone Number Fax Number
Please mail or fax the completed form to the following	g address:
Mailing Address: Florida Department of Revenue Child Support Enforcement Program ATTN: State Parent Locator Service	Fax Address: Florida Department of Revenue Child Support Enforcement Program ATTN: State Parent Locator Service

FAX: (904) 359-2514

INSTRUCTIONS FOR USE OF CS-AP80

The SPLS may only be accessed for authorized purposes of establishing parentage or establishing, modifying, or enforcing support obligation. You must submit one form for each individual you are trying to locate.

If you are seeking information on a known parent or alleged father of a child check the first box and

- 1) Provide the full first name, full middle name (if known) or middle initial and full last name. **This field is required.**
- 2) Provide the social security number(s). If the individual is known to use multiple social security numbers, provide all.
- 3) Provide the date of birth of the individual. If the full date of birth is not known, provide at least the month and the year of birth. **This field is required.**

If you are seeking to identify and locate relatives or siblings of a child in care check the second box and

- 4) Provide the child's full first name, full middle name (if known) or middle initial and full last name. **This field is required.**
- 5) Provide the child's social security number.
- 6) Provide the child's date of birth. If the full date of birth is not known, provide at least the month and the year of birth. **This field is required.**
- 7) Please check mark the line that identifies the reason for your request. **This field is required.**
- 8) Enter the name of the organization, the name of the individual making the request and their contact information. The requesting individual must sign this form and provide their phone number. **This field is required.**
- 9) Fax or mail the form to the address listed at the bottom of the form. Search results will be sent to the agency address provided by the requestor.

Please ensure the address and all information submitted on the form can be read.