



Date: _____
Case name: _____
Case number: _____
County number: _____
Supervisor/worker number: __ / __

Cooperation Agreement and Request for Good Cause

You are required, as a condition of eligibility for Temporary Assistance for Needy Families (TANF), Child Care Subsidy, and SoonerCare (Medicaid) benefits under certain circumstances, to cooperate with Oklahoma Department of Human Services (OKDHS) to:

- identify and locate the absent parent by providing name, date of birth, Social Security number, address, place of employment, and any other useful information;
- establish paternity which can require genetic tests or an affidavit of acknowledgment, if necessary; and
- obtain child support payments, medical or child care support, or other property and payments as appropriate.

Your cooperation with the Oklahoma Child Support Services (OCSS) can result in locating the absent parent and establishing paternity. Once paternity is established, you and your child(ren) can obtain rights to child support and other government benefits, such as Social Security or Veterans benefits.

If you do not cooperate with OCSS, your TANF benefits will be reduced by 25%, your needs will be removed from SoonerCare (Medicaid) benefits, and your child care benefits will be closed.

In certain situations, you may be exempt from cooperating with OCSS by claiming good cause. If one or more of the following questions are answered with yes, you can claim good cause.

- Has the absent parent been abusive to you or the child(ren)? Yes No
- Was the child conceived as a result of rape or incest? Yes No
- Are you considering or have you decided to place your child(ren) for adoption? Yes No

If you have answered yes to one of the above questions, you must provide one or more of the documents listed below. This information must document you have a good reason for not cooperating. If you fail to furnish such documentation, you must furnish sufficient information, such as the alleged father's or absent parent's name and address, to allow OKDHS to investigate the circumstances of your claim of good cause. If you need help in getting a copy of these documents, your worker can provide assistance. The documents necessary are:

- a birth certificate, medical, or law enforcement report which indicates the child(ren) was conceived as the result of incest or forcible rape;

- a court document or other record which indicates legal proceedings for adoption are pending before a court of competent jurisdiction;
- a court, medical, child(ren) protective service, social services, psychological, or law enforcement record which indicates the alleged father or absent parent might inflict physical or emotional harm on the child(ren);
- a medical record which indicates the emotional health, past and present, of you and your child(ren), or a written statement from a mental health professional indicating a diagnosis or prognosis concerning the emotional health of you or the child(ren);
- a written statement from a public or licensed private social services agency that you are being assisted by the agency to resolve the issue of whether to keep the child(ren) or relinquish him or her for adoption; or
- sworn statements from individuals other than yourself with knowledge of the circumstances which provide the basis for the good cause claim.

On the basis of the documentation provided and the results of the investigation of the information and documentation, OKDHS determines if you have good reason for refusing to cooperate. OCSS reviews the findings and basis for a good cause determination. You will be notified of the decision.

- If OKDHS determines you have good reason for refusing to cooperate, OCSS can attempt to establish paternity, if necessary, and collect support without your participation. These actions are only taken when it is determined there is no risk to you or your child(ren).
- If it is determined you do not have a good reason for refusing to cooperate with OCSS, you can request a hearing regarding the issue of good cause. OCSS can participate in the hearing.

I certify I have read and understand the above statements regarding cooperation with OCSS and my right to claim good cause for refusing to cooperate.

Signature

Date

Do you want to cooperate with OCSS for the persons listed below?

Child's name	Absent parent's name	
		<input type="checkbox"/> Yes <input type="checkbox"/> No ¹
		<input type="checkbox"/> Yes <input type="checkbox"/> No ¹
		<input type="checkbox"/> Yes <input type="checkbox"/> No ¹
		<input type="checkbox"/> Yes <input type="checkbox"/> No ¹
		<input type="checkbox"/> Yes <input type="checkbox"/> No ¹
		<input type="checkbox"/> Yes <input type="checkbox"/> No ¹
		<input type="checkbox"/> Yes <input type="checkbox"/> No ¹

Signature Date

I have provided the client a copy of this agreement.

Signature of OKDHS employee Date

¹ If you checked no, you must provide documentation as specified on pages 1 and 2.