

# Child Support Program

CS-OP05 Rule 12E-1.036 Florida Administrative Code Effective 04/05/16

# **Notice of Genetic Testing Appointment**

<< Date>>

Child Support Case Number:<<CSE Case Number>>

Activity Number: <<ActivityNum>>

We have scheduled a genetic testing appointment to find out if << Alleged Father Name>> is the biological father of the child(ren) named below:

Child's Name << ChildName >>

Date of Birth <<ChildDOB>>

We have done this because <<Alleged Father Name>> has been named as an alleged father of the child(ren) based on an affidavit or written declaration by the mother that states he is or may be the child(ren)'s biological father. Your appointment date and time is:

<<Option 1>>

<<Option 2>>

If you have custody of the child(ren), you must also bring the child(ren) for genetic testing.

If you are a caregiver, only the child(ren) must provide a sample.

During your Genetic Testing appointment we will take a photo for identity verification.

You must bring picture identification to identify yourself and the child. Valid adult identification includes:

- A state issued driver's license or ID card.
- A U.S. passport, a foreign passport stamped by or an ID card issued by the U.S. Bureau of Citizenship and Immigration Services.
- A U.S. armed forces ID card or certain Florida or federal inmate ID cards.

Valid child identification includes:

- A state issued ID card.
- A certified copy of a birth certificate.
- A social security card.
- An insurance card or a school ID.

## Option page for CS-OP05

### Option 1

## A. (If the recipient is **NOT** incarcerated)

- a. Date: <<Appointment Date>>
- b. Time:<<Appointment Time>>
- c. Place:<<First Name of Appointment Site>>
- d. Address:<<Appointment Site Address 2>> <<Appointment Site Address 1>> <<City, Region, Zip-Code>>

### B. (If the recipient IS incarcerated)

a. We arranged the date and time for genetic testing with the <<correctional facility name>>correctional facility.

### Option 2:

A. (if case is Administrative and the notice is being sent to the NCP)

You must follow all other requirements in the Order to Appear for Genetic Testing.

If you cannot appear at the date, time and place stated above, you must contact us at **<<Option 3>>** before the appointment to reschedule.

If you are an alleged father and do not appear or call ahead of time, we may have your driver's license suspended, fine you \$500, or both.

#### B. (If not option A, then select option B)

If you cannot appear at the date, time and place stated above, you must contact us at << Option 3>> before the appointment to reschedule.

If you are a custodial parent or caregiver and are receiving cash assistance, Medicaid or food stamps and do not appear or call ahead of time to reschedule we will tell the Department of Children and Families that you are not cooperating.

#### **Important**

If you do not cooperate the Department of Children and Families may:

- Cancel cash assistance for your family as provided by section 414.32(1) Florida Statutes.
- Cancel Medicaid and food stamps for yourself.
- Medicaid and food stamps for your child(ren) will continue.
- Medicaid during pregnancy continues.

If you are a custodial parent or caregiver and are not receiving cash assistance, Medicaid or food stamps and do not appear or call ahead of time to reschedule we may close your case.

### Option 3 (based on the office handling the case)

A. 1-305-530-2600 (if case is handled in Miami-Dade County)

B. 1-800-622-KIDS (5437) (if A is not met, [all other sites]