

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

P.O. Box 419064, Rancho Cordova, CA 95741-9064



August 30, 2006

POP LETTER : 06-02

TO: ALL IV-D DIRECTORS
LCSA PATERNITY OPPORTUNITY PROGRAM COORDINATORS
ALL LICENSED BIRTHING HOSPITALS
ALL PUBLIC AGENCIES THAT ADMINISTER THE PATERNITY OPPORTUNITY PROGRAM

SUBJECT: REVISED FORMS FOR THE PATERNITY OPPORTUNITY PROGRAM

The Paternity Opportunity Program (POP) has revised two program forms in order to provide a privacy notice regarding the collection of social security numbers and other personal information. The revised forms are the Declaration of Paternity (CS 909) and the newly renamed Declaration of Paternity Rescission Form (CS 915). Both forms are available in English and Spanish.

Declaration of Paternity (CS 909)

Enclosed is a self-addressed postcard for initial orders only. Due to the number of agencies and providers of the POP Program, initial orders are limited to total quantities of 500 forms. This can be any variation of English and Spanish forms in increments of 100. It is anticipated that regular orders will resume on November 1, 2006. The color of the revised CS 909 coversheet has been changed to lavender to distinguish the new form. We ask that you destroy all previous Declaration of Paternity forms once you have received your new supply of POP forms.

A sample of the new CS 909 form can be found on the POP page of the DCSS public website:

English: <http://www.childsup.ca.gov/pub/forms/cs909en.pdf>

Spanish: <http://www.childsup.ca.gov/pub/forms/cs909sp.pdf>

Declaration of Paternity Rescission Form (CS 915)

An additional change to the CS 915 includes a space for the requesting parent's contact telephone number. This information is needed so that POP Analysts can request and receive additional information in light of the 60 day timeframe for rescissions. Since, this form is available to parents and agencies online, orders are not being taken for this form. A link to the form can be found on the POP page of the DCSS public website: English: <http://www.childsup.ca.gov/pub/forms/cs915en.pdf>

Spanish: <http://www.childsup.ca.gov/pub/forms/cs915sp.pdf>

If you have any questions regarding this letter, please contact your State POP Analyst at (866) 249-0773 or e-mail at ASKPOP@dcss.ca.gov.

Sincerely,

/os/

KAREN ECHEVERRIA
Deputy Director

Enclosures



**REVISED DECLARATION OF PATERNITY (CS909)
INITIAL ORDER FORM**
Initial Orders Only – Do Not Duplicate

_____ Declaration of Paternity (English) (Number of Packages - Package of 100)

_____ Declaration of Paternity (Spanish) (Number of Packages - Package of 100)

MAXIMUM TOTAL ORDER – 5 PACKAGES * ONE ORDER PER FACILITY

Contact Name: _____

Agency/Hospital: _____

Unit: _____
(Medical Records/Maternity/HIM)

Address: _____
(Cannot mail to PO Box)

City, State & Zip Code _____

SAMPLE

PLEASE
PLACE
STAMP
HERE

California Department of Child Support Services
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