OMB Control No: 0970-0017
Expiration date: 07/31/2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF CHILD SUPPORT ENFORCEMENT

Submit 2 Copies

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: TITLE IV-D OF THE SOCIAL SECURITY ACT	TRASNMITTAL NUMBER	STATE
	ACTION TRANSMITTAL NUMBER AND DATE	
TO: REGIONAL REPRESENTATIVE OFFICE OF CHILD SUPPORT ENFORCEMENT DEPARTMENT OF HEALTH AND HUMAN SERVICES REGION _____	PROPOSED EFFECTIVE DATE	
TYPE OF PLAN MATERIAL (Check One) ☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS A NEW PLAN ☐ AMENDMENT		
COMPLETE NEXT 4 BLOCKS IF THIS IS AN AMENDMENT		
FEDERAL REGULATION CITATION		
NUMBER OF THE PLAN SECTION OR ATTACHMENT	NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT	
SUBJECT OF AMENDMENT		
GOVERNOR'S REVIEW (Check One) ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED: ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
SIGNATURE OF STATE AGENCY OFFICIAL (1 Original signature required)	**FOR REGIONAL OFFICE USE ONLY**	
	DATE RECEIVED	DATE APPROVED
TYPED NAME:	PLAN APPROVED – ONE COPY ATTACHED	
	EFFECTIVE DATE OF APPROVED MATERIAL	
TITLE:	SIGNATURE OF REGIONAL OFFICIAL	
DATE OF SUBMITTAL:	TYPED NAME:	
RETURN TO:	TITLE:	
	REMARKS:	

FORM OCSE-21-U4