



Medical Modification Information Sheet

Purpose: The county child support agency uses this information to determine whether an existing order meets review requirements.

Instructions: Read and complete the Medical Modification Information Sheet. Mail or turn in the completed form to your county child support agency. Contact your county child support agency with questions.

Note: In certain situations, you may be **REQUIRED** to provide proof of information contained in this medical information sheet.. This may include copies of medical and/or dental payments, and medical coverage.

I. Personal Information

LAST NAME		FIRST NAME		MIDDLE NAME	
HOME ADDRESS					
CITY		STATE	ZIP CODE	COUNTY	
MAILING ADDRESS (if different from address where you live)					
CITY		STATE	ZIP CODE	COUNTY	
HOME PHONE (include area code)	CELL PHONE NUMBER (include area code)	OTHER PHONE NUMBER		THERE IS NO WAY TO CALL YOU	
HOME EMAIL ADDRESS			WORK EMAIL ADDRESS		

Note: You must report all changes to your child support officer.

II. Medical and Dental Insurance Information – Only the actual cost of medical and dental insurance for the child(ren) of the case(s) will be used to calculate medical and dental costs. If you do not have additional costs to add the child(ren) of this case to your insurance, then fill in "0" for the child(ren)

I have medical insurance available for the child(ren) of this case	Yes	No
I have medical insurance in place for the child(ren) of this case	Yes	No
If you answered "YES" to either question above, the medical insurance coverage is provided by Employer/cobra Union Self/Private Spouse/Other		
NAME OF INSURANCE PROVIDER		
POLICY NUMBER	MONTHLY COST FOR COVERAGE	MONTHLY COST FOR THE CHILD(REN) OF THE CASE
The monthly cost of the insurance plan is based on the cost per person. The cost is \$ _____		
The monthly cost of the insurance plan is based on the cost of the entire family. The cost is \$ _____ The plan covers _____ Adult(s) and _____ Child(ren).		
The other parent carries health insurance for the child(ren) of this case	Yes	No Unknown
I have dental insurance available for the child(ren) of this case	Yes	No

I have dental insurance in place for the child(ren) of this case		Yes	No	
If you answered "YES" to either question above, the dental insurance coverage is provided by				
Employer/cobra	Union	Self/Private	Spouse/Other	
NAME OF INSURANCE PROVIDER				
POLICY NUMBER	MONTHLY COST FOR COVERAGE	MONTHLY COST FOR THE CHILD(REN) OF THE CASE		
The monthly cost of the dental plan is based on the cost per person. The cost is \$_____				
The monthly cost of the dental plan is based on the cost of the entire family. The cost is \$_____				
The plan covers _____ Adult(s) and _____ Child(ren).				
The other parent carries dental insurance for the child(ren) of this case		Yes	No	Unknown

By signing:

- I swear the statements made in this document are true and correct to the best of my knowledge.
- I understand the information I have provided may be filed with the court and shared with others including the other parent.
- I understand I am asking for a change only to the medical portion of my order.
- I understand the county or another party may ask for a modification of all portions of my order (basic child support, medical support and child care support).

SIGNATURE	DATE
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**Your Privacy Rights for Information Collected
by the Child Support Office**

This section tells you about your rights under the Minnesota Government Data Practices Act. This act protects your privacy, but also lets us give information about you to others if a law permits. This form tells why and when we will ask for and give information about you. The child support agency can also explain any additional requirements.

Why do we ask you for this information?

We may ask you for information so we can:

- Tell you from other persons with the same name or similar name
- Make reports, do research, audits, and evaluate our programs
- Establish paternity and child support orders
- Locate parents
- Enforce support orders

Do you have to answer the questions we ask?

Generally the law does not say you have to give us this information. However, this information requested will usually result in a more accurate determination of child support obligations. If you are a custodial parent and not receiving public assistance, your failure to cooperate may result in your case being closed.

What will happen if you do not answer the questions we ask?

We need this information to determine the child support obligation amount. Without your input, we must rely on the other parent and other sources of information.

What if you are on public assistance?

If you are a custodial parent receiving public assistance, you are required to cooperate in obtaining information for the establishment of paternity and/or determination of child support obligations. A financial sanction may be applied against your public assistance grant if you do not cooperate.

With whom may we share the information about you?

This does not mean we always share information about you with these people. It only says that there is a law that says we may share data with these people (sometimes the law says we must share certain information). We may give information about you to the following agencies:

- Minnesota Department of Human Services
- Other welfare offices, including child support enforcement offices
- Mental health centers
- State hospitals or nursing homes
- Ombudsman for mental health and developmental disabilities
- Insurance companies to check benefits you or your children may get
- Anyone under contract with the Minnesota Department of Human Services, or U.S. Department of Health and Human Services, or the county social services agency
- U.S. Department of Health and Human Services
- U.S. Department of Labor and Minnesota Department of Labor and Industry
- U.S. Department of Agriculture
- Immigration and Naturalization Service
- Credit Bureaus
- Minnesota Department of Veteran Affairs
- Minnesota Department of Human Rights
- Others who may pay for your care
- Community food shelves or surplus food programs
- State and Federal auditors
- School and other institutions of higher education
- Member agencies of a local collaborative
- Guardian, conservator or person who has power of attorney for you
- Minnesota Historical Society
- Ombudsman for families
- Creditors
- School District
- Local and state health departments
- American Indian tribes, if your children are Indian and in need of out-of-home placement or you are in need of employment, training, or welfare services at a tribal reservation
- Employees or volunteers of any welfare agency who need the information to do their jobs

- People who investigate child or adult protection matters
- Coroner/medical examiner if you die and your death is investigated
- Employers, union, or other payor of funds
- Internal Revenue Service
- Child or adult protection teams
- Hospital if you, a friend, or relative has an emergency and someone needs to be contacted
- Minnesota Department of Revenue
- Social Security Administration
- Minnesota Department of Employment and Economic Development
- County attorney, Attorney General, or other law enforcement officials
- Fraud Prevention and Control Units
- Court official
- Collection Agencies, if you do not pay the child support or the fees you owe to us for services
- Higher Education Services Office
- County Welfare Boards
- Minnesota Department of Public Safety
- Federal Case Registry
- Anyone else the law says we can give the information

Do you have the right to copies of information we have about you?

- You may ask by written request if we have any information about you.
- You may ask for copies of the information we have about you (you may have to pay for the copies).
- You may give other people permission to see and to have copies of private data about you.
- If you do not understand the information, you may ask to have it explained to you.

How do you appeal if you think information is not accurate or complete?

You must make your objection in writing and you must send it to the child support agency. You must tell us why the information is not accurate or complete. You may send your own explanation of the facts you disagree with. For more information on how to appeal contact your child support officer.

What privacy rights do children have?

If you are under 18, parents may see data about you and authorize others to see this data, unless you have made a request in writing and say what data you want withheld and why. If the agency agrees with you that not sharing the data would be in your best interests, we will not share the data with your parents. If we don't agree with you, the data may be shared with your parents if they ask for it.

Questions?

If you have any questions about the information on this form, contact your child support officer.

Important Statement of Rights

Sharing information

The information provided by both parties or obtained by this office from other sources may be shared, as necessary, during this process. If you are concerned about sharing information, contact the child support officer.

Your right to a lawyer

You have a right to have a lawyer represent you. You may hire a lawyer to represent you. You may also decide to represent yourself.

In a parentage (paternity) action, if the court finds that you cannot afford a lawyer, the court will appoint a lawyer at public expense. If this is a contempt action and incarceration is a possible outcome of this proceeding, if the court finds that you cannot afford a lawyer, the court will appoint a lawyer at public expense.

There is no attorney client relationship between you and the county attorney or county child support agency

Employees of the county attorney or child support agency do not represent either parent, alleged parent, the custodian of the child or the child. The child support agency represents the public interest in cases involving public assistance and in other non-public assistance IV-D cases. The goals of the child support agency may not be the same as yours.

Safety concerns

If you have been threatened or harmed by the other party or if the children have been threatened or harmed by the other party, please contact the child support officer about your safety and the safety of your children.

Your Privacy Rights for Information Collected by the Child Support Office

If the child support agency asks you for private or confidential information about yourself, you have the right to be told: (a) the purpose and intended use of the information (b) if you can refuse or if the law requires

you to give the information (c) what might happen if you give or refuse to give the information and (d) who will be allowed to see the information you give.

The purpose of the fillable form field directly below is to enter a contact's phone number in their area that can assist with the request to interpret this document.

Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

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