



Main Office: 222 East Central Parkway • Cincinnati, Ohio 45202-1225
General Information: (513) 946-1000
General Information TDD: (513) 946-1295
 www.hcjfs.org

Name:	SSN:	SETS Case #:	Date:
Name(s) of Child(ren) covered by private insurance:			

I, or another person in my household, have private insurance coverage for my child(ren). Attach proof of the insurance policy stating:

1. Policy Number
2. Group Number
3. Coverage Begin Date
4. Covered Children's Names
5. Insurance Company Name
6. Insurance Claims Address

If the other person in my household is the policyholder, please complete this additional section:

Policyholder Name:	
Policyholder DOB:	Policyholder Social Security Number: (this is not released to either party)

Check if policyholder has his/her own open child support case.

 Signature of Person Completing Form Phone Email

Return this form and all verification documents:

By Mail to:	By Fax to:
Hamilton County Job & Family Services Child Support Enforcement Agency 2nd Floor 222 E. Central Pkwy Cincinnati, OH 45202	(513) 946 - 2396