RENSSELAER COUNTY
DEPARTMENT OF SOCIAL SERVICES

Kathleen M. Jimino
County Executive

Theresa Beaudoin, Esq.
Deputy Commissioner Services

Randy Hall
Commissioner

Jennifer M. Girzone
Deputy Commissioner Administrative Services

DSS Case #:	**DSS Case Name:**	**DSS Case Worker:**

ABSENT PARENT NAME

First:	**Last:**	**MI:**

ABSENT PARENT CONTACT INFORMATION

Home/Mailing Address:	**City and State:**	**Zip Code:**
Home Phone #:	**Work Phone #:**	**Other #:**

ABSENT PARENT EMPLOYMENT INFORMATION

Employer Name:	**Employer Phone # and/or Address:**

CHILDREN OF THE ABSENT PARENT

1.	2.	3.
4.	5.	6.

ABSENT PARENT CHILD SUPPORT INFORMATION

Has applicant attempted to secure court ordered child support:
Yes [____]No [____]

Amount of Child Support received from absent parent: $_____

Weekly[____] Bi-weekly [____] Monthly [____]

_____ _____

Applicant Signature Date