



Katie Hobbs  
Governor

Michael Wisehart  
Director

Date \_\_\_\_\_

RE: \_\_\_\_\_ ATLAS No.: \_\_\_\_\_

Si usted necesita asistencia con la traducción de este documento, por favor llame a la oficina y pregunte por un representante que hable español.

**Caretaker's Statement Regarding Physical Custody of A Child or Children**

I, *(Caretaker Full Name)* \_\_\_\_\_, *(Date of Birth)* \_\_\_\_\_,  
*(Relationship to Children)* \_\_\_\_\_ state under penalty of perjury that I have had physical custody of the following child(ren) for at least 30 consecutive days beginning on or about \_\_\_\_\_.

I am providing this statement so that I can receive support payments for the child(ren) in my custody. I understand that if I am enrolled with the child(re) in the TANF cash assistance program, the state may retain the support payments to reimburse the grant amount I received.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of Caretaker \_\_\_\_\_ Date \_\_\_\_\_

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**This Section Reserved for Use By the Division of Child Support Services (DCSS)**

Custody Begin Date \_\_\_\_\_ 30<sup>th</sup> Day \_\_\_\_\_ Notice Sent \_\_\_\_\_

Request for Administrative. Review Received \_\_\_\_\_

Disbursement Begin Date \_\_\_\_\_

If you have any questions about this notice, you may contact DCSS Customer Service at (602) 252-4045 (*within Maricopa County*), Nationwide toll free at 1-(800)-882-4151, or TTY/TDD Services: 7-1-1. You may also contact us by e-mail at the DCSS web site at [www.azdes.go/dcass](http://www.azdes.go/dcass).