

**CHILD SUPPORT SERVICES VERIFICATION FORM**

**TO:** CSSD **FROM:** \_\_\_\_\_

**Phone:** (907) 269-6900 option 3 **Phone:** \_\_\_\_\_

**FAX:** (907) 787-3310 **FAX:** \_\_\_\_\_

I, \_\_\_\_\_ grant you permission  
Type or Print Name of person social security number  
to disclose the amount of my benefits to \_\_\_\_\_  
Type or print the name of your agency

\_\_\_\_\_  
Signature of person

1. **Declaration of Payment Received through Child Support Services Division if ordered by a divorce decree, administrative order, or judgement.** The Child Support Services Division (CSSD) shall fill out this section if disbursements are being paid directly to the applicant through CSSD or payments are being made through CSSD.

Child support case number \_\_\_\_\_ Child support case number \_\_\_\_\_  
Monthly Child Support charged \_\_\_\_\_ Monthly Child Support charged \_\_\_\_\_  
Monthly Spousal support charged \_\_\_\_\_ Monthly Spousal support charged \_\_\_\_\_  
Other \_\_\_\_\_ Other \_\_\_\_\_

- Please attach last 12 months payment record received by custodial parent.*
- Please attach last 12 months payment record received by non-custodial parent.*

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of person completing form Title Phone number Date