SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES

Economic Services

CHILD SUPPORT REFERRAL CHILD DATA

Case Name: _____   Case Number: _____

CHDI

Child's Name: _____

CP Relationship to Child: _____   Place of Birth: _____
                                                                    City   State

Mother's Name: (If she is the absent parent)

Last Name	**First Name**	**Middle Name**	**Suffix**

CHDI

Child's Name: _____

CP Relationship to Child: _____   Place of Birth: _____
                                                                    City   State

Mother's Name (If she is the absent parent):

Last Name	**First Name**	**Middle Name**	**Suffix**

CHDI

Child's Name: _____

CP Relationship to Child: _____   Place of Birth: _____
                                                                    City   State

Mother's Name (If she is the absent parent):

Last Name	**First Name**	**Middle Name**	**Suffix**

CHDI

Child's Name: _____

CP Relationship to Child: _____   Place of Birth: _____
                                                                    City   State

Mother's Name (If she is the absent parent):

Last Name	**First Name**	**Middle Name**	**Suffix**

CHDI

Child's Name: _____

CP Relationship to Child: _____   Place of Birth: _____
                                                                    City   State

Mother's Name (If she is the absent parent):

Last Name	**First Name**	**Middle Name**	**Suffix**

CHDI

Child's Name: _____

CP Relationship to Child: _____ Place of Birth: _____

                                                                  City   State

Mother's Name (If she is the absent parent):

Last Name	First Name	Middle Name	Suffix

CHDI

Child's Name: _____

CP Relationship to Child: _____ Place of Birth: _____

    City   State

Mother's Name (If she is the absent parent):

Last Name	First Name	Middle Name	Suffix

CHDI

Child's Name: _____

CP Relationship to Child: _____ Place of _____

    City   State

Birth: Mother's Name (If she is the absent parent):

Last Name	First Name	Middle Name	Suffix

CHDI

Child's Name: _____

CP Relationship to Child: _____ Place of Birth: _____

    City   State

Mother's Name (If she is the absent parent):

Last Name	First Name	Middle Name	Suffix

CHDI

Child's Name: _____

CP Relationship to Child: _____ Place of Birth: _____

    City   State

Mother's Name (If she is the absent parent):

Last Name	First Name	Middle Name	Suffix

CHDI

Child's Name: _____

CP Relationship to Child: _____ Place of Birth: _____

    City   State

Mother's Name (If she is the absent parent):

Last Name	First Name	Middle Name	Suffix

PURPOSE AND INSTRUCTIONS FOR THE DSS FORM 3816-A

Purpose: The DSS Form 3816-A is used to enter custodial parent's relationship to child, place of birth/city and state as well as the Absent Parent's (AP) name when the mother is the AP. This form is normally used for documentation purposes when CHIP is unavailable and is used to enter the documented information into CHIP when the system is available. CHDI section must be completed for **each child** in the benefit group.

Instructions:

Case Name: Self-explanatory.

Case Number: Self-explanatory.

Child's Name: Self-explanatory.

CP Relationship to Child: This is a required field. The DSS employee will enter the relationship of the custodial parent to the child.

Place of Birth: If known, the DSS employee will enter the city and state in which the child was born.

Mother's Name: If known, the DSS employee will enter the mother's full name if she is the AP.