

OK Employer Services Center
P.O. Box 248805
Oklahoma City, OK 73124-8805

State of Oklahoma
Oklahoma Department of Human Services
Oklahoma Child Support Services
(405) 522-5550 Oklahoma City Area
(866) 553-2368 Toll Free
(405) 522-5555 Fax Number
www.OKDHS.org

RE: [Employee Name] _____
AP#: [OCSS Identifying Number] _____
SSN: [Employee Social Security Number] _____
DOB: [Employee Date of Birth] _____

The Oklahoma Department of Human Services is attempting to verify employment for the above named individual regarding child support obligations as authorized by Title 56, §237 (B) (5) of the Oklahoma Statutes. Insurance information is also being requested from employers pursuant to Federal Regulations at 45 CFR 303.30 and 45 CFR 303.31.

Available information indicates your employee records might be of assistance. Please compare the information listed below with your records. If the information is the same, please indicate with a check mark and if incorrect or missing please enter the correct information in the space provided. Also, complete the back of this form concerning medical insurance coverage for children of your employee.

We would appreciate receiving your response within twenty (20) days. Your cooperation will help to conserve tax dollars needed to fund state programs and prevent dependence on welfare programs in the future.

If you have questions concerning this request, contact the office at the telephone number shown above. Thank you for your time and cooperation.

As Known by OKDHS Employer Records

Name: _____

Job Title: _____

Address: _____

SSN: _____

DOB: _____

State Employer ID No.(EIN) _____

Federal Employer ID No.(FEIN) _____

Dates of Employment:

From: _____ To: _____

Salary: _____ () Hourly () Weekly () Semi-Monthly () Monthly

Shift Worked: _____

Policy Renewal Date: _____

Insurance Policy Deductible Amount: \$ _____

Name _____

Address _____

City _____ State _____ ZIP _____

Please correct your business information if it is different from the front page.

Employer Name: _____

State Employer ID Number: (EIN) _____

Federal Employer ID Number: (FEIN) _____

Employer Address: _____
(Location Address) _____ City _____ State _____ ZIP _____

(Delivery Address) _____ City _____ State _____ ZIP _____

(Print name of person completing form)

(Signature)

(Date)

Phone No.() _____

Fax No.() _____