IV-E Eligibility Unit Use Only
Parent Number _____

Arkansas Department of Human Services

Division of Children and Family Services

Federal Parent Locator System Information

See Instructions listed below

Removal County: _____

Child's Name	Child's SSN	Child's DOB	Child's Medicaid #

THE INFORMATION IN THIS SECTION RELATES TO THE ABSENT PARENT TO BE LOCATED.

Last Name:	First Name:	Middle Name:	Suffix:
Social Security Number:		Gender:	
Date of Birth:		Ethnicity:	
Place of Birth:			
Mother's Maiden Name:		Driver's License Number:	
Last Known Address:		Telephone Number:	
Possible Current Location:			
Professional Licenses:			
Last Known Employer:			
Employer's Address:			
Employer's Phone Number:			
Health Insurance Name:		Policy Number:	
Date of Child Support Order:	Order Number:	Ordered Amount:	
Frequency:	Payee:		
Date of Last Payment:	Amount of Last Payment:		
Has this person ever been a member of the Armed Forces? Yes ☐	No ☐		
Branch:			
Has this person ever received federal compensation or benefits? Yes ☐	No ☐		
If "Yes," what?			
Has this person ever been convicted of a state or federal crime? Yes ☐	No ☐		
If "Yes," what?			
Do you have any other information that might be helpful in locating this individual?			

_____ _____ _____

Family Service Worker Phone Number Date

Family Service Worker E-Mail Address: _____

e-mail address: IVEEligibilityUnit@mail.state.ar.us