



AUTHORIZATION / REQUEST FOR GENETIC TESTING SERVICES

State Form 54716 (11-11)
DEPARTMENT OF CHILD SERVICES

CONFIDENTIAL

INSTRUCTIONS: This form is to be completed and signed by the DCS authorized agent and forwarded to the provider named below. Only authorized genetic testing providers under contract to the Indiana Department of Child Services may be utilized. The provider is to submit this fully completed form and an invoice for payment.

County office
Address of county (number and street, city, state, and ZIP code)
Name of genetic testing services provider

TYPE AND IDENTIFIER OF CASE			
<p>If the Genetic Testing is being performed for the Child Support Bureau in regards to a Title IV-D case, you must check the ISETS Case box and provide the ISETS case number. If the Genetic Testing is being performed for DCS Child Welfare in regards to a Child Welfare case, you must check the MaGIK / ICWIS Case box and provide the MaGIK / ICWIS case number.</p>			
<input type="checkbox"/> ISETS Case	ISETS case number	<input type="checkbox"/> MaGIK / ICWIS Case	MaGIK / ICWIS case number

You are requested to provide genetic testing services for the individuals listed below to assist in the determination of paternity for the child(ren) named.

INDIVIDUALS FOR WHOM PAYMENT HAS BEEN AUTHORIZED		
Name of child(ren)'s mother	Date of birth (month, day, year)	Last four (4) digits of Social Security Number
Name of child	Date of birth (month, day, year)	Last four (4) digits of Social Security Number
Name of child	Date of birth (month, day, year)	Last four (4) digits of Social Security Number
Name of child	Date of birth (month, day, year)	Last four (4) digits of Social Security Number
Name of putative father	Date of birth (month, day, year)	Last four (4) digits of Social Security Number
Comments		

Upon completion of the services requested, you are hereby authorized to submit billing to the Indiana Department of Child Services for these services.

CERTIFICATION	
<p>I certify that I am a duly authorized agent of the Indiana Department of Child Services. I further certify that these services have been requested pursuant to a court order or an agreement between the parties, and these services are necessary to carry out my obligation as a DCS representative or relative to a Title IV-D case pursuant to the terms of a cooperative agreement between this jurisdiction and the Indiana Department of Child Services, Child Support Bureau.</p>	
Signature of authorized agent	Date (month, day, year)
Printed name of authorized agent	Title