



CSSD Policy			
Subject:	Death Verification Policy	Number	2013-2
Approval Date:		Pages:	1
Approved By	Benidia A. Rice, Director	Revision:	Final

- I. **PURPOSE:** To establish a procedure for verifying Custodial Parent (CP), Non-Custodial Parent (NCP), and Dependent Child (DP) death. Depending on the nature of the case, the following policies may need to be referenced: Case Closure Policy and Procedures Reference Manual 2007-22, How to Obtain Arrears Through Probate Proceedings When a NCP is Deceased 2013-3 (Revised), and Deceased Custodial Parent Case Closure 2013-4 (Revised). This policy is applicable to all IV-D cases.
- II. **AGENCY IMPACT:** This policy affects all CSSD units, particularly the Enforcement Unit.
- III. **REFERENCES:** CSSD Case Closure Policy Reference Manual - 2007-22 (November 1, 2007); How to Obtain Arrears Through Probate Proceedings When an NCP is Deceased 2013-3 (Revised)
- IV. **DEFINITIONS:**
 - Custodial Parent (“CP”)** – The person with whom the dependent child(ren) resides.
 - Non-Custodial Parent (“NCP”)** – The person who has a legal duty to provide support for a dependent child(ren). The dependent child(ren) does not reside with the NCP.
 - Dependent (DP)** -- A child who is under the care of someone else or who remains eligible for child support after reaching the age of emancipation under District law.
 - Death Verification via Service Program Form (DVSPF)**— Form that must be filled out and scanned into file when death is verified via funeral service program. This form documents calls made to a funeral home further verifying death.
- V. **INQUIRIES:** Policy and Training Section (202) 724-2131; Enforcement Unit (202) 724 2254.
- VI. **POLICY:** When a Custodial Parent (CP), Non-Custodial Parent (NCP), or Dependent (DP) dies CSSD must verify death and date of death by the authorized methods.

Death Verification via Service Program Form (DVSPF)

Decedent's Name: _____

Relationship to Child: NCP CP

Copy of Program submitted by: _____

Funeral Home Name: _____

Funeral Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Date Funeral Home Called : _____

Name of Employee at Funeral Home who Verified Death: _____

Efforts to verify Funeral Home is a valid business:

Google Search Yes No

Better Business Bureau Yes No

Official Phone Book Yes No

Other _____

***This form must be used whenever death is verified using a program/obituary from a funeral home.**