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.