DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF CHILD SUPPORT ENFORCEMENT

OMB Control No: 0970-0017
Expiration date: 07/31/2023

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: TITLE IV-D OF THE SOCIAL SECURITY ACT	TRANSMITTAL NUMBER	STATE
	ACTION TRANSMITTAL NUMBER AND DATE	
TO: REGIONAL REPRESENTATIVE OFFICE OF CHILD SUPPORT ENFORCEMENT DEPARTMENT OF HEALTH AND HUMAN SERVICES REGION _____	PROPOSED EFFECTIVE DATE	
TYPE OF PLAN MATERIAL (Check One) ☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS A NEW PLAN ☐ AMENDMENT ☐ MANDATORY STATE LAW AND PROCEDURES EXEMPTION REQUEST AMENDMENT		
COMPLETE NEXT 4 BLOCKS IF THIS IS AN AMENDMENT		
FEDERAL REGULATION CITATION		
NUMBER OF THE PLAN SECTION OR ATTACHMENT	NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT	
SUBJECT OF AMENDMENT		
GOVERNOR'S REVIEW (Check One) ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED: ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
SIGNATURE OF STATE AGENCY OFFICIAL (Electronic signature acceptable)	**FOR REGIONAL OFFICE USE ONLY**	
	DATE RECEIVED	DATE APPROVED
TYPED NAME:	PLAN APPROVED – ONE COPY ATTACHED	
	EFFECTIVE DATE OF APPROVED MATERIAL	
TITLE:	SIGNATURE OF REGIONAL OFFICIAL	
DATE OF SUBMITTAL:	TYPED NAME:	
RETURN TO:	TITLE:	
	REMARKS:	

FORM OCSE-21-U4

The Paperwork Reduction Act of 1995 (Pub. L. 104-13) Statement of Public Burden: The purpose of this information collection is to transmit information about amendments to the State Plan for state child support programs. Public reporting burden for this collection of information is estimated to average .25 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information in order for states to receive funding under Title IV-D of the Social Security Act (42 U.S.C. §§ 651 - 669). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact the ACF Reports Clearance Officer by email at infocollection@acf.hhs.gov.