



State of Illinois
Department of Healthcare and Family Services

INSTRUCTIONS FOR PROVIDERS

**Mandate: Illinois Compiled Statutes
PUBLIC HEALTH
(410 ILCS 535/) Vital Records Act**

State law requires providers to offer an unmarried woman or a woman who was married or in a civil union at the time of conception or birth of the child to someone who is not the biological father and alleged biological father an opportunity to establish paternity through the Voluntary Acknowledgment of Paternity process after the birth of the child and to supply written materials and an oral explanation of the implications of, alternatives to, legal consequences of and the rights and responsibilities that arise from signing the Voluntary Acknowledgment of Paternity. To assist you with this process, the Illinois Department of Healthcare and Family Services (HFS) provides the following forms:

HFS 3416, Information on Applying for Child Support Services, is a one page English/Spanish form, that gives parents information on how to apply for child support services.

HFS 3416A, Two Parents: Give Your Child HOPE, provides important information on paternity establishment. HFS 3416AS is the Spanish version of Two Parents: Give Your Child HOPE.

HFS 3416B, Voluntary Acknowledgment of Paternity, (VAP) includes instructions for completing the form. HFS 3416BS is a Spanish version of the VAP but is not a legal document and is used for translation purposes only.

HFS 3416D, Denial of Parentage, (Denial) is signed, witnessed, and filed with the HFS by the biological mother and/or the presumed parent if they were married or in a civil union at the time of conception or upon the birth of the child and the presumed parent is not the biological father. The Denial includes instructions for completing the form. HFS 3416DS is the Spanish version of the Denial but is not a legal document and is used for translation purposes only.

HFS 3416E, Rescission of the Voluntary Acknowledgment of Paternity or Rescission of Denial of Parentage, (Rescission) is used when the biological mother or the presumed parent who signed the VAP as the biological father wants to rescind (withdraw) the legal parent and child relationship which was established by signing the VAP. The Spanish version of the Rescission is not a legal document and is used for translation purposes only.

HFS 3416H, Request for a Certified Copy of the Illinois Voluntary Acknowledgment of Paternity and/or Denial of Parentage, is available for parents who signed the VAP or Denial and/or their attorney (with written consent from one of the parents) to request a certified copy of the VAP or Denial from the HFS Administrative Coordination Unit.

HFS 11036, Envelope, addressed to the Division of Child Support Services Administrative Coordination Unit.

INSTRUCTIONS FOR STAFF PROVIDING FORMS TO PARENTS

If the biological mother, the biological father, or the presumed parent has questions or requires assistance regarding the VAP process, he or she may call the Child Support Customer Service Call Center toll-free at 1-800-447-4278 between the hours of 8:00 a.m. and 4:30 p.m., Monday thru Friday. Persons using a teletypewriter (TTY) please call 1-800-526-5812. Providers can call their Paternity Establishment Liaison (PEL) or email us at HospPaternity@illinois.gov with questions.

- Do not give the parents legal advice. Tell them to consult an attorney.
- Explain the parents' rights and responsibilities. Parents may also call the Customer Service Call Center at 1-800-447-4278 or the VAP line at 1-844-215-6576 to hear the oral explanation. The Call Center Automated Voice Response System (AVRS) is available 24 hours a day, seven days a week in English and Spanish. Encourage parents to read all the instructions on the back of the forms.
- Explain the VAP to the biological mother and biological father and if required, the Denial to the biological mother and presumed parent.
- The VAP and Denial may be signed before the child is born.

- Minors may sign the form without the consent of a guardian and child support may be ordered.
- If the mother is not married at the time of conception or birth, the name of the biological father may only be entered on the child's birth certificate after the mother and biological father sign the VAP.
- If the biological mother is/was married or in a civil union at the time of conception or birth, and presumed parent is not the biological father, the name of the biological father may only be entered on the child's birth certificate if the mother and the biological father sign the VAP **and** the mother and husband/ex-husband sign the Denial. If the mother and presumed parent do not sign the Denial, that person's name **MUST BY LAW** be placed on the birth certificate.
- The provider sends the original VAP to the HFS address listed on the back of the form. The provider retains a copy for their records. The mother and biological father may request copies.
- If the Denial is signed by the mother and presumed parent and the VAP is signed by the mother and biological father, send both originals to the HFS address listed on the forms. Keep a copy of both forms for provider's records. The presumed parent and the biological father may request copies.
- If the Rescission is signed and witnessed, mail all original documents to the HFS address listed on the back of the form. Upon verification, HFS will mail copies to the appropriate parties and will notify the Department of Public Health, Division of Vital Records to amend the birth certificate.

HOW TO ORDER ADDITIONAL SUPPLIES

The above mentioned forms may be ordered from HFS at www.childsupport.illinois.gov or by faxing HFS 1517CS, Request for Paternity/Child Support Services Forms, to 217-557-3459. When ordering forms, you must use your hospital provider number. If unknown, you may contact your billing department to obtain your hospital provider number.

HFS 3416B	Voluntary Acknowledgment of Paternity (HFS 3416BS Spanish)
HFS 3416D	Illinois Denial of Parentage (HFS 3416DS Spanish)
HFS 3416E	Rescission of Illinois Voluntary Acknowledgment of Paternity or Rescission of Denial of Parentage (HFS 3416ES Spanish)
HFS 3416A	Two Parents: Give Your Child HOPE (HFS 3416AS Spanish)
HFS 3416	Information on Applying for Child Support Services
HFS 3282	What Parents Need To Know About Establishing Paternity In Illinois (HFS 3282S -Spanish)
HFS 3415	Instructions for Providers
HFS 3416H	Request for a Certified Copy of the Voluntary Acknowledgment of Paternity
HFS 1517CS	Request for Paternity/Child Support Services Forms
HFS 11036	Envelope addressed to the Administrative Coordination Unit