



State of Illinois
Department of Healthcare and Family Services

INSTRUCTIONS FOR PROVIDERS

**Mandate: Illinois Compiled Statutes
FAMILIES
(750 ILCS 46/) Equality for Every Family Act**

**PUBLIC HEALTH
(410 ILCS 535/) Vital Records Act**

To make it easier for unmarried parents to establish parentage at the time of the child's birth, Illinois law makes it possible for both parents to sign a Voluntary Acknowledgment of Parentage (VAP) at the hospital. A VAP, signed by both the Birth Parent and one other Parent, witnessed, and filed with HFS, establishes parentage. The other Parent can be either a genetic parent or an intended parent of a child born through assisted reproduction (other than surrogacy). A valid VAP allows the Parent's (genetic or intended) name to be placed on the child's birth certificate, along with the Birth Parent, without going to court or opening a child support case with HFS.

State law requires providers to supply information and an oral explanation regarding the implications of, alternatives to, legal consequences of, and the rights and responsibilities that arise from signing the Voluntary Acknowledgment of Parentage. To assist 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 parentage establishment. HFS 3416AS is the Spanish version of Two Parents: Give Your Child HOPE.

HFS 3416B, Voluntary Acknowledgment of Parentage (VAP) is used by the Birth Parent and the Parent (genetic or intended) to establish parentage. The 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 used by the Birth Parent and their Spouse/Former Spouse (Spouse) if they were married or in a civil union at the time of conception or upon the birth of the child and the Spouse is not the Parent (genetic or intended parent). 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 Parentage or Rescission of Denial of Parentage (Rescission) is used to withdraw a previously signed VAP or Denial (60-day time limit from the effective date of the VAP or Denial). Either the Birth Parent or the other Parent (genetic or intended) who signed the VAP can rescind (withdraw) the legal parent and child relationship which was established by signing the VAP. The Birth Parent or Spouse who signed the Denial can rescind (withdraw) the non-parentage established by signing the Denial. HFS 3416E is the Spanish version of the Rescission but 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 Parentage and/or Denial of Parentage, is available for parties who signed the VAP or Denial and/or their attorney (with written consent from one of the parties) to request a certified copy of the VAP or Denial from the HFS Administrative Coordination Unit.

HFS 11036 and 11036A, Envelopes, addressed to the Child Support Services Administrative Coordination Unit. HFS 11036A is the larger envelope.

INSTRUCTIONS FOR STAFF PROVIDING FORMS TO PARENTS

If the Birth Parent, the Parent (genetic or intended), or the Spouse/Former Spouse has questions or requires assistance regarding the VAP process, they 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 Parentage 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 Birth Parent and Parent and if required, the Denial to the Birth Parent and Spouse.
- 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 Birth Parent is not married at the time of conception or birth, the name of the other Parent may only be entered on the child's birth certificate after the Birth Parent and other Parent sign the VAP.
- If the Birth Parent is/was married or in a civil union at the time of conception or birth, and Spouse is not the Parent, the name of the Parent may only be entered on the child's birth certificate if the Birth Parent and the Parent sign the VAP, **and** the Birth Parent and Spouse sign the Denial. If the Birth Parent and Spouse do not sign the Denial, that person's name **MUST BY LAW** be placed on the birth certificate.
- The provider sends the official VAP to the HFS address listed on the back of the form. The provider retains a copy for their records. The Birth Parent and Parent may request copies.
- If the Denial is signed by the Birth Parent and Spouse and the VAP is signed by the Birth Parent and Parent, send both documents to the HFS address listed on the forms. Keep a copy of both forms for provider's records. The Birth Parent, Spouse, and the Parent may request copies.
- If the Rescission is signed and witnessed, mail all official 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

Forms may be ordered from HFS at hfs.illinois.gov/childsupport/formsrequest.html When ordering forms, you must use your hospital provider number. If unknown, you may contact your billing department to obtain your hospital provider number.

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| HFS 3416B | Voluntary Acknowledgment of Parentage (HFS 3416BS Spanish) |
| HFS 3416D | Illinois Denial of Parentage (HFS 3416DS Spanish) |
| HFS 3416E | Rescission of Illinois Voluntary Acknowledgment of Parentage or Rescission of Illinois 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 Parentage in Illinois (HFS 3282S Spanish) |
| HFS 3415 | Instructions for Providers |
| HFS 3416H | Request for a Certified Copy of the Voluntary Acknowledgment of Parentage and/or Denial of Parentage |
| HFS 11036 | Envelope addressed to the Administrative Coordination Unit (HFS 11036A, large envelope) |