

INSTRUCTIONS FOR HOSPITALS
HOPE (Hospital Opportunity for Paternity Establishment)

State Law requires hospitals to provide the child's mother and biological father an opportunity to establish paternity through the Voluntary Acknowledgment of Paternity process while the mother and child are still in the hospital. Hospital staff are required to provide 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 3416B, Voluntary Acknowledgment of Paternity, (hereafter called 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 Paternity, (hereafter called Denial) is signed by the mother and the husband/ex-husband if they were married at the time of conception or upon the birth of the child and he 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, (hereafter called Rescission) is used when the mother or the man 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 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 3416, Request for Application for Child Support Services, is a one page English/Spanish form. The Request for Application for Child Support Services provides the opportunity for the mother/father to request child support services from the Illinois Department of Healthcare and Family Services, Division of Child Support Services. The Spanish version of this form is legal and accepted.

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

INSTRUCTIONS FOR STAFF PROVIDING FORMS TO PARENTS

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, when the mother, the biological father or the husband/ex-husband has questions or requires assistance regarding the VAP process. Persons using a teletypewriter (TTY) please call 1-800-526-5812. Hospital staff can call the Division of Child Support Services at 312-793-8213 or their Paternity Establishment Liaison (PEL) with questions.

- Do not give the parents legal advice. Tell them to consult an attorney.
- Explain the parent's rights and responsibilities; or have them call the Customer Service Call Center at 1-800-447-4278. The Call Center is available 24 hours a day, seven days a week in English and Spanish. Have them read all the instructions on the back of the forms.
- Explain the VAP to the mother and biological father and if required, the Denial to the mother and husband/ex-husband.
- The VAP and Denial may not be signed before the child is born.
- Minors may sign the form without the consent of a guardian and child support may be ordered, but paternity is not conclusive until 6 months after the younger of the parents turns 18.

- 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 mother is/was married at the time of conception or birth, and the husband/ex-husband 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 husband/ex-husband do not sign the Denial, the husband/ex-husband's name MUST BY LAW be placed on the birth certificate.
- The hospital sends the original VAP to the HFS address listed on the back of the form. The hospital retains the first copy for their records. The second and third copies are given to the mother and biological father.
- If the Denial is signed by the mother and husband/ex-husband and the VAP is signed by the mother and biological father, send both originals to the HFS address listed on the forms. Keep the first copy of both forms for hospital's records. Give the second and third copies to the mother, the husband/ex-husband and the biological father respectively.
- If the Rescission is signed and witnessed, mail all copies 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.ChildSupportIllinois.com or by sending HFS 1517CS, Request for Paternity/Child Support Services Forms, to HFS. When ordering forms, you must use your hospital provider number. If unknown, you may contact your billing department for instructions or you may call 312-793-8213 to obtain your hospital provider number.

HFS 3416B	Voluntary Acknowledgment of Paternity (HFS 3416BS Spanish)
HFS 3416D	Illinois Denial of Paternity (HFS 3416DS Spanish)
HFS 3416E	Rescission of Illinois Voluntary Acknowledgment of Paternity (HFS 3416ES Spanish)
HFS 3416A	Two Parents: Give Your Child HOPE (HFS 3416AS Spanish)
HFS 3416	Request for Application
HFS 3282	Paternity Information You Should Know (HFS 3282S - Spanish)
HFS 3415	Instructions for Hospitals – HOPE (Hospital Opportunity for Paternity Establishment)
HFS 3416H	Request for a Certified Copy of the Voluntary Acknowledgment of Paternity
HFS 1517CS	Provider Forms Request
HFS 11036	Envelope addressed to the Administrative Coordination Unit

Send Cook and collar county order requests HFS 1517CS to:

Send other county order requests HFS 1517CS to:

HOPE ORDER HFS 1517CS
ILLINOIS DEPARTMENT OF HEALTHCARE
AND FAMILY SERVICES
5150 ROOSEVELT RD.
CHICAGO, IL 60644-1437

HOPE ORDER HFS 1517CS
ILLINOIS DEPARTMENT OF HEALTHCARE
AND FAMILY SERVICES
5000 INDUSTRIAL DRIVE
SPRINGFIELD IL 62703-5387

Other promotional materials in English/Spanish and various promotional brochures may be obtained by calling 312-793-8213 or contacting the:

COMMUNITY OUTREACH
ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
32 W. RANDOLPH
CHICAGO, IL 60601-3405

HFS 3415 (R-5-11)