

Department of Health and Human Services
Administration for Children and Families
Office of Child Support Enforcement

Employer Services Agreement and Profile

By completing and providing the information contained in the **“Employer Services Profile Form,”** the employer or third party processor agrees that it will:

Not impersonate any individual, entity, or association, conceal or provide misleading information about my identity while transmitting files.

Provide true, accurate, current, and complete information about the entity identified in the “Profile Form.”

Provide written notice to the Office of Child Support Enforcement, at least 30 days in advance, of its intent to no longer send Employer Services files.

Not use any information obtained as a result of involvement with the Employer Services for employment decisions.

By checking "Accept", you certify that you have read and understood, and agree to the terms of this agreement.

Accept

Decline

Employer Services

Employer Services Profile Form

Required *

General Information

Enter general information about your organization and participation in Employer Services.

Start Date: *

(MM/DD/YYYY)

FEIN: *

(Primary Federal Employer Identification Number. Format: 123456789)

Organization Type: *

Organization Name: *

Organization Short Name:

(Supply a shortened name, abbreviation, or acronym for your organization.)

Address Information

Address Line 1: *

Address Line 2:

Address Line 3:

City: *

State: *

Zip Code: *

Format: 12345 or 123456789

Required *

Contact Information

Enter business, technical support, and alternate contact information.

Business Contact Information

Enter business contact information.

Contact Name: *

Contact Phone Number: *

(Enter numeric digits only, including area code. Format: 1231231111)

Contact Fax:

(Enter numeric digits only, including area code. Format 1231231111)

Contact E-mail: *

(Format: name@somewhere.com)

Click if you want E-mail notifications sent to this E-mail address

Technical Support Contact Information

Enter technical support contact information.

Contact Name:

Contact Phone Number:

(Enter numeric digits only, including area code. Format: 1231231111)

Contact Fax:

(Enter numeric digits only, including area code. Format: 1231231111)

Contact E-mail:

(Format: name@somewhere.com)

Click if you want E-mail notifications sent to this E-mail address

Alternate Contact Information

Enter alternate contact information.

Contact Name:

Contact Phone Number:

(Enter numeric digits only, including area code. Format: 1231231111)

Contact Fax:

(Enter numeric digits only, including area code. Format: 1231231111)

Contact E-mail:

(Format: name@somewhere.com)

Click if you want E-mail notifications sent to this E-mail address

Alternate Contact Information

Enter alternate contact information.

Contact Name:

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(Enter numeric digits only, including area code. Format: 1231231111)

Contact Fax:

(Enter numeric digits only, including area code. Format: 1231231111)

Contact E-mail:

(Format: name@somewhere.com)

Click if you want E-mail notifications sent to this E-mail address

Server Information

Please provide the public source IP addresses used by your organization to access the internet. In most cases, the addresses will be those of your company's internet proxy servers, or the public IP address of the computer that will be used to access Employer Services. Verify addresses with your network administrator.

IP Address Information

Public Source IP Address:

Public Source IP Address:

Public Source IP Address:

File Information

Your organization must submit Employer Services files as .csv, .txt, .xls, and .xlsx files only. The file names must only contain alphanumeric characters, no characters such as spaces or parentheses. If your organization submits multiple files on one day, each file name must be unique. A suggested approach is to append a date and a sequence number to the file name. (Example: 123456789.DI.06092012.33.xls)

We will only process files if your organization has a profile and registered user in the system.

Public reporting burden for this collection of information is estimated to average 0.08 hours, per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a currently valid OMB control number.