

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

Employer Services Profile

Description of Service

After completing the registration process and receiving your activation code, you can access the Portal to:

1. Supply and update information about your organization such as addresses, contact names, phone numbers, and email addresses.
2. Report lump sum payments for employees who may owe past-due child support.
3. Report employee terminations.
4. Register as a multistate employer if you have employees in more than one state and choose to report all new and rehired employees to only one of those states.

Instructions

Fill out all the required fields in this form and email it to the [Portal Help Desk](#). One of our team members may contact you if additional information is necessary to complete the registration process.

Note

If you are a multistate employer and want to register only to report new hires to one state or update information in the Multistate Employer Registry, download and complete the [Multistate Employer Registration](#) form on our website and follow the instructions.

Disclaimer

By completing and supplying the information in this form, you agree to:

1. Not impersonate any individual, entity, or association; conceal; or supply misleading information about my identity while transmitting files.
2. Supply true, accurate, current, and complete information about the entity identified in this form.
3. Not use any information obtained because of involvement with Employer Services for employment decisions.

A third-party provider certifies that it has authorization to update information on OCSE's Child Support Portal on behalf of clients.

Security

The employer, company, or government agency shall have appropriate procedures in place to promptly report confirmed or suspected information security or privacy incidents, including, but not limited to, unauthorized use or disclosure of Personally Identifiable Information (PII) involving confidential child support information submitted through OCSE to your organization. As soon as reasonably practicable after discovery, but in no case later than one hour after discovery of the incident, the employer, company, or government agency shall report confirmed or suspected incidents to OCSE as specified in this paragraph. The requirement for the employer, company, or government agency to report confirmed or suspected incidents involving PII to OCSE is based on federal guidance/requirements from the Office of Management and Budget (OMB), Health and Human Services (HHS), the Federal Information Systems Security Modernization (FISMA) Act of 2014, and the United States Computer Emergency Readiness Team (US-CERT).

Incidents must be reported via email to OCSE using the security mailbox address:
ocsesecurity@acf.hhs.gov

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

Accept Decline

Required *

General Information

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

Date: *

(The date you are completing the form using MM/DD/YYYY format.)

FEIN: *

(Primary Federal Employer Identification Number – enter as nine numeric characters with no hyphen after the second number.)

Organization Type: *

(Select Employer if you manage your own company's employee reporting. Select Third Party if you are a payroll company or manage multiple employee reporting clients.)

Organization Name: *

Organization Short Name:

(Enter abbreviation for your organization. Maximum 25 characters.)

Address Information

Address Line 1: *

Address Line 2:

Address Line 3:

City: *

State: *

ZIP Code (5 digits): *

ZIP Code Ext:

Is this the Payroll/Income Withholding Order address?

Yes No

Required *

Contact Information

Enter business, technical, and alternate contact information. If you have multiple contacts for child support purposes, you can add their information on the Portal.

Business Contact Information

First Name: *

MI:

Last Name: *

Email: *

(Format: name@somewhere.com)

Select if you want email notifications sent to this address.

Does this email address belong to a shared email box? *

Yes No

Phone Number: *

(Enter numeric characters only. Include area code. Format: 1231231111)

Phone Ext:

Fax Number:

(Enter numeric characters only. Include area code. Format 1231231111)

Select other contact types that apply:

- | | | | |
|---|--|---|------------------------------------|
| <input type="checkbox"/> Alternate | <input type="checkbox"/> General | <input type="checkbox"/> Multistate/MSER | <input type="checkbox"/> Technical |
| <input type="checkbox"/> Verification of Employment | <input type="checkbox"/> National Medical Support Notice | <input type="checkbox"/> Payroll/Income Withholding Order | |
| <input type="checkbox"/> Lump Sum | <input type="checkbox"/> Accounts Payable | | |

Technical Contact Information

This person is a network or system administrator who can help provide corporate IP address information or batch system information, if applicable.

First Name:

MI:

Last Name:

Email:

(Format: name@somewhere.com)

Select if you want email notifications sent to this address.

Does this email address belong to a shared email box?

Yes No

Phone Number:

(Enter numeric characters only. Include area code. Format: 1231231111)

Phone Ext:

Fax Number:

(Enter numeric characters only. Include area code. Format: 1231231111)

Select other contact types that apply:

- Business
- General
- Multistate/MSER
- Alternate
- Verification of Employment
- National Medical Support Notice
- Payroll/Income Withholding Order
- Lump Sum
- Accounts Payable

Alternate Contact Information

This is the person child support agencies may contact regarding case-specific questions.

First Name:

MI:

Last Name:

Email:

(Format: name@somewhere.com)

Select if you want email notifications sent to this address.

Does this email address belong to a shared email box?

Yes No

Phone Number:

(Enter numeric characters only. Include area code. Format: 1231231111)

Phone Ext:

Fax Number:

(Enter numeric characters only. Include area code. Format: 1231231111)

Select other contact types that apply:

- Business
- General
- Multistate/MSER
- Technical
- Verification of Employment
- National Medical Support Notice
- Payroll/Income Withholding Order
- Lump Sum
- Accounts Payable

Communication Preference

You must select a preferred method of communication for your organization: email, fax, or phone.

Communication Preference: *

IP Address Information

The federal Office of Child Support Enforcement (OCSE) requires a public Internet Protocol (IP) address from external partners to allow secure access to the Child Support Portal. OCSE independently verifies the IP address and organization name with the American Registry for Internet Numbers (ARIN), a regional internet registry for the United States. For more information, visit the [ARIN website](#).

Enter the public IP addresses your organization uses to access the internet. In most cases, the IP address is your company's internet proxy server or the public IP address of the computer used to access OCSE's Child Support Portal. To locate your public IP address, search on the internet for "[What Is My Public IP Address](#)." You must verify the addresses with your network administrator.

Public IP Addresses: *

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By completing this section, you certify your organization holds exclusive use of the static IP addresses assigned by an Internet Service Provider vendor. If the static IP address assigned to your organization changes, you must contact the [Portal Help Desk](#).

Name of Internet Service Provider: *

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(Example: Comcast, AT&T, or Verizon. Enter your company name if you own your IP address and it is verifiable on ARIN website.)

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this voluntary information collection is for OCSE to register and authenticate authorized users of the Employer Services applications on OCSE's Child Support Portal. Public reporting estimated burden for this collection of information is 0.08 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. As provided by 42 U.S.C. § 653(m)(2), any confidential information collected for this program is accessed only by authorized users. A federal agency may not conduct or sponsor an information collection without a valid OMB Control Number. No individual or entity is required to respond to, nor shall an individual or entity be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, without a current valid OMB Control Number. If you have any comments on this collection of information, please contact OCSEFedSystems@acf.hhs.gov.