

# Screen

Office of Child Support Services Child Support Portal

## CHILD SUPPORT PORTAL

PORTAL HOME FAQ CONTACT US

**Required \***

### General Information

**\* FEIN**  
654654789

**\* Organization Name**  
Enter Organization Name

**Organization Short Name**  
Enter name here (Enter abbreviation for your organization. Maximum 25 characters)

**\* Organization Type**

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

Cancel Next Continue Later

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Office of Child Support Services

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Help Desk  
1-800-258-2736  
csportal@acf.hhs.gov

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**Required \***

### Address Information

**\* Address Line 1**  
Enter number and street

**Address Line 2**  
additional info

**Address Line 3**  
additional info

**\* City**  
Enter City

**\* State**  
--SELECT--

**\* ZIP Code**  
12345

**ZIP Code Ext**  
1234

**Is this the Payroll/Income Withholding Order address?**  
 Yes  No

Continue Later Previous Next

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### Business 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.

**\* First Name**  **MI**  **\* Last Name**

**\*Phone Number**  (Enter numeric characters only. Include area code. Format: 1231231111) **Extension**

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

**\*Email**  (Format: name@somewhere.com)

Select Other Contact Types that Apply:

Select if you want email notifications sent to this address.  
**\*Does this email address belong to a shared email box?**  Yes  No

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### 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**

**Phone Number**  (Enter numeric characters only. Include area code. Format: 1231231111) **Extension**

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

**Email**  (Format: name@somewhere.com)

Select Other Contact Types that Apply:  
 Technical

Select if you want email notifications sent to this address.  
Does this email address belong to a shared email box?  Yes  No

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### Alternate Contact Information

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

**First Name**  **MI**  **Last Name**

**Phone Number**  (Enter numeric characters only. Include area code. Format: 1231231111) **Extension**

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

**Email**  (Format: name@somewhere.com)

Select Other Contact Types that Apply:

Select if you want email notifications sent to this address.  
Does this email address belong to a shared email box?  Yes  No

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**Required \***

**Communication Preference**

\*You must select a preferred method of communication for your organization.

Email  Fax  Phone  Communication Center

**IP Address Information**

The federal Office of Child Support Services (OCSS) requires a public Internet Protocol (IP) address from external partners to allow secure access to the Child Support Portal. OCSS 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 the OCSS 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:**       **Optional IP Address:**       **Optional IP Address:**       **Optional IP Address:**

By completing this section, you certify that your organization holds exclusive use of the static IP addresses assigned by an Internet Service Provider vendor except if the IP address is associated with a home office. If the static IP addresses assigned to your organization or the IP address of the home office change, then you must contact the Technical Operations Support.

\* **Name of Internet Service Provider:**       (Example: Comcast, AT&T, or Verizon. Enter your company name if you own your IP address and it is verifiable on the ARIN website.)

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this voluntary information collection is for OCSS to register and authenticate authorized users of the Employer Services applications on OCSS'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 [OCSSFedSystems@acf.hhs.gov](mailto:OCSSFedSystems@acf.hhs.gov).

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