

Birth Reporting Webinar Conference Call

Acknowledgment of Paternity Overview

August 29th and 31st 2017

Public Health Division
Center for Public Health Practice
Center for Health Statistics



Today's Presenters

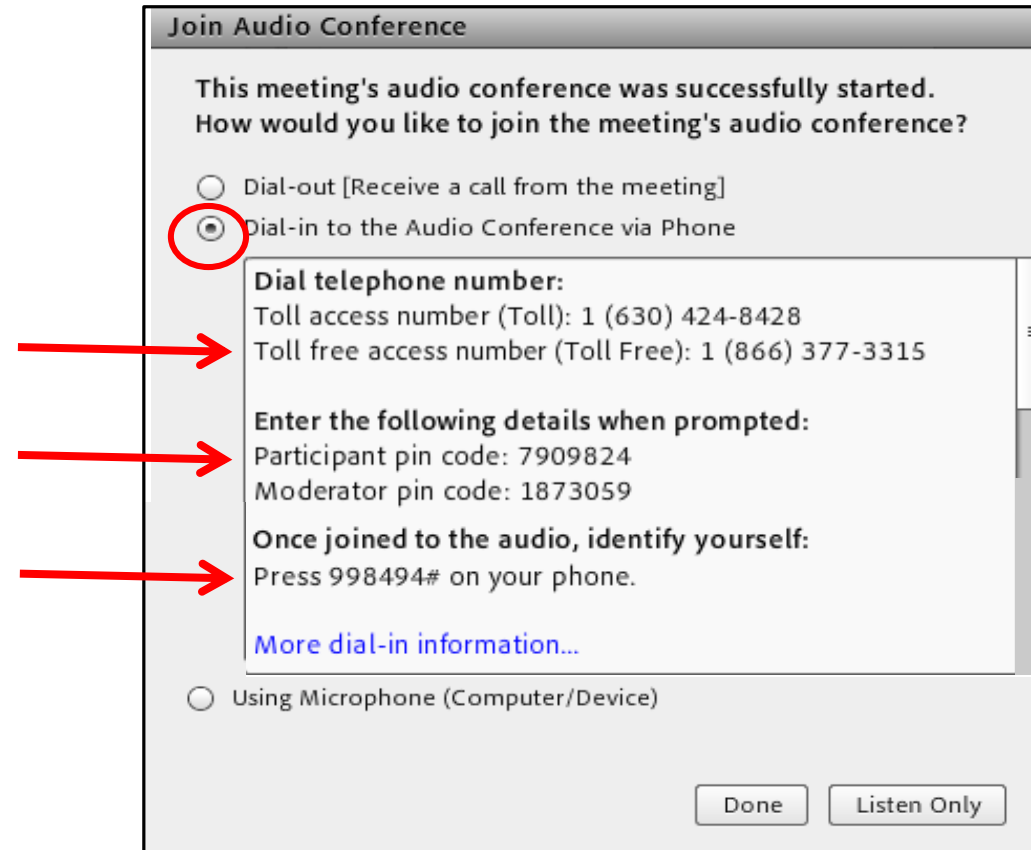
Judy Shioishi
Vital Records Field Liaison

Jennifer Woodward
State Registrar



Joining the meeting audio

Choose the 2nd
option to Dial-In



The screenshot shows a 'Join Audio Conference' dialog box. The title bar is 'Join Audio Conference'. The main text says: 'This meeting's audio conference was successfully started. How would you like to join the meeting's audio conference?'. There are three radio button options: 'Dial-out [Receive a call from the meeting]', 'Dial-in to the Audio Conference via Phone' (which is selected and circled in red), and 'Using Microphone (Computer/Device)'. Below the 'Dial-in' option, there is a section titled 'Dial telephone number:' containing 'Toll access number (Toll): 1 (630) 424-8428' and 'Toll free access number (Toll Free): 1 (866) 377-3315'. Below that is 'Enter the following details when prompted:' with 'Participant pin code: 7909824' and 'Moderator pin code: 1873059'. Then 'Once joined to the audio, identify yourself:' with 'Press 998494# on your phone.' and a blue link 'More dial-in information...'. At the bottom are 'Done' and 'Listen Only' buttons. Three red arrows point to the 'Dial-in' option, the telephone numbers, and the identification instructions.

Join Audio Conference

This meeting's audio conference was successfully started.
How would you like to join the meeting's audio conference?

☐ Dial-out [Receive a call from the meeting]

☒ Dial-in to the Audio Conference via Phone

Dial telephone number:
Toll access number (Toll): 1 (630) 424-8428
Toll free access number (Toll Free): 1 (866) 377-3315

Enter the following details when prompted:
Participant pin code: 7909824
Moderator pin code: 1873059

Once joined to the audio, identify yourself:
Press 998494# on your phone.

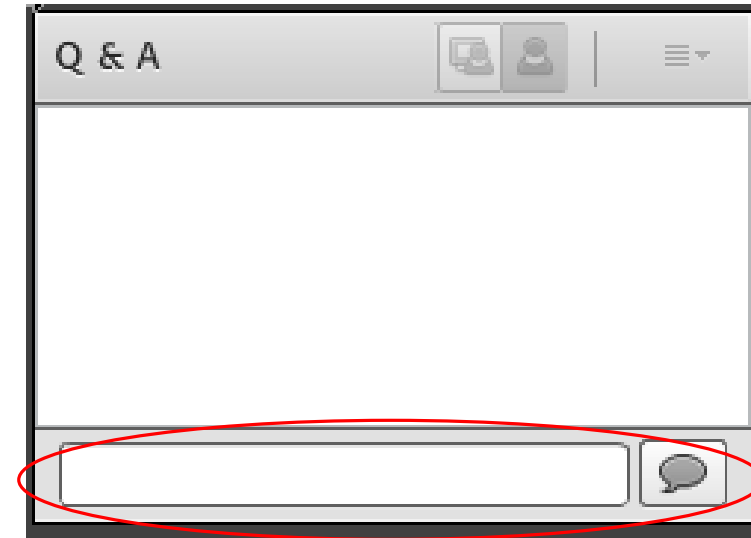
[More dial-in information...](#)

☐ Using Microphone (Computer/Device)

Done Listen Only

How we will communicate

- Phones will be muted when the speaker is presenting; no hold music
- We will unmute the phones and pause for a question and answer session in between sections
- Feel free to type any questions in the Q & A chat box; we will respond to questions to the whole group during open discussion



Today's Agenda:

- 1. Paternity Acknowledgment Overview**
- 2. Updates:**
 - **Paternity Establishment Percentage**
 - **New worksheets**
 - **2018 fees changes**

Paternity Acknowledgment



LEGALLY RECOGNIZING THE
BIOLOGICAL PARENT WHEN
THE MOTHER IS UNWED

Oregon
Health
Authority

Responsibilities according to Oregon Law



ORS 432.093 Availability of voluntary acknowledgment of paternity form;
responsibility of health care facility and parents

Facility's responsibility is limited to providing and submitting the form to the State. The biological parents are responsible for ensuring that the form is accurately completed.

Responsibilities of the Birth Information Specialist:

- ❖ Determine if the AOP form should be offered
- ❖ Provide the correct and most recent form -- use the 2016 form only
- ❖ Ensure parents have read the Rights and Responsibilities before completing the form
- ❖ Check the form for accuracy and completeness before submitting to the state
- ❖ Submitting the form to the state

IMPORTANT:

This is a legal document, once filed it is
part of the permanent birth record



When to complete the AOP form:

When the mother is not married

ORS 432.088(9)(b) If the mother is not married at the time of either conception or live birth, or within 300 days before the live birth, the name of the parent shall not be entered on the report of live birth unless a voluntary acknowledgment of paternity form or other form prescribed under ORS 432.098 is:

(A) Signed by the mother and the person to be named as the parent;
and

(B) Filed with the state registrar

Marital status: Collected on worksheet and OVERS

LEGAL RELATIONSHIP OF PARENTS (Page 2 of 2)

Did you have a legal spouse or Oregon Registered Domestic (same-sex) Partner at conception, at delivery, or within 300 days prior to delivery? ☐ Yes ☐ NO
If so, were you married? ☐ Yes ☐ NO
If not married, were you in an Oregon Registered Domestic (same-sex) Partnership? ☐ Yes ☐ NO
If you answered "no" to all of the questions above, will you and the father sign a paternity acknowledgment to establish legal paternity at this time? ☐ Yes ☐ NO

CERTIFIED COPIES OF BIRTH RECORDS

Parents can request to receive either a "Mother/Father" format or a "Parent/Parent" format on their child's birth certificate. I want to receive: ☐ Mother/Father ☐ Parent/Parent

FATHER/SECOND PARENT (Only complete this section if you answered "yes" to any of the questions in the section "Relationship of Parents" AND you wish to include the father/second parent on the birth certificate. If you are married you can **ONLY** list your spouse for the "Father/Second Parent" section below.)

Father/Second Parent's Name
First Middle Last
Date of Birth Social security number ☐ Check if none Birthplace State
MM DD YYYY

FATHER/SECOND PARENT'S ATTRIBUTES

/Legal Invalid/Medical Invalid/Uncertified/Not Registered/Legal Pending/Medical Pending

Marital Status

Marital Information

Was Mother Married at Conception, at Birth or within 300 days prior to Birth?
No

Paternity Information

Has acknowledgement of paternity been signed in the hospital?
Yes

Oregon Health
 -divinity
 Center for Health Statistics

Voluntary Acknowledgment of Paternity Affidavit

THIS IS A LEGAL DOCUMENT
 Fees: \$36 Filing fee
 \$25 Birth certificate

This document establishes paternity under ORS 432.098. Signatures of the parents below establish paternity and create legally binding duties upon both parents for the child named in this Affidavit, including duty for both parents to financially support the child. Do not sign until you understand your legal rights and responsibilities as stated on the back of this form. Complete in ink and do not alter.

SECTION 1 – CHILD (as named on birth certificate)				CSP USE ONLY	
Child's name: First	Middle	Last	Suffix (Example: Jr. or Sr.)		
Date of birth: (mm/dd/yyyy)	Birthplace: City	County	Child's new last name: (as it should appear on birth certificate)		
SECTION 2 – NATURAL MOTHER OF CHILD					
Mother's name: First	Middle	Last	Suffix (Example: Jr. or Sr.)		
Present address: No. and street	City	State	ZIP	Social Security number:	
Date of birth: (mm/dd/yyyy)	Birthplace State: (If not United States, name country)		Last name before any marriages: (Maiden name)	Daytime telephone number:	
SECTION 3 – NATURAL FATHER OF CHILD					
Father's name: First					
Present address: No. and street					
Date of birth: (mm/dd/yyyy)	Birthplace: City	County	Child's new last name: (as it should appear on birth certificate)		

Oregon Health
 -divinity
 PUBLIC HEALTH DIVISION
 Center for Health Statistics

Voluntary Acknowledgment of Paternity

THIS IS A LEGAL DOCUMENT

This document establishes paternity under ORS 432.098. Do not sign until you understand your legal rights and responsibilities as stated on the back of this form. When both parents complete this document and their signatures are witnessed by hospital staff, this establishes paternity for the child and creates a legal duty for both parents to support their child, which includes financial support. Complete in ink and do not alter.

Section 1 – Child (as named on birth certificate)				HOSPITAL USE ONLY OVERS CASH ID	
Child's name: First	Middle	Last	Suffix (Example: Jr. or Sr.)		
Date of birth: (mm/dd/yyyy)	Child's birthplace (hospital or health care facility name):				
Section 2 – Natural mother of child					
Mother's name: First	Middle	Last	Suffix (Example: Jr. or Sr.)		
Last name before any marriages (Maiden name):			Social Security number:		
Date of birth: (mm/dd/yyyy)	Birthplace State: (if not United States, name country):		Daytime telephone number:		
Section 3 – Natural father of child					
Father's name: First	Middle	Last	Suffix (Example: Jr. or Sr.)		
Present address: No. and Street	City	State	ZIP	Social Security number:	
Date of birth: (mm/dd/yyyy)	Birthplace State: (if not United States, name country):		Daytime telephone number:		
Section 4 – Witnessed signatures					

Read and understand before you sign this document. Do not sign until hospital witness is present.

It is a Class C felony for any person to make any false statement or supply false information intending that the information be used in the preparation of any certificate. The Statement of Rights and Responsibilities, which is on the reverse side of this Acknowledgment, must have been read to you prior to the signing of this Voluntary Acknowledgment of Paternity.

I acknowledge the following: 1) I am the biological parent of the child; the above information is true; 2) the mother was not married to anyone at the time of the child's conception, birth, or anytime in between, or 300 days prior to the birth of the child; 3) I have not consented to the adoption of the child; 4) it has not been determined that I am not the biological parent of the child; 5) I have not surrendered my parental rights to a public or private child-care agency, and have not had my parental rights terminated; 6) I am signing this Acknowledgment for the purpose of establishing paternity of the child.

Do not sign until hospital witness is present.

Mother's printed name	X	Mother's signature	Date signed
Hospital witness' printed name	X	Hospital witness' signature	Date witnessed
Father's printed name	X	Father's signature	Date signed
Hospital witness' printed name	X	Hospital witness' signature	Date witnessed
Name of hospital/clinic:	City:		
FOR VITAL RECORDS USE ONLY		Date filed:	Per ORS 108.070(e), Paternity is established upon filing of this form by the State Registrar of the Center for Health Statistics.

45-31 (01/116)

Choosing the right form

45-31 OR 45-21?



Choosing the right Acknowledgment of Paternity (AOP) form

If mother is still a patient at the
hospital or birthing center

AND

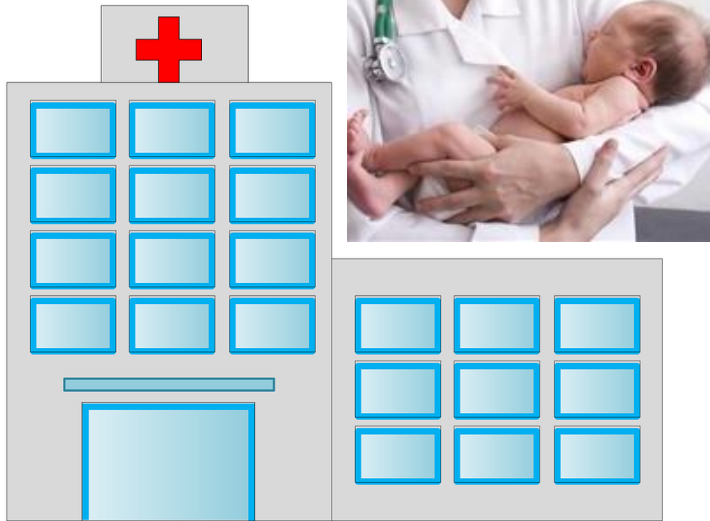
It's within 5 days of the birth
use the:

**Voluntary Acknowledgment
of Paternity
45-31 (01/16)**

Otherwise, provide the
parents with the:

**Voluntary Acknowledgment
of Paternity
Affidavit
45-21 (01/16)**

Use AOP 45-31: Hospital or Birthing Center



Use AOP 45-31

- ❖ Completed by parents while mother is still a patient at the facility
- ❖ Must be signed and dated by parents **WITHIN 5 days** after the date of birth
- ❖ Must be signed and dated **IN FRONT** of birth facility staff witness

...OR provide parents with the AOP 45-21:

Use AOP Affidavit 45-21

- ❖ Provide this form if AOP is not completed within 5 days of date of birth or after mother leaves the facility
- ❖ Must be signed before a notary



Ensure parents have heard the rights and responsibilities

- ❖ Parents can read them to each other

- ❖ Parents can access the YouTube video:

- ❖ Spanish:

- <https://www.youtube.com/watch?v=M30Q0HG8Uus&feature=youtu.be>

- ❖ English:

- https://www.youtube.com/watch?v=MgAw_fOjPHo&feature=youtu.be

- ❖ Hospital staff can also read it to parents

Checking the AOP form for accuracy & submitting it to the state

Before parents leave, make sure:



- ☐ The child's name matches what is on the birth record
- ☐ The mother and father/second parents' names match the names on the birth record
- ☐ The date signed and date witnessed match
- ☐ Names and dates associated with signatures must be handwritten ONLY

Also make sure:



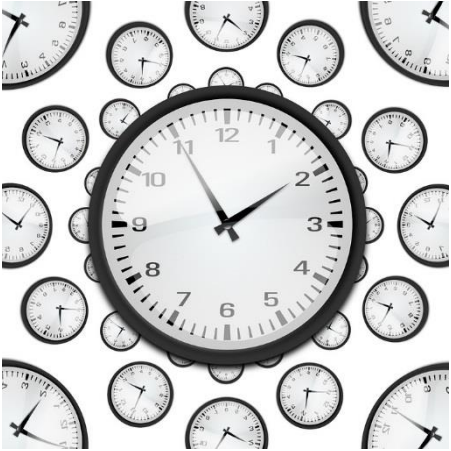
- ☐ Minor alterations only, and must be initialed by the person making the change
- ☐ All fields on the form must be completed
- ☐ Include OVERS Case ID

Submitting the AOP form to the state



- ❖ The form should be submitted as soon as possible – do not hold to mail in batches
- ❖ Order and use prepaid envelopes
- ❖ The form ***must*** be mailed by the facility and **postmarked** within **14 days** of the child's date of birth

What happens if paternity forms are late:



- ❖ It will delay birth certificate registration
- ❖ If the AOP form is not postmarked within **14 days**, the father's name will be removed from the original birth certificate
- ❖ If the father/second parent's name is removed because the document was not received, the parents may submit a 45-21 form along with the required \$35 amendment fee
 - ❖ This fee does not include a certified copy of the amended record. The fee for a certified copy of the birth certificate is \$25

Most common reasons state may reject the AOP form



When parent(s) signature(s) is/are not dated



When parent(s) signature(s) is/are missing



There are cross-outs/alterations and not initialed



Common barriers and suggested solutions

Barrier	Suggested Solution
Father/Parent was unable to get to the hospital before mother was discharged	Provide 45-21 and pamphlet “You owe it to your child” Let mom know Division of Child Support can help
Mother chose not to have father/parent listed on birth record or mother is not sure who the biological parent is	Provide 45-21 and pamphlet “You owe it to your child” Let mom know Division of Child Support can help
Other staff in hospitals or birthing facilities are not familiar with how to complete the form	Provide clear instructions with the form for nurses and other staff
Family members only read Spanish	Use Spanish forms

Updates

PEP, 2018 FEES CHANGES,
AND NEW WORKSHEETS



Paternity Establishment Percentage Update

- ❖ Number of paternities established in current year/unwed births in the previous year
- ❖ State is required to meet 90%
- ❖ Federal performance measure
- ❖ Division of Child Support and DHS-TANF program get federal funds if attain 90% or more
- ❖ State is barely making percentage this federal fiscal year

Paternity Establishment Percentage Update

- ❖ Paternity established at the hospital with 45-31 the most important part of the PEP

July 2017

1,284 paternities established in Oregon

1,125 (88%) were Hospital AOPs

- ❖ Your work getting AOPs completed is really important!



Paternity Establishment Percentage Update

- ❖ In July and August we have been contacting hospitals about AOPs processing
- ❖ Need to have 80% of unwed moms sign AOP
 - ❖ In June it was 74.8%
 - ❖ In July it was 76.7%
- ❖ Going in the right direction!

New Worksheets effective 09/01/2017

- ❖ Remember to use the new birth (parent and facility) worksheets, you may start using them anytime - no need to wait until September

<http://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/REGISTERVITALRECORDS/Pages/InstructionsBirth.aspx>

- ❖ Also, the new fetal death worksheets will be ready for implementation at the beginning of next year

2018 Fee Changes



- ❖ On January 1, 2018 the next phase of the 2016 fee increase will take effect
- ❖ The change in fee is part of existing rule and does not require another rule update
- ❖ The fees for the first copy of a vital record will remain \$25. The fee for each additional copy will also be \$25

Resources

Paternity Forms and Instructions:

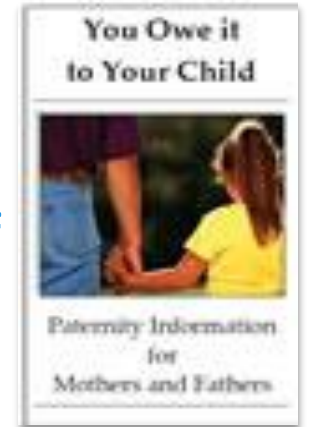
<http://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/CHANGEVITALRECORDS/Pages/InstructionsPaternity.aspx>

Order form:

http://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/REGISTERVITALRECORDS/Documents/45_43B.pdf

Division of Child Support webpage:

<https://www.doj.state.or.us/child-support/apply-for-support/establish-paternity/>



Questions?

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NEW! Amendment email: CHS.Amendments@state.or.us



Thank you!