

MISSOURI DEPARTMENT OF SOCIAL SERVICES

FAMILY SUPPORT DIVISION

**TEMPORARY ASSISTANCE (TA) DIVERSION APPROVAL NOTICE**

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **FROM** | | FSD OFFICE  Jefferson City | | | TELEPHONE NUMBER  855-373-4636 | | | |  | | |
|  | | ADDRESS (STREET) | | | | | | | | | |
|  | | CITY, STATE, ZIP CODE | | | | | | | | | |
| **TO** | | NAME | | | | **RE** | | CASE NAME | | | |
|  | | ADDRESS (STREET) | | | |  | | CASE NUMBER | | | |
|  | | CITY | | STATE | | | | ZIP CODE | |  | |
|  | | | | | | | | | | | |
| This is to advise you that your TA Diversion application dated       is approved for $      which is the same as       months of TA cash benefits.  Your Diversion payment will be available on your Electronic Benefits Transfer (EBT) card tomorrow.  You may check your EBT balance on line at ebtEDGE.com.  Your TA Cash Benefits application dated      was rejected.  You are ineligible for TA Cash Benefits for the months       thru       because you chose to receive TA Diversion instead of TA Cash Benefits. | | | | | | | | | | | |
| You were approved for a TA Diversion payment because you or your family meets one of the following: | | | | | | | | | | | |
|  | Involuntary loss of employment, which was not due to poor job performance or failure to meet a condition of employment;  A catastrophic illness or accident that renders the applicant unable to work temporarily or permanently;  Is a victim of an incident of domestic violence or human trafficking;  Involuntary reduction of wages  Temporary loss of adequate transportation to work or school beyond your control;  Temporary loss of access to child care services;  Temporarily deprived of shelter, utilities or food beyond your control as a result of an intentional or negligent act, or a man-made or natural disaster;  Temporary financial hardship due to death or illness of a household member; or  Other event as determined by the agency | | | | | | | | | |  |
| **FSD STAFF:**  **IMPORTANT: RETAIN A COPY OF THIS FORM FOR AUDIT PURPOSES.** | | | | | | | | | | | |
|  | | | **RETAIN CURRENT FORM** | | | | IM-32DIV | | | | |

        