



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
TEMPORARY ASSISTANCE DIVERSION TRANSMITTAL FORM

INSTRUCTIONS: This form must be completed and accompany all Temporary Assistance (TA) Diversion applications that are sent to FSD.GroupB@dss.mo.gov. If this form is not completed and does not accompany the application, the application will be returned to the sending county to have the form completed and resubmitted to FSD.GroupB@dss.mo.gov. The TA Processing Center will complete the eligibility determination on the TA Diversion.

HOH DCN:

HOH Name:

Sending County:

Sending County Contact:

Please check all that apply:

- ☐ TA Diversion program was explained to applicant.
- ☐ Comment entered on EUMEMROL on the application comment that TA Diversion was requested.
- ☐ Request for TA Diversion meets a good cause.
- ☐ Reason and need verified.
- ☐ Reason code and requested amount recorded on DVERSION (FMDK).
- ☐ Comment recorded on DVERSION clearly explaining the need, amount, good cause and how it was verified. (If the comment is not on DVERSION, the Processing Center will return it to the sending county to have comment entered.)
- ☐ Case is pending as all documentation has not been submitted or case is pending to allow TA Processing Center to complete the eligibility determination on the application.
- ☐ Case information (DCN/HOH Name) along with TA Diversion transmittal form submitted to FSD.GroupB@dss.mo.gov.

Name of Sending ES:

Date:

Name of Receiving ES:

Date:

*This form should be filed in the ECM with the rest of the case record.