

## **IM-16 (COMMUNICATION FORM)**

**PURPOSE:** To provide a method of transmitting a variety of information between the following programs: Income Maintenance (IM), Children's Division (CD), Missouri Work Assistance program (MWA) and Child Support (CS)

### **INSTRUCTIONS FOR COMPLETION:**

**To:** Check the appropriate box(es) to indicate which program(s) this information is being sent and attach a route slip for each individual unit. If the worker's name and/or caseload number to whom the form is being sent is known, enter it also.

**From:** Enter your name, your email address, your unit/county/agency, your caseload number and telephone number.

**Regarding:** Enter the appropriate information for all programs to whom you are sending this form. Leave any unnecessary spaces blank.

**Case Name:** Check the appropriate box(es) to indicate which program(s) this information is requested. A space is provided for the case name to be entered.

**Departmental Client Number (DCN):** Enter the DCN associated with the case name.

**Individual:** Enter the name of the specific individual within a case for whom we are providing or requesting information; e.g. when communicating between MWA and eligibility specialist, this space should be used to indicate which individual the information concerns. If the individual is the payee (same as case name), the entry "same" can be used. Whenever using this space, the "case name" information must still be completed.

**Noncustodial Parent:** When communicating between IM and CS, the noncustodial parent's name should be entered. Whenever using this space, the "case name" information must still be completed. Enter social security number (if known) of the noncustodial parent.

**Social Security Number:** When known, the Social Security Number of the individual must be entered.

**CHECK ANY BOX(ES) APPLICABLE AND GIVE INFORMATION BELOW:** The staff completing this form should check any box(es) applicable on the form and enter the information in the space provided at the bottom of the form.

**Address Change, Phone Number:** Street or R.R., city, county, state, zip code, and new phone number. Provide directions if hard to find.

**Case Transferred:** Date, branch/county.

**Household Members Change:** When the change occurred, the date reported, name, birth date, Social Security Number, relationship, employed, income, added or removed from assistance.

**Eligibility Unit Members Change:** When the change occurred, the date reported, name, birth date, Social Security Number, relationship, income, added or removed from assistance, etc.

**Employer Information:** New employment, start date, stop date, income, check stubs, etc.

**Resource Change:** What, when, date reported, value.

**Case Closed or Rejected:** Date, reason for closing, and state last month received check.

**Other:** Any other reason that is not covered in the other sections.

**Request for Information:** Indicate information requested in the Information Section.

## **CS**

**Noncustodial Parent Information:** New information regarding location, paternity, and support.

**Refusal to Cooperate-Child Support:** Date refused and why.

**Refusal to Cooperate-Medical:** Date refused and why.

**Good Cause Claim:** Date claimed, proposed determinations, comments on proposed determinations, final determinations, hearing requests, and results regarding determination.

**Support Payments:** Started or stopped, not sent to CS.

**Other:** Any other reason that is not covered in the other sections.

**IV-D Case Number:** The MACSS case ID associated with this noncustodial parent and/or custodial parent.

**Participant Reaching Lifetime Limit:** This box is checked when IM or CS is working with a participant who is in the last 12 months of their 60-month lifetime limit. When this box is checked, IM and CS will move this participant to a high priority and complete the action as soon as possible.

Receipt of child support will assist the participant in transitioning from Temporary Assistance when the 60-month lifetime limit is reached.

**Missouri Work Assistance program (MWA)**

**FSD Action Requested:** This box is checked when an MWA coordinator requests action on a participant's FSD case.

**Other:** Any other reason that is not covered in the other sections.

**CHILDREN'S DIVISION**

**Child(ren) Removed from Home:** This box is checked when Children's Division has taken custody of the child(ren).

**Child(ren) Returned to the Home:** This box is checked when Children's Division has returned the child(ren) to the home and the case in the FACES system has been closed.

**Other:** Any other reason that is not covered in the other sections.