IM-33TMH-R Instructions

**TRANSITIONAL MO HEALTHNET FIRST QUARTERLY REPORT REMINDER**

**PURPOSE:** To provide a form for field staff to remind participants to return their First Quarterly Report.

**NUMBER OF COPIES AND DISPOSITION:** One copy must be sent to the participant on the 12th day of the fourth month if the First Quarterly Report has not been returned.

If there is an Authorized Representative a second copy must be mailed to them at the same time. The original must be scanned into the WorkSite.

**RETENTION:**  Five (5) years

**REFERENCE:** IM Memorandum IM-?? INTRODUCTION OF TRANSITIONAL MO HEALTHNET (TMH) SECTION TO THE FAMILY HEALTHCARE MANUAL (MAGI)

**INSTRUCTIONS FOR COMPLETION:  
Before mailing to participant, enter the following information:**

* **Enter appropriate FSD mailing address** at top of page to provide address to which form should be mailed back. (*Missouri Family Support Division* has been pre-populated)
* **Primary Applicant Name and Address-** enter name and mailing address
* According to our records, we have not received your completed Transitional MO HealthNet quarterly report form. If you do not return the completed form by **(enter 21st day of fourth month)** the last day of Transitional MO HealthNet coverage for the adults will be **(enter last day of sixth month)** and they will not be eligible for additional healthcare coverage under the Transitional MO HealthNet program.
* You must return the quarterly report by **(enter 21st day of fourth month)** or Transitional MO HealthNet coverage will end effective **(enter 1st day of the seventh month)** for the adult members listed below.
* List the adults on the case and their DCNs under **Participant Name** and **DCN.**
* For free legal services, contact: LEGAL AID at **(enter Legal Aid phone number appropriate to the participants county of residence)**

|  |
| --- |
|  |