



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION

**APPLICATION FOR TEMPORARY ASSISTANCE CASH BENEFITS**

Temporary Assistance (TA) provides cash benefits to eligible families with children to help pay for basic needs. By completing this application, you are applying for TA as a caretaker of a child. If you also need to apply for child care assistance, click on: Missouri's Child Care Application or go to: <http://dss.mo.gov/cd/childcare/pdf/ccapplication.pdf>.

If you need help with your application, call us at 1-855-373-4636 or visit a Family Support Division Resource Center which are listed in Section 39. If you need help in a language other than English, tell the customer service representative the language you need. See Section 8, "Language" for more information. TTY users can call: 1-800-735-2966 or Relay Missouri: 711. If you are blind or visually impaired and would like information regarding Rehabilitation Services for the Blind, please call 1-800-592-6004.

Si necesita ayuda con su solicitud, llámenos al 1-855-373-4636 SIN COSTO. Si necesita ayuda en otro idioma distinto del inglés, dígame al representante de servicio al cliente cuál idioma necesita. Los usuarios de teletipo (TTY, en inglés) pueden llamar al: 1-800-735-2966 SIN COSTO o Relay Missouri: 711.

Ako trebate pomoć sa Vašom aplikacijom, molim Vas da nas kontaktirate na broj telefona : 1-855-373-4636. Ako trebate pomoć na nekom drugom jeziku, osim engleskog, recite operatoru iz podrške korisnicima koji jezik trebate. Tekst telefon korisnici (TTY) se mogu obratiti na broj telefona: 1-800-735-2966 ili Relay Missouri: 711.

Nếu bạn cần giúp đỡ với đơn xin của bạn, hãy gọi cho chúng tôi tại 1-855-373-4636. Nếu bạn cần giúp đỡ trong một ngôn ngữ khác ngoài tiếng Anh, nói với đại diện dịch vụ khách hàng các ngôn ngữ mà bạn cần. TTY (điện thoại văn bản) người dùng có thể gọi: 1-800-735-2966 hoặc Relay Missouri 711.

Missouri Department of Social Services (DSS), Family Support Division (FSD) is an equal opportunity provider and employer. Applicants for, or recipients of, services from DSS, FSD are treated equitably regardless of race, color, national origin, ancestry, sex, age, sexual orientation, disability, veteran status, or religion.

#### **Application Process and Approval**

1. You must complete all sections of this form. If there is not enough room in a section, attach an additional sheet(s) with the section number (for example #3 – Members of Your House) and all information on the application. After the signature page, there are additional sections and information that you may not need to print and mail in. To find the address of a FSD Resource Center, go to Section 39 or call the Family Support Division (FSD) at 855-373-4636.
2. Multiple sections have information necessary to provide the resource, income, household members, etc. If you do not have the requested paperwork in each section, you can still mail in or drop off your application; however, it cannot be fully processed until everything is received. If you do not provide all of the necessary information, FSD will send you a "Request for Information" with an "Authorization of Release of Information" form and you can either: 1.) Send the requested information to the FSD with the "Request for Information", or 2.) Sign the "Authorization of Release of Information Form" giving FSD permission to get the requested information and send this to the FSD.
3. You can fill in the information you know and print out the application to handwrite the remainder later, or you can print the application and fill it all in later. Do not save this on a public computer, but you can save it to your personal computer.
4. For help with this application, go to a local Family Support Division Resource Center which are listed in Section 39, or call the Family Support Division (FSD) at 855-373-4636.
5. Your application will be processed within 30 days from the date you apply, unless you are missing information.
6. The information you report on your TA application will update your Childcare Subsidy, Food Stamp Benefits and/or MO HealthNet program information. Therefore, if you have changes in income, resources, household members, etc., this can cause the benefit amounts for these programs to change.
7. If approved for TA cash benefits, you will get:
  - A partial month of benefits if the FSD approves the application in the same month you apply, or
  - A full month of benefits if the FSD approves the application the month after you apply.
8. If you disagree with the FSD's decision you may ask for a hearing. For information on hearings, see "Important Information About Your Hearing Rights" in Section 32.

#### **9. TA Cash Benefits Lifetime Limit**

- 60 months (5 years) until December 31, 2015
- 45 months beginning January 1, 2016
- For teen parents under age 18 and in secondary school, the months do not count toward the lifetime limit until you reach age 18.
- Below are situations where benefits are extended past the lifetime limit:
  - Receiving treatment or services for domestic violence or substance abuse
  - Diagnosed and receiving treatment for mental health needs
  - Cooperating with the Children's Division open treatment plan and MWA program
  - A temporary family crisis, such as a home fire, crime victim, company layoff, or serious injury

<b>APPLICANT NAME AND ADDRESS</b>		
Complete your name, county and school district, and the address information that pertains to you.		
APPLICANT FULL LEGAL NAME – FIRST, MIDDLE, LAST	COUNTY	SCHOOL DISTRICT
PHYSICAL ADDRESS - ENTER HOUSE OR APARTMENT NUMBER, STREET OR COUNTY ROAD, CITY, STATE AND ZIP CODE		
HOMELESS APPLICANTS ONLY: GENERAL DELIVERY ADDRESS – ENTER POST OFFICE NAME, CITY, STATE AND ZIP CODE		
MAILING ADDRESS - ENTER HOUSE OR APARTMENT NUMBER, STREET OR COUNTY ROAD, CITY, STATE AND ZIP CODE		
<b>1. PERSONAL RESPONSIBILITY PLAN</b>		
If you are approved for Temporary Assistance, most recipients are required to take part in employment and training activities through Missouri Work Assistance (MWA). There are times you will not be required to take part in these activities because you are exempt. Mark any of the below exemptions that apply to you and the second parent and if you would like to volunteer. If either parent doesn't have an exemption, complete the "Activities I Agree to Participate In".		
<b>EXEMPTIONS FROM EMPLOYMENT AND TRAINING ACTIVITIES</b>		
<b>FIRST PARENT (APPLICANT)</b>	<b>SECOND PARENT (ONLY IF IN HOME)</b>	
<input type="checkbox"/> I am in a domestic violence situation that affects my ability to take part in work activities <input type="checkbox"/> I am over sixty (60) years of age <input type="checkbox"/> I am permanently disabled <input type="checkbox"/> I am needed in the home to care for a disabled household member <input type="checkbox"/> I care for a child under 12 months of age	<input type="checkbox"/> I am in a domestic violence situation that affects my ability to take part in work activities <input type="checkbox"/> I am over sixty (60) years of age <input type="checkbox"/> I am permanently disabled <input type="checkbox"/> I am needed in the home to care for a disabled household member <input type="checkbox"/> I care for a child under 12 months of age	
If you believe you are exempt from work activities, you may be asked to provide proof that you are exempt. You can volunteer to participate even if you meet an exemption reason. Mark the box below if you wish to volunteer.  <input type="checkbox"/> I would like to volunteer to participate in the MWA program	If you believe you are exempt from work activities, you may be asked to provide proof that you are exempt. You can volunteer to participate even if you meet an exemption reason. Mark the box below if you wish to volunteer.  <input type="checkbox"/> I would like to volunteer to participate in the MWA program	
If you are approved for Temporary Assistance and you do not meet an exemption, your MWA program case manager will talk to you about the activities you checked below when you meet. During these meetings, you and your case manager may agree upon other activities which are different than these choices. If you have questions about these activities, contact the Missouri Work Assistance Program. For a list of locations, go to Section #40.		
<b>EMPLOYMENT AND TRAINING ACTIVITIES I AGREE TO PARTICIPATE IN</b>		
<b>FIRST PARENT (APPLICANT)</b>	<b>SECOND PARENT (ONLY IF IN HOME)</b>	
<input type="checkbox"/> Job Search Support <input type="checkbox"/> Job Readiness Support <input type="checkbox"/> Community Service Program: This program is unpaid and helps you gain skills such as coming to work on time. <input type="checkbox"/> Providing Child Care to a Participant in the Community Service Program <input type="checkbox"/> Satisfactory Attendance at High School or Equivalency <input type="checkbox"/> Job Skills Training Program: This program provides job related skills. <input type="checkbox"/> College or Training School <input type="checkbox"/> On-the-Job Training: This program will pay part of your wages for the training. You are expected to learn the job duties in the training. <input type="checkbox"/> Employment	<input type="checkbox"/> Job Search Support <input type="checkbox"/> Job Readiness Support <input type="checkbox"/> Community Service Program: This program is unpaid and helps you gain skills such as coming to work on time. <input type="checkbox"/> Providing Child Care to a Participant in the Community Service Program <input type="checkbox"/> Satisfactory Attendance at High School or Equivalency <input type="checkbox"/> Job Skills Training Program: This program provides job related skills. <input type="checkbox"/> College or Training School <input type="checkbox"/> On-the-Job Training: This program will pay part of your wages for the training. You are expected to learn the job duties in the training. <input type="checkbox"/> Employment	
<p>I understand that, if I have not selected an exemption OR employment and training activity for the first parent (applicant) and second parent (only if in home), I may not be eligible for Temporary Assistance. I understand there are times when the activity is either not available or I need to take part in other activities first.</p> <p>I understand if this is not signed, I may not be eligible for TA. By signing below, I am agreeing I believe I meet the exemption or agree to participate in the employment and training activities. I understand that my signature below is not an application for TA, but an agreement to participate in employment and training activities as part of my receipt of TA benefits.</p>		
FIRST PARENT (APPLICANT) SIGNATURE		DATE
SECOND PARENT (ONLY IF IN HOME) SIGNATURE		DATE

## 2. TA ORIENTATION

If you accessed the TA application online, you viewed the video prior to getting the TA application. If you called the FSD and received this TA application in the mail, you have not viewed the video and the written version is included with this application. You can either read this version or go to <http://dss.mo.gov/fsd/tempa.htm> to view the orientation. If you have questions, call FSD at 1-855-373-4636 or visit a Family Support Division Resource Center listed in Section 39

FIRST PARENT (APPLICANT)	SECOND PARENT (ONLY IF IN HOME)
I agree that I have viewed, read or listened to the TA orientation. <input type="checkbox"/> Yes <input type="checkbox"/> No	I agree that I have viewed, read or listened to the TA orientation. <input type="checkbox"/> Yes <input type="checkbox"/> No

**By signing below, I am saying, under penalty of perjury, that I have viewed, read, or listened to the TA orientation. I understand that my signature below is not an application for TA, but a statement that I have completed the orientation.**

FIRST PARENT (APPLICANT) SIGNATURE	DATE
SECOND PARENT (ONLY IF IN HOME) SIGNATURE	DATE

## 3. APPLICANT CONTACT INFORMATION

If you have a phone, list the primary phone number. It is important to provide a secondary phone number and email address (if you have these) so the FSD can contact you about important TA cash benefits information if you cannot be reached at your primary phone number.

PRIMARY PHONE NUMBER:	(CHECK ONE) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
SECONDARY PHONE NUMBER:	(CHECK ONE) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
EMAIL ADDRESS:	
PREFERRED METHOD OF CONTACT (CHECK ONE) <input type="checkbox"/> Call <input type="checkbox"/> *Text <input type="checkbox"/> *Email <input type="checkbox"/> Mail *Texting/Email is not available in all locations.	
SECONDARY METHOD OF CONTACT (CHECK ONE) <input type="checkbox"/> Call <input type="checkbox"/> *Text <input type="checkbox"/> *Email <input type="checkbox"/> Mail *Texting/Email is not available in all locations.	

## 4. MEMBERS OF YOUR HOUSE

Household members must include people that live in your home and are related to you either by blood, marriage, the household member is the parent of your child or you are the legal guardian or conservator of a child(ren) in the home. In addition, you must apply for benefits for any members who are in your care, custody and control.

**Do Include:** Father, Mother, Sister, Brother, Grandfather, Grandmother, Uncle, Aunt, Nephew, Niece, First Cousin, Stepfather, Stepbrother, Stepsister, Legal Guardian, Stepmother

**Do Not Include:** Children over the age of 18 and not in secondary school, Children over the age of 19, unrelated friends

List yourself first. Since you are applying for TA, you must provide a Social Security Number (SSN) for you and every household member that is included in the household. If you or a member of your house does not have a SSN, you must agree to apply for a SSN or that household member will not qualify for TA. If you need to apply for a SSN, go to [ssa.gov/](http://ssa.gov/) to fill out and print an application for a Social Security Card.

If you are practicing joint legal or joint physical custody of any child(ren) listed in your household below, include the other parent as a household member. Check this box if you are practicing joint legal or physical custody of children in your household: ☐

### How to Complete the Chart:

- Member of the House's Name - List yourself first and then each member of the house.
- Race - Enter: 1 - White, 2 - Black/African American, 3 - American Indian/Alaska Native, 4 - Asian, 5 - Native Hawaiian/Pacific Islander, 6 - Other
- Marital Status - Enter: SGL - Single, M - Married, D - Divorced, W - Widowed, SEP - Separated
- Will Apply for SSN - Enter Y - Yes, N - No Only complete if the household member does not have a SSN

MEMBER OF THE HOUSE'S NAME	RACE	SEX	LEGAL RELATIONSHIP TO YOU	MARITAL STATUS	DATE OF BIRTH (MONTH, DAY, AND YEAR)	CHECK (✓) IF YOU ARE APPLYING FOR TA BENEFITS FOR THIS MEMBER*	PROVIDE SSN	IF NO SSN, WILL THE MEMBER APPLY FOR OR PROVIDE A SSN?
		<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

MEMBER OF THE HOUSE'S NAME	RACE	SEX	LEGAL RELATIONSHIP TO YOU	MARITAL STATUS	DATE OF BIRTH (MONTH, DAY, AND YEAR)	CHECK (✓) IF YOU ARE APPLYING FOR TA BENEFITS FOR THIS MEMBER*	PROVIDE SSN	IF NO SSN, WILL THE MEMBER APPLY FOR OR PROVIDE A SSN?
		<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

**\*You do not need to provide immigration status or a Social Security Number (SSN) for non-United States Citizens if you are not applying for Temporary Assistance benefits for this person; however, you must include the information in all sections of this application, such as income, assets, etc..**

### 5. AUTHORIZED REPRESENTATIVE

I WANT SOMEONE OVER AGE 18 TO APPLY FOR BENEFITS OR ACT ON MY BEHALF, CALLED AN "AUTHORIZED REPRESENTATIVE":

☐ Yes ☐ No If yes, list the contact information below.

AUTHORIZED REPRESENTATIVE'S FULL LEGAL NAME (FIRST, MIDDLE, LAST)

AUTHORIZED REPRESENTATIVE'S DATE OF BIRTH

AUTHORIZED REPRESENTATIVE'S MAILING ADDRESS - ENTER HOUSE OR APARTMENT NUMBER, STREET OR COUNTY ROAD, CITY, STATE AND ZIP CODE

PRIMARY PHONE NUMBER

(CHECK ONE)

☐ Cell ☐ Home ☐ Work ☐ Other

AUTHORIZED REPRESENTATIVE'S SIGNATURE:

**AUTHORIZED REPRESENTATIVE PLEASE SIGN AND DATE HERE**

### 6. TA BENEFIT PAYMENTS

- You must use your TA cash benefit to help your child or children.
- Your TA cash benefit payment may be sent to you on an electronic benefit card (EBT) or by direct deposit. If you are approved for TA and your direct deposit isn't setup for the first payment, the first check will be mailed.
- You may not use your EBT card in:
  - Liquor stores;
  - Casinos, or gaming establishments;
  - Retail establishments that provide adult-oriented entertainment; and
  - Any places or for any items that are used by adults 18 or older and are not in the best interest of the child or household.

#### TA Benefit Misuse is Illegal:

- Your EBT transactions will be monitored.
- If you misuse your TA money, you may be investigated and have to repay the money.
- You are breaking the law if you buy someone else's EBT card or payments, or sell your EBT card or payments.

#### TA Benefit Payment Method:

Complete below on how you want to get your TA cash benefit payment if you are approved for TA. If you are choosing Direct Deposit, complete the Direct Deposit Application Form in Section 36 of this application.

Answer the following:

HOW DO YOU WANT TO GET YOUR TA CASH BENEFIT?

☐ Direct Deposit ☐ EBT card

DO YOU NEED AN EBT CARD?

☐ Yes ☐ No

#### Direct Deposit Information:

- It will take at least 10 days to verify your bank account.
- Any payment made before the bank verifies your account will be by check mailed to you or by electronic benefit transfer.
- The payment is transferred to your bank on the date that checks for your type of assistance are mailed. If you have a question about whether a payment has been credited to your account, you can get this information from your bank.
- If you want to change your direct deposit bank account, you can either go to a Family Support Division Resource Center which are listed in Section 39 or call the FSD at 855-373-4636. Immediately request the direct deposit to the current bank account be stopped. If you do not do this, your payment will be delayed.
- Any payment made after your direct deposit account is closed will be in the form of a check mailed to you at your mailing address.

## 7. DRUG SCREENING AND TREATMENT

### Requirements:

- Missouri law requires the FSD to ask TA applicants questions about illegal drug use.
- If you refuse to answer these questions, you are ineligible for TA for three years. You may ask for a hearing if you disagree.
  - You may be required to take a drug test**
    - You will receive a letter from the drug testing company telling you where and when to take your drug test.
    - If you do not show up for the appointment or do not complete the drug test, you will not receive TA benefits for three years. You may ask for a hearing if you disagree.
  - You can go directly to substance abuse treatment instead of taking a drug test**
    - If you are using illegal drugs, you can agree to go to treatment right away if you answer "Yes" to the Question #2 in the "Drug Screening".
    - If you are approved for Temporary Assistance, your benefits will not be reduced because of drug screening requirements if you are complying with the substance abuse treatment requirements under the Department of Mental Health (DMH).
  - If you test positive:**
    - You must agree to join, participate, and successfully complete a substance abuse treatment program through the DMH or you will be ineligible for TA for three years. You may ask for a hearing if you disagree.
    - If you are approved for Temporary Assistance, your benefits will not be reduced because of drug screening requirements if you are complying with the substance abuse treatment requirements under the DMH.
  - If you are referred to a drug treatment program**
    - The DMH will contact you to assess your need for treatment.
    - If you do not show up for treatment or do not complete the treatment, you are ineligible for TA for yourself for three years. You may ask for a hearing if you disagree.
    - If you are approved for Temporary Assistance, your benefits will not be reduced because of drug screening requirements if you are complying with the substance abuse treatment requirements under the DMH.
  - If you are ineligible for TA, you must tell the FSD who your Protective Payee is**
    - You must choose a person to receive the TA benefit for the rest of your household. This person is called a "protective payee".
    - If you do not choose a protective payee, the FSD will choose this person. You may ask for a hearing if you disagree.

### Drug Screening – Answer the Following:

1. HOW MANY TIMES IN THE PAST YEAR HAVE YOU USED AN ILLEGAL DRUG, OR USED A PRESCRIPTION MEDICATION FOR NONMEDICAL REASONS? CHECK ONE

☐ I refuse to answer ☐ 0 ☐ 1 to 5 ☐ 6 to 9 ☐ 10 or more

2. IF YOU ARE REQUIRED TO SUBMIT TO A DRUG TEST, DO YOU WISH TO BE REFERRED TO DMH FOR SUBSTANCE ABUSE TREATMENT INSTEAD OF TAKING THE DRUG TEST?

☐ Yes ☐ No

### Ongoing Drug Test Referrals

- If you are approved for TA and are age 18 or older and head of the household, your name will be matched with records from the Missouri Highway Patrol (MHP).**
  - The FSD will send your name to the MHP.
  - The MHP will match your name with their records.
  - MHP sends the FSD information on drug-related arrests or convictions within the last 12 months.
  - If you had a drug related arrest or conviction, your name will be sent to a drug testing company.
  - The drug testing company will send you a letter telling you where and when to take your drug test.
  - If you do not show up for the appointment or do not complete the drug test, you are ineligible for TA for three years. You may ask for a hearing if you disagree.

## 8. LANGUAGE

The FSD needs to know information on the language you speak to better help you. The language you speak will not impact your ability to receive TA benefits.

CAN YOU SPEAK ENGLISH?

☐ Yes – Go to Section #9 ☐ No

IF NO, WHAT LANGUAGE DO YOU SPEAK?

☐ Albanian ☐ Arabic ☐ Chinese ☐ English ☐ Farsi ☐ French ☐ German  
☐ Italian ☐ Korean ☐ Kurdish ☐ Romanian ☐ Russian ☐ Somalian ☐ Spanish ☐ Sudanese ☐ Vietnamese  
☐ Other - List:

## 9. TA BENEFITS RECEIVED IN ANOTHER STATE, UNDER ANOTHER NAME OR IN ANOTHER HOUSEHOLD

1. HAVE YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVED TA CASH BENEFITS IN ANOTHER STATE?

☐ Yes ☐ No If Yes, list below. If this applies to you, start with yourself first.

HOUSEHOLD MEMBER NAME(S) WHO RECEIVED BENEFITS IN ANOTHER STATE	LIST THE STATE(S) THE TA BENEFITS WERE RECEIVED IN	LAST MONTH TA BENEFIT RECEIVED IN ANOTHER STATE	BENEFIT TYPE
			<input type="checkbox"/> FOOD STAMPS <input type="checkbox"/> TA <input type="checkbox"/> BOTH
			<input type="checkbox"/> FOOD STAMPS <input type="checkbox"/> TA <input type="checkbox"/> BOTH
			<input type="checkbox"/> FOOD STAMPS <input type="checkbox"/> TA <input type="checkbox"/> BOTH

2. HAVE YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVED TA OR FOOD STAMP BENEFITS UNDER ANOTHER NAME?  
☐ Yes   ☐ No   If Yes, list below. If this applies to you, start with yourself first.

HOUSEHOLD MEMBER NAME(S) WHO RECEIVED BENEFITS UNDER ANOTHER NAME	OTHER NAME BENEFITS RECEIVED UNDER	BENEFIT TYPE
		<input type="checkbox"/> FOOD STAMPS <input type="checkbox"/> TA <input type="checkbox"/> BOTH
		<input type="checkbox"/> FOOD STAMPS <input type="checkbox"/> TA <input type="checkbox"/> BOTH
		<input type="checkbox"/> FOOD STAMPS <input type="checkbox"/> TA <input type="checkbox"/> BOTH

3. ARE YOU OR ANY OF YOUR HOUSEHOLD MEMBERS CURRENTLY RECEIVING TA OR FOOD STAMPS AS A MEMBER OF ANOTHER HOUSEHOLD?  
☐ Yes   ☐ No   If Yes, list below. If this applies to you, start with yourself first.

HOUSEHOLD MEMBER NAME(S) WHO IS RECEIVING BENEFITS AS A MEMBER OF ANOTHER HOUSEHOLD	BENEFIT TYPE
	<input type="checkbox"/> FOOD STAMPS <input type="checkbox"/> TA <input type="checkbox"/> BOTH
	<input type="checkbox"/> FOOD STAMPS <input type="checkbox"/> TA <input type="checkbox"/> BOTH
	<input type="checkbox"/> FOOD STAMPS <input type="checkbox"/> TA <input type="checkbox"/> BOTH

**10. RESOURCES**

DO YOU OR ANYONE IN YOUR HOUSEHOLD HAVE CHECKING ACCOUNTS, SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, STOCKS, SAVINGS BONDS, CORPORATE BONDS, DEBTS OWED TO THEM, TRUSTS OR OTHER INVESTMENTS?  
☐ Yes   ☐ No

If Yes, complete for each household member. If this applies to you, start with yourself first. **Resources (i.e. checking account) must be proved to process your application. If you have this information, attach it to this application. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it.**

HOUSEHOLD MEMBER NAME WITH RESOURCE	IF THIS IS A JOINT ACCOUNT, DO YOU CONTRIBUTE?	VALUE	DESCRIPTION OF RESOURCE (I.E. SAVINGS ACCOUNT)	LOCATION OF RESOURCE (I.E. BANK NAME)	DOES THE HOUSEHOLD MEMBER HAVE ACCESS TO THIS RESOURCE?
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				<input type="checkbox"/> Yes <input type="checkbox"/> No

**11. BURIAL PLAN**

DO YOU OR ANYONE IN YOUR HOUSEHOLD OWN OR HAVE MADE PAYMENTS ON A BURIAL PLAN?  
☐ Yes   ☐ No

If Yes, complete for each household member. If this applies to you, start with yourself first. **Burial plans must be proved to process your application. If you have a copy of the burial plan with the policy owner, insurance company name (if any), insurance policy number (if any), plan face value and plan benefit surrender value, attach it to this application. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it.**

HOUSEHOLD MEMBER NAME WITH BURIAL PLAN	POLICY OWNER	INSURANCE COMPANY NAME	INSURANCE POLICY NUMBER	PLAN FACE VALUE	PLAN BENEFIT SURRENDER VALUE

**12. EMPLOYMENT - NOT SELF-EMPLOYMENT**

ARE YOU OR ANY OTHER HOUSEHOLD MEMBERS EMPLOYED?  
☐ Yes   ☐ No

If Yes, complete for each household member. If this applies to you, start with yourself first. If a household member has more than one job, list each job on separate lines. **Employment must be proved to process your application. If you have a copy of paycheck stubs within the last 30 days, attach them to the application. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it.**



EMPLOYED HOUSEHOLD MEMBER NAME	AMOUNT PAID BEFORE TAXES, WITHHOLDING, OR ANY OTHER DEDUCTIONS	PAY FREQUENCY	EMPLOYER NAME	EMPLOYER ADDRESS	EMPLOYER PHONE NUMBER
		<input type="checkbox"/> WEEKLY <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> TWICE A MONTH <input type="checkbox"/> MONTHLY			
		<input type="checkbox"/> WEEKLY <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> TWICE A MONTH <input type="checkbox"/> MONTHLY			
		<input type="checkbox"/> WEEKLY <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> TWICE A MONTH <input type="checkbox"/> MONTHLY			

### 13. SELF-EMPLOYMENT

DO YOU OR ANYONE IN YOUR HOUSEHOLD OPERATE YOUR OWN BUSINESS OR ARE SELF-EMPLOYED? (FOR EXAMPLE, BABYSITTING, FARM INCOME, OR OTHER)

☐ Yes ☐ No If yes, complete and attach the Self-Employment Ledger in Section 37.

### 14. OTHER INCOME

DO YOU OR ANYONE IN YOUR HOUSEHOLD CURRENTLY RECEIVE OTHER INCOME, OR HAVE RECEIVED OTHER INCOME IN THE LAST 30 DAYS?

☐ Yes ☐ No If yes, complete below for each household member. If this applies to you, start with yourself first.

**Other income must be proved to process your application. If you have any of the below, attach it to your application. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it.**

- **Trust Funds/Annuities and Pensions/Retirements** – Award letter or statement from the plan showing the monthly income amount.
- **Veteran's Administration (VA) benefits** - VA letter with the current benefit amount.
- **Money from friends or relatives** - A written statement from the person who gave the money.

#### HOUSEHOLD MEMBER NAME:

OTHER INCOME TYPE	PAYMENT AMOUNT	PAY FREQUENCY
<input type="checkbox"/> Child Support <input type="checkbox"/> Social Security – Enter claim number: <input type="checkbox"/> Supplemental Security Income (SSI); Social Security Disability Income (SSDI); Old Age, Survivor and Disability Insurance (OASDI) or Employer Sponsored Disability Payments <input type="checkbox"/> Trust Funds/Annuities <input type="checkbox"/> Pensions/Retirement/Disability <input type="checkbox"/> Interest or Dividends <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Money from friends or relatives <input type="checkbox"/> Other – Describe:		<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly

#### HOUSEHOLD MEMBER NAME:

OTHER INCOME TYPE	PAYMENT AMOUNT	PAY FREQUENCY
<input type="checkbox"/> Child Support <input type="checkbox"/> Social Security – Enter claim number: <input type="checkbox"/> Supplemental Security Income (SSI); Social Security Disability Income (SSDI); Old Age, Survivor and Disability Insurance (OASDI) or Employer Sponsored Disability Payments <input type="checkbox"/> Trust Funds/Annuities <input type="checkbox"/> Pensions/Retirement/Disability <input type="checkbox"/> Interest or Dividends <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Money from friends or relatives <input type="checkbox"/> Other – Describe:		<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly

#### HOUSEHOLD MEMBER NAME:

OTHER INCOME TYPE	PAYMENT AMOUNT	PAY FREQUENCY
<input type="checkbox"/> Child Support <input type="checkbox"/> Social Security – Enter claim number: <input type="checkbox"/> Supplemental Security Income (SSI); Social Security Disability Income (SSDI); Old Age, Survivor and Disability Insurance (OASDI) or Employer Sponsored Disability Payments <input type="checkbox"/> Trust Funds/Annuities <input type="checkbox"/> Pensions/Retirement/Disability <input type="checkbox"/> Interest or Dividends <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Money from friends or relatives <input type="checkbox"/> Other – Describe:		<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly

**IF YOU HAVE ADDITIONAL HOUSEHOLD MEMBERS WITH "OTHER INCOME", COMPLETE THE CHART IN "SECTION 14 – OTHER INCOME CONTINUED" AFTER THE SIGNATURE PAGE.**

**15. CHILD SUPPORT & ALIMONY**DO YOU OR ANYONE IN YOUR HOUSEHOLD PAY CHILD SUPPORT OR ALIMONY TO SOMEONE **OUTSIDE** THE HOUSEHOLD?☐ Yes ☐ No If yes, complete below for each household member. If this applies to you, start with yourself first.

HOUSEHOLD MEMBER MAKING PAYMENT	PERSON PAID TO	AMOUNT PAID	TYPE OF PAYMENT	PAY FREQUENCY
			<input type="checkbox"/> Child Support <input type="checkbox"/> Alimony	<input type="checkbox"/> WEEKLY <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> TWICE A MONTH <input type="checkbox"/> MONTHLY
			<input type="checkbox"/> Child Support <input type="checkbox"/> Alimony	<input type="checkbox"/> WEEKLY <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> TWICE A MONTH <input type="checkbox"/> MONTHLY
			<input type="checkbox"/> Child Support <input type="checkbox"/> Alimony	<input type="checkbox"/> WEEKLY <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> TWICE A MONTH <input type="checkbox"/> MONTHLY

**16. DECLARATIONS**

List all household members and answer “yes” for anyone tried as an adult or who had a trial scheduled. If the question does not apply, answer “no”. Start with yourself first.

HOUSEHOLD MEMBER NAME	HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CONVICTED OF FRAUDULENTLY RECEIVING DUPLICATE FS/TA BENEFITS IN ANY STATE AFTER 9-22-96?	HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN CONVICTED OF TRADING FOOD STAMP BENEFITS FOR GUNS, AMMUNITIONS, OR EXPLOSIVES AFTER 9-22-96?	HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN CONVICTED OF TRADING FOOD STAMP BENEFITS FOR DRUGS AFTER 9-22-96?	HAVE YOU FLED TO AVOID PROSECUTION, CUSTODY, OR JAIL FOR A CRIME THAT IS A FELONY?	ARE YOU VIOLATING A CONDITION OF PROBATION OR PAROLE?	HAVE YOU BEEN CONVICTED IN A FEDERAL OR STATE COURT OF A FELONY COMMITTED AFTER AUGUST 22, 1996 RELATED TO ILLEGAL POSSESSION, USE, OR DISTRIBUTION OF A CONTROLLED SUBSTANCE?	HAVE YOU EVER BEEN CONVICTED OF FRAUDULENTLY GETTING DUPLICATE TA IN ANY STATE AFTER SEPTEMBER 22, 1996?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes: State <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes: State <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes: State <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes: State <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes: State <input type="checkbox"/> No

**17. BIRTH INFORMATION**

Complete below for each household member, start with yourself first. List this in the same order as the “Members of Your House” in Section 4. If the household member was born in Missouri, the FSD will likely not need additional information. If you have birth certificates for household members not born in Missouri, attach these to your application. If you don’t have this information, you will be asked to provide it at a later date and the FSD can help you get it.

HOUSEHOLD MEMBER NAME	DATE OF BIRTH	WERE YOUR PARENTS MARRIED WHEN YOU WERE BORN?	MOTHER'S NAME (FIRST AND LAST)	FATHER'S NAME (FIRST AND LAST)	COUNTY OF BIRTH	STATE OF BIRTH
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No				
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No				
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No				
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No				
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No				
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No				
7.		<input type="checkbox"/> Yes <input type="checkbox"/> No				
8.		<input type="checkbox"/> Yes <input type="checkbox"/> No				
9.		<input type="checkbox"/> Yes <input type="checkbox"/> No				
10.		<input type="checkbox"/> Yes <input type="checkbox"/> No				



**18. RESIDENCY**

ARE YOU AND ALL HOUSEHOLD MEMBERS RESIDENTS OF MISSOURI; AND DOES EVERYONE PLAN TO REMAIN IN MISSOURI?

☐ Yes ☐ No If no, list each household member's name. If this applies to you, start with yourself first.

1. 2. 3.

4. 5.

**19. HOUSEHOLD MEMBERS TEMPORARILY OUT OF THE HOME**

ARE YOU OR ANY OF YOUR HOUSEHOLD TEMPORARILY OUT OF THE HOME?

☐ Yes ☐ No If yes, list each household member. If this applies to you, start with yourself first.**HOUSEHOLD MEMBER NAME:**

REASON HOUSEHOLD MEMBER IS OUT OF THE HOME	DATE LEFT HOME	EXPECTED RETURN DATE	CURRENT ADDRESS	COUNTY
<input type="checkbox"/> In Children's Division Custody <input type="checkbox"/> In Treatment Facility <input type="checkbox"/> In Trial Home Placement with Children's Division <input type="checkbox"/> In Hospital <input type="checkbox"/> In Job Corps <input type="checkbox"/> Temporarily Out of State <input type="checkbox"/> In School <input type="checkbox"/> Other – Describe				

**HOUSEHOLD MEMBER NAME:**

REASON HOUSEHOLD MEMBER IS OUT OF THE HOME	DATE LEFT HOME	EXPECTED RETURN DATE	CURRENT ADDRESS	COUNTY
<input type="checkbox"/> In Children's Division Custody <input type="checkbox"/> In Treatment Facility <input type="checkbox"/> In Trial Home Placement with Children's Division <input type="checkbox"/> In Hospital <input type="checkbox"/> In Job Corps <input type="checkbox"/> Temporarily Out of State <input type="checkbox"/> In School <input type="checkbox"/> Other – Describe				

**HOUSEHOLD MEMBER NAME:**

REASON HOUSEHOLD MEMBER IS OUT OF THE HOME	DATE LEFT HOME	EXPECTED RETURN DATE	CURRENT ADDRESS	COUNTY
<input type="checkbox"/> In Children's Division Custody <input type="checkbox"/> In Treatment Facility <input type="checkbox"/> In Trial Home Placement with Children's Division <input type="checkbox"/> In Hospital <input type="checkbox"/> In Job Corps <input type="checkbox"/> Temporarily Out of State <input type="checkbox"/> In School <input type="checkbox"/> Other – Describe				

**20. HOUSEHOLD MEMBER EDUCATION**

Complete below for yourself and anyone in the household who was required to start kindergarten or is age 6. Start with yourself first. **If the household member is 17 or older and in high school, if you have a letter from the school showing the student is enrolled, the student's status and anticipated graduation date, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it.**

HOUSEHOLD MEMBER NAME	HIGHEST GRADE COMPLETED	ENROLLMENT STATUS	DEGREE OBTAINED	SCHOOL NAME	TYPE OF SCHOOL	SCHOOL CITY	GRADUATION OR ANTICIPATED GRADUATION DATE IF OVER THE AGE OF 17
		<input type="checkbox"/> NOT ENROLLED <input type="checkbox"/> PART-TIME <input type="checkbox"/> HALF-TIME <input type="checkbox"/> FULL-TIME	<input type="checkbox"/> HIGH SCHOOL DIPLOMA OR EQUIVALENCY <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> ASSOCIATES DEGREE <input type="checkbox"/> BACHELORS DEGREE <input type="checkbox"/> MASTERS DEGREE <input type="checkbox"/> PHD		<input type="checkbox"/> HOME SCHOOL <input type="checkbox"/> ELEMENTARY <input type="checkbox"/> JUNIOR HIGH <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> ADULT BASIC EDUCATION <input type="checkbox"/> VOCATIONAL TECHNICAL SCHOOL <input type="checkbox"/> COLLEGE OR UNIVERSITY		

HOUSEHOLD MEMBER NAME	HIGHEST GRADE COMPLETED	ENROLLMENT STATUS	DEGREE OBTAINED	SCHOOL NAME	TYPE OF SCHOOL	SCHOOL CITY	GRADUATION OR ANTICIPATED GRADUATION DATE IF OVER THE AGE OF 17
		<input type="checkbox"/> NOT ENROLLED <input type="checkbox"/> PART-TIME <input type="checkbox"/> HALF-TIME <input type="checkbox"/> FULL-TIME	<input type="checkbox"/> HIGH SCHOOL DIPLOMA OR EQUIVALENCY <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> ASSOCIATES DEGREE <input type="checkbox"/> BACHELORS DEGREE <input type="checkbox"/> MASTERS DEGREE <input type="checkbox"/> PHD		<input type="checkbox"/> HOME SCHOOL <input type="checkbox"/> ELEMENTARY <input type="checkbox"/> JUNIOR HIGH <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> ADULT BASIC EDUCATION <input type="checkbox"/> VOCATIONAL TECHNICAL SCHOOL <input type="checkbox"/> COLLEGE OR UNIVERSITY		
		<input type="checkbox"/> NOT ENROLLED <input type="checkbox"/> PART-TIME <input type="checkbox"/> HALF-TIME <input type="checkbox"/> FULL-TIME	<input type="checkbox"/> HIGH SCHOOL DIPLOMA OR EQUIVALENCY <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> ASSOCIATES DEGREE <input type="checkbox"/> BACHELORS DEGREE <input type="checkbox"/> MASTERS DEGREE <input type="checkbox"/> PHD		<input type="checkbox"/> HOME SCHOOL <input type="checkbox"/> ELEMENTARY <input type="checkbox"/> JUNIOR HIGH <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> ADULT BASIC EDUCATION <input type="checkbox"/> VOCATIONAL TECHNICAL SCHOOL <input type="checkbox"/> COLLEGE OR UNIVERSITY		
		<input type="checkbox"/> NOT ENROLLED <input type="checkbox"/> PART-TIME <input type="checkbox"/> HALF-TIME <input type="checkbox"/> FULL-TIME	<input type="checkbox"/> HIGH SCHOOL DIPLOMA OR EQUIVALENCY <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> ASSOCIATES DEGREE <input type="checkbox"/> BACHELORS DEGREE <input type="checkbox"/> MASTERS DEGREE <input type="checkbox"/> PHD		<input type="checkbox"/> HOME SCHOOL <input type="checkbox"/> ELEMENTARY <input type="checkbox"/> JUNIOR HIGH <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> ADULT BASIC EDUCATION <input type="checkbox"/> VOCATIONAL TECHNICAL SCHOOL <input type="checkbox"/> COLLEGE OR UNIVERSITY		

## 21. CITIZENSHIP

1. If you are not a United States citizen, your TA eligibility depends on if your citizenship status is qualified or non-qualified and your date of entry into the US.
2. Certain qualified non-United States citizens are ineligible for 5 years from their date of entry.
3. Are all members of your household United States Citizens? ☐ Yes ☐ No
  - o If no, complete the Alien Status in Section 38 for each household member. Do not complete Section 38 for any household members that you checked "No" on the statement in Section 4 of, "You are Applying for TA benefits for this member".

## 22. DISABILITY

ARE YOU OR ANYONE IN YOUR HOUSEHOLD BLIND, DISABLED OR UNABLE TO WORK DUE TO ILLNESS OR INJURY?

☐ Yes ☐ No If yes, complete below for each household member. Start with yourself first.

HOUSEHOLD MEMBER NAME	DATE DISABILITY BEGAN
<input type="checkbox"/> Blind <input type="checkbox"/> Pending Disability – Supplemental Security Income (SSI); Social Security Disability Income (SSDI); Old Age, Survivor and Disability Insurance (OASDI) or Employer Sponsored Disability Payments <input type="checkbox"/> Receives MO HealthNet for the Aged, Blind and Disabled <input type="checkbox"/> Receives Supplemental Aid to the Blind <input type="checkbox"/> Receives Social Security Disability <input type="checkbox"/> Receives SSI <input type="checkbox"/> Have Not Applied for Disability, but I am Disabled You must also complete the MO HealthNet application at <a href="http://dss.mo.gov/mhk/appl.htm">http://dss.mo.gov/mhk/appl.htm</a> and apply for SSI or SSDI at <a href="http://ssa.mo.gov">ssa.mo.gov</a> . <input type="checkbox"/> Employer Sponsored Disability Insurance – If you have a statement from your insurance provider dated within the last 30 days, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it. <input type="checkbox"/> Needed in the Home to Care for a Disabled Individual – If you have a statement from a medical professional indicating the individual requires you to stay home with them dated within the last 30 days, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it. <input type="checkbox"/> Receives Railroad Disability Benefit – If you have a statement dated within the last 30 days, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it. <input type="checkbox"/> Temporarily Disabled –If you have a medical professional statement dated within the last 30 days indicating the duration of the temporary disability, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it. <input type="checkbox"/> Veteran with any Rate of Disability –If you have a medical professional statement dated within the last 30 days, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it. <input type="checkbox"/> Other:	

HOUSEHOLD MEMBER NAME	DATE DISABILITY BEGAN
<input type="checkbox"/> Blind <input type="checkbox"/> Pending Disability – Supplemental Security Income (SSI); Social Security Disability Income (SSDI); Old Age, Survivor and Disability Insurance (OASDI) or Employer Sponsored Disability Payments <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Receives MO HealthNet for the Aged, Blind and Disabled  <input type="checkbox"/> Receives Social Security Disability  <input type="checkbox"/> Have Not Applied for Disability, but I am Disabled  You must also complete the MO HealthNet application at <a href="http://dss.mo.gov/mhk/appl.htm">http://dss.mo.gov/mhk/appl.htm</a> and apply for SSI or SSDI at <a href="http://ssa.mo.gov">ssa.mo.gov</a>. </div> <div> <input type="checkbox"/> Receives Supplemental Aid to the Blind  <input type="checkbox"/> Receives SSI </div> </div> <input type="checkbox"/> Employer Sponsored Disability Insurance – If you have a statement from your insurance provider dated within the last 30 days, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it. <input type="checkbox"/> Needed in the Home to Care for a Disabled Individual – If you have a statement from a medical professional indicating the individual requires you to stay home with them dated within the last 30 days, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it. <input type="checkbox"/> Receives Railroad Disability Benefit – If you have a statement dated within the last 30 days, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it. <input type="checkbox"/> Temporarily Disabled –If you have a medical professional statement dated within the last 30 days indicating the duration of the temporary disability, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it. <input type="checkbox"/> Veteran with any Rate of Disability –If you have a medical professional statement dated within the last 30 days, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it. <input type="checkbox"/> Other:	

HOUSEHOLD MEMBER NAME	DATE DISABILITY BEGAN
<input type="checkbox"/> Blind <input type="checkbox"/> Pending Disability – Supplemental Security Income (SSI); Social Security Disability Income (SSDI); Old Age, Survivor and Disability Insurance (OASDI) or Employer Sponsored Disability Payments <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Receives MO HealthNet for the Aged, Blind and Disabled  <input type="checkbox"/> Receives Social Security Disability  <input type="checkbox"/> Have Not Applied for Disability, but I am Disabled  You must also complete the MO HealthNet application at <a href="http://dss.mo.gov/mhk/appl.htm">http://dss.mo.gov/mhk/appl.htm</a> and apply for SSI or SSDI at <a href="http://ssa.mo.gov">ssa.mo.gov</a>. </div> <div> <input type="checkbox"/> Receives Supplemental Aid to the Blind  <input type="checkbox"/> Receives SSI </div> </div> <input type="checkbox"/> Employer Sponsored Disability Insurance – If you have a statement from your insurance provider dated within the last 30 days, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it. <input type="checkbox"/> Needed in the Home to Care for a Disabled Individual – If you have a statement from a medical professional indicating the individual requires you to stay home with them dated within the last 30 days, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it. <input type="checkbox"/> Receives Railroad Disability Benefit – If you have a statement dated within the last 30 days, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it. <input type="checkbox"/> Temporarily Disabled –If you have a medical professional statement dated within the last 30 days indicating the duration of the temporary disability, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it. <input type="checkbox"/> Veteran with any Rate of Disability –If you have a medical professional statement dated within the last 30 days, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it. <input type="checkbox"/> Other:	

**IF YOU HAVE ADDITIONAL HOUSEHOLD MEMBERS WITH "DISABILITY", COMPLETE THE CHART IN "SECTION 22 – DISABILITY CONTINUED" AFTER THE SIGNATURE PAGE.**

### 23. JOB LOSS OR REDUCED HOURS

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD AGE 16 TO 60 QUIT A JOB IN THE LAST 30 DAYS, OR REDUCED THE NUMBER OF HOURS WORKED?

☐ Yes    ☐ No

If yes, complete the following for each household member this applies to. Start with yourself first. **If you have a copy of paycheck stubs within the last 30 days, attach them to the application. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it.**

HOUSEHOLD MEMBER NAME	DATE JOB QUIT OR HOURS WERE REDUCED	STATE REASON FOR QUITTING JOB OR HOURS WERE REDUCED	DID THE HOUSEHOLD MEMBER APPLY FOR UNEMPLOYMENT COMPENSATION?
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Reason didn't apply:
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Reason didn't apply:

HOUSEHOLD MEMBER NAME	DATE JOB QUIT OR HOURS WERE REDUCED	STATE REASON FOR QUITTING JOB OR HOURS WERE REDUCED	DID THE HOUSEHOLD MEMBER APPLY FOR UNEMPLOYMENT COMPENSATION?
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Reason didn't apply:
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Reason didn't apply:

## 24. CHILD SUPPORT

TA applicants are required to complete Child Support forms. **Do not complete these forms if both parents of the child are in the same house.** All other TA applicants must complete the following:

1. "Child Support Agreement" in Section 34
2. TA applicants who did not claim "Good Cause" on the "TA Applicant Child Support Agreement" must complete the "Referral/Information for Child Support Services" in Section 35

## 25. SUBSIDIZED HOUSING

- Subsidized housing includes local, state or federal government payments for all or part of the household's housing costs.
- Examples include HUD housing of:
  - Section 8
  - Privately owned subsidized housing
  - Public Housing

Answer the following:

Do you live in subsidized housing? ☐ Yes   ☐ No      If yes, choose type: ☐ Public Housing   ☐ Rent Subsidy

## 26. PROPERTY OWNED

1. DO YOU OR ANYONE IN YOUR HOUSEHOLD OWN A CAR, TRUCK, MOTORCYCLE, OR RECREATIONAL VEHICLE?

☐ Yes   ☐ No      If yes, complete below for each household member. Start with yourself first.

HOUSEHOLD MEMBER NAME	WHAT IS THE YEAR/MAKE/MODEL?	WHEN DID YOU GET THE VEHICLE?	WHAT IS THE VEHICLE WORTH?	HOW MUCH DO YOU OWE ON IT?	DO YOU OWN IT WITH SOMEONE ELSE?	CAN YOU USE IT?
1.			\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. DO YOU OR ANYONE IN YOUR HOUSEHOLD OWN ANY REAL PROPERTY? THIS INCLUDES A MOBILE HOME

☐ Yes   ☐ No      If yes, complete below for each household member. Start with yourself first.

### HOUSEHOLD MEMBER NAME:

REAL ESTATE TYPE	WHEN DID YOU GET THIS PROPERTY?	WHAT IS THE PROPERTY WORTH?	HOW MUCH DO YOU OWE ON IT?	DO YOU OWN IT WITH SOMEONE ELSE?	CAN YOU USE IT?
<input type="checkbox"/> Building and land <input type="checkbox"/> Home and up to 40 acres of land <input type="checkbox"/> A lot(s) <input type="checkbox"/> Acreage <input type="checkbox"/> Home and over 40 acres of land		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### HOUSEHOLD MEMBER NAME:

REAL ESTATE TYPE	WHEN DID YOU GET THIS PROPERTY?	WHAT IS THE PROPERTY WORTH?	HOW MUCH DO YOU OWE ON IT?	DO YOU OWN IT WITH SOMEONE ELSE?	CAN YOU USE IT?
<input type="checkbox"/> Building and land <input type="checkbox"/> Home and up to 40 acres of land <input type="checkbox"/> A lot(s) <input type="checkbox"/> Acreage <input type="checkbox"/> Home and over 40 acres of land		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSEHOLD MEMBER NAME:						
REAL ESTATE TYPE	WHEN DID YOU GET THIS PROPERTY?	WHAT IS THE PROPERTY WORTH?	HOW MUCH DO YOU OWE ON IT?	DO YOU OWN IT WITH SOMEONE ELSE?	CAN YOU USE IT?	
<input type="checkbox"/> Building and land <input type="checkbox"/> Home and up to 40 acres of land <input type="checkbox"/> A lot(s) <input type="checkbox"/> Acreage <input type="checkbox"/> Home and over 40 acres of land		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. DO YOU OR ANYONE IN YOUR HOUSEHOLD OWN BUSINESS EQUIPMENT, MACHINERY, FARM MACHINERY, TOOLS, FARM GRAIN OR PRODUCE IN STORAGE, MOTOR HOME, CAMPER, TRAILER, BOAT, MOTOR, AIRCRAFT, OR BURIAL LOTS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below for each household member. Start with yourself first.						
HOUSEHOLD MEMBER NAME	WHEN DID YOU GET THIS PROPERTY?	PERSONAL PROPERTY TYPE	WHAT IS THE PROPERTY WORTH?	HOW MUCH DO YOU OWE ON IT?	DO YOU OWN IT WITH SOMEONE ELSE?	CAN YOU USE IT?
		<input type="checkbox"/> AIRCRAFT <input type="checkbox"/> BUSINESS EQUIPMENT OR TOOLS <input type="checkbox"/> BOAT OR MOTOR <input type="checkbox"/> BURIAL PLOT <input type="checkbox"/> CAMPER OR TRAILER <input type="checkbox"/> FARM MACHINERY <input type="checkbox"/> GRAIN OR PRODUCE OR TIMBER <input type="checkbox"/> HOUSEHOLD FURNISHINGS NOT IN USE <input type="checkbox"/> JEWELRY – NOT WEDDING RINGS <input type="checkbox"/> LIVESTOCK <input type="checkbox"/> MOTOR HOME <input type="checkbox"/> TRAILER (UTILITY, BOAT, ETC)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HOUSEHOLD MEMBER NAME	WHEN DID YOU GET THIS PROPERTY?	PERSONAL PROPERTY TYPE	WHAT IS THE PROPERTY WORTH?	HOW MUCH DO YOU OWE ON IT?	DO YOU OWN IT WITH SOMEONE ELSE?	CAN YOU USE IT?
		<input type="checkbox"/> AIRCRAFT <input type="checkbox"/> BUSINESS EQUIPMENT OR TOOLS <input type="checkbox"/> BOAT OR MOTOR <input type="checkbox"/> BURIAL PLOT <input type="checkbox"/> CAMPER OR TRAILER <input type="checkbox"/> FARM MACHINERY <input type="checkbox"/> GRAIN OR PRODUCE OR TIMBER <input type="checkbox"/> HOUSEHOLD FURNISHINGS NOT IN USE <input type="checkbox"/> JEWELRY – NOT WEDDING RINGS <input type="checkbox"/> LIVESTOCK <input type="checkbox"/> MOTOR HOME <input type="checkbox"/> TRAILER (UTILITY, BOAT, ETC)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HOUSEHOLD MEMBER NAME	WHEN DID YOU GET THIS PROPERTY?	PERSONAL PROPERTY TYPE	WHAT IS THE PROPERTY WORTH?	HOW MUCH DO YOU OWE ON IT?	DO YOU OWN IT WITH SOMEONE ELSE?	CAN YOU USE IT?
		<input type="checkbox"/> AIRCRAFT <input type="checkbox"/> BUSINESS EQUIPMENT OR TOOLS <input type="checkbox"/> BOAT OR MOTOR <input type="checkbox"/> BURIAL PLOT <input type="checkbox"/> CAMPER OR TRAILER <input type="checkbox"/> FARM MACHINERY <input type="checkbox"/> GRAIN OR PRODUCE OR TIMBER <input type="checkbox"/> HOUSEHOLD FURNISHINGS NOT IN USE <input type="checkbox"/> JEWELRY – NOT WEDDING RINGS <input type="checkbox"/> LIVESTOCK <input type="checkbox"/> MOTOR HOME <input type="checkbox"/> TRAILER (UTILITY, BOAT, ETC)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HOUSEHOLD MEMBER NAME	WHEN DID YOU GET THIS PROPERTY?	PERSONAL PROPERTY TYPE	WHAT IS THE PROPERTY WORTH?	HOW MUCH DO YOU OWE ON IT?	DO YOU OWN IT WITH SOMEONE ELSE?	CAN YOU USE IT?
		<input type="checkbox"/> AIRCRAFT <input type="checkbox"/> BUSINESS EQUIPMENT OR TOOLS <input type="checkbox"/> BOAT OR MOTOR <input type="checkbox"/> BURIAL PLOT <input type="checkbox"/> CAMPER OR TRAILER <input type="checkbox"/> FARM MACHINERY <input type="checkbox"/> GRAIN OR PRODUCE OR TIMBER <input type="checkbox"/> HOUSEHOLD FURNISHINGS NOT IN USE <input type="checkbox"/> JEWELRY – NOT WEDDING RINGS <input type="checkbox"/> LIVESTOCK <input type="checkbox"/> MOTOR HOME <input type="checkbox"/> TRAILER (UTILITY, BOAT, ETC)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**27. LIFE INSURANCE POLICY**

DO YOU OR ANYONE IN YOUR HOUSEHOLD OWN OR HAVE MADE PAYMENTS ON A LIFE INSURANCE POLICY?

☐ Yes ☐ No

If Yes, complete for each household member. If this applies to you, start with yourself first. **If you have a copy of a statement or letter from the life insurance company with the policy owner, insurance company name, insurance policy number, plan face value and plan benefit surrender value dated within the last 30 days, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it.**

HOUSEHOLD MEMBER NAME WITH LIFE INSURANCE POLICY	POLICY OWNER	INSURANCE COMPANY NAME	INSURANCE POLICY NUMBER	PLAN FACE VALUE	PLAN BENEFIT SURRENDER VALUE

**28. CHILD CARE PAYMENTS**

DO YOU OR ANYONE IN YOUR HOUSEHOLD PAY FOR CHILD CARE FOR HOUSEHOLD MEMBERS?

☐ Yes ☐ No

If yes, complete below for each household member. If this applies to you, start with yourself first. **If you have a letter from the child care provider with the cost for the last month, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it.**

HOUSEHOLD MEMBER MAKING PAYMENT	CHILD'S NAME	PERSON PAID TO	AMOUNT PAID	PAYMENT FREQUENCY	MONTHLY MILES FROM AND TO THE CHILD CARE LOCATION
				<input type="checkbox"/> WEEKLY <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> TWICE A MONTH <input type="checkbox"/> MONTHLY	
				<input type="checkbox"/> WEEKLY <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> TWICE A MONTH <input type="checkbox"/> MONTHLY	
				<input type="checkbox"/> WEEKLY <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> TWICE A MONTH <input type="checkbox"/> MONTHLY	

**29. TA WORK REQUIREMENTS****Required Participation**

- **Starting 8/28/15:**
  - You must complete an orientation and sign the Personal Responsibility Plan (PRP) in Section 1 listing the activities you agree to participate in.
  - The signed PRP must be mailed in with your TA application.
- **Starting 1/1/16, all new TA applicants must register online at [www.jobs.mo.gov](http://www.jobs.mo.gov) prior to submitting the TA application.**
  - If you do not meet the above, your TA application will be rejected. You may ask for a hearing if you disagree.
- **Required Hours**
  - If you are approved for TA, you are required to participate in work and training activities for a set number of hours per week, which will be averaged for the month.
  - These requirements will be explained to you when you meet with a Missouri Work Assistance (MWA) case manager .
- **Non-Participation**
  - If you do not participate in work and training activities and you do not have good cause:
    - Starting 8/28/15, your TA benefit will be lowered by 50%.
    - If you do not participate after the 50% reduced benefit amount, your TA case could close.

**30. REPORTING CHANGES**

- You must report any changes to the information on this TA application **within 10 days** of when they happen. Examples include, but are not limited to: increase or decrease to household member's income, employment changes, household member changes, etc.
- It is your duty to report these changes, and you cannot wait until you are contacted. To report changes:
  - Go to a Family Support Division Resource Center, which are listed in Section 39, OR
  - Report changes online at <http://dss.mo.gov/> and click on "How do I Report Changes and Check Benefits", OR
  - Call 1-855-373-4636



## 31. RESPONSIBILITIES AND RIGHTS

### You must give true information and follow the law

- Federal, state, and local officials have the right to check the truth of any information you give on your application.
- You may be denied benefits and/or be charged with a crime if you knowingly give the FSD false information.

### Veteran's Benefits

- If you are a veteran and you refuse to apply for these benefits without good cause, you might be ineligible for TA.
- To find the nearest office to apply, go to [benefits.va.gov](http://benefits.va.gov).

### Child Protection Clause

- If you are a single caretaker with a child under the age of 6, and you can't find child care, you cannot be sanctioned while finding child care.
- Your MWA case manager will discuss this with you further.
- You must work on a plan to find this child care.

## 32. IMPORTANT INFORMATION ABOUT YOUR HEARING RIGHTS

### Hearing Rights

You have the right to a hearing if you have applied for or are receiving Temporary Assistance (TA), MO HealthNet, or Food Stamp Benefits, and the following happens:

- The Family Support Division (FSD) decides that you are not eligible and you think you are.
- The FSD provides you with TA, MO HealthNet, or Food Stamp benefits and then reduces or stops the benefits and you think this was done in error.
- You disagree with the information used to determine the benefit amount or you disagree with the benefit amount.
- The FSD refuses to take your application.
- The FSD does not process your application within 30 calendar days, and you have either: 1.) Provided the information in the "Request for Information" or 2.) You have given FSD permission to request this information.

### Hearing Timeframe

- If your application has been refused or rejected or the planned action has already been taken, you may request a hearing within 90 calendar days of the refusal or action.
- If the proposed action will change or stop your benefits and you request a hearing within 10 days from the date of the notice, you may continue to receive the same benefits until the hearing decision.

### Requesting a Hearing

You, or your representative, may request a hearing by phone, in-person, or in writing. You will be asked why you disagree with the action or proposed action on your case. This is the reason for the hearing.

- To request a hearing by phone, contact the FSD at 855-373-4636. If you request a hearing by phone, an FSD team member will complete the hearing request form for you.
- If you request a hearing in-person, a FSD team member will complete the form for you. You may request a form, and mail it back.
- If you request a hearing in writing, the FSD will complete the form for you and will enclose your written request.
- You will be notified in writing of the date, time, and place for your hearing. You will be scheduled for a telephone hearing at your local FSD office.
- If there is a reason you cannot participate in a telephone hearing or are not available on the scheduled date, you will be instructed to contact the Administrative Hearings Unit within FSD.

### Preparing for the Hearing

A pre-hearing conference will be scheduled with a FSD supervisor. This **does not** replace the hearing. The FSD will give you copies of your case record and any information they used to arrive at the action. If you need more information from the FSD, ask a FSD team member. The FSD team member will provide you as much information as possible.

You may be asked to provide information that supports your hearing request. You can choose not to provide this information but providing this may help you win the hearing. This information may include:

- Medical records or a written statement from a doctor.
- Proof of income or expenses or changes in income or expenses.
- A witness who can verify your statements.

Write down the reasons for your hearing before the hearing and bring the list with you. This will make sure your concerns and questions are covered.

If you do not have an attorney or cannot afford one, you may be eligible for free legal services. The telephone number to inquire about free legal services is included in notices from the FSD. If you do not have the number, call toll-free 855-373-4636.

### The Hearing

There is no cost to you to have a hearing with the FSD. The hearing is held in the local FSD office with the Hearing Officer on speaker phone.

- You must be present at the FSD Resource Center as indicated on your "Notice of Administrative Hearing" or make other arrangements with the hearings officer (i.e. you are homebound and cannot come into the office).

- A Hearings Officer will preside over the hearing and will lead everyone through the process. The Hearings Officer will swear in all witnesses.
- The FSD will present the reasons for their actions and documents to support the actions.
- You and/or your representative will present the reasons you do not agree, including any facts and documents you have to submit.
- The Hearings Officer will allow you time to question all witnesses and will question the witnesses to ensure all evidence is presented and discussed.

### **The Hearing Decision**

- You will be notified of the results of the hearing in writing by the FSD.
- The decision is based on the evidence and testimony presented at the hearing.
- When the hearing decision results in a change in your benefits or if the FSD changes its decision before the hearing, the FSD will adjust your case.
- You will receive a written notice of any changes to your TA case.
- If you or your representative does not agree with the hearing decision, you have 90 days to request forms and appeal the decision to the Circuit Court. Instructions to request forms will be included with your hearing decision.

## **HEARING QUESTIONS AND ANSWERS**

### **Can I change my mind after I requested a hearing?**

- Yes, you can change your mind. If you do not want the hearing, notify the FSD. You will be asked to complete a form to withdraw your request.

### **Can the FSD withdraw from a hearing?**

- Yes, the FSD can withdraw from a hearing if they find that they have made an incorrect determination. You will receive a written notice of their action to withdraw from the hearing.

### **What if I cannot attend the scheduled hearing?**

- Contact the Administrative Hearings Unit within the FSD. The hearing may be rescheduled in some circumstances. If you do not attend, the decision may be in favor of the FSD.

### **Can I continue to receive the same amount of benefits until the hearing decision?**

- Yes, in some cases you can receive the same amount of benefits until the hearing decision. You should discuss this with a FSD team member. If the FSD is affirmed, any benefits you are not eligible for will need to be repaid to the FSD.

### **Do I need a lawyer?**

- No, but you may have a legal representative if you choose. You may also represent yourself or have a friend or relative represent you.

### **Can I reapply while waiting for a hearing?**

- Yes, you may reapply at any time and continue to report changes on your case.

## **CIVIL RIGHTS LAW**

In accordance with Federal Law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. Any person who believes s/he may have been the object of such discrimination may file a written complaint with the County office or the Family Support Division, giving the specific details as to how and when the discrimination took place. Send complaints to the Office of Civil Rights, P. O. Box 1527, Jefferson City, Missouri 65102.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

To file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested on the form. Send your completed complaint form or letter to us at: U.S. Department of Agriculture, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individual who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, contact the USDA Snap Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm). USDA is an equal opportunity provider and employer. IM-4 (Hearing Rights) (05-14)

### 33. AGREEMENT AND SIGNATURE

You must write your initial on each of these statements and then sign the application agreeing that everything stated is true:

- I understand that it is against the law to obtain or attempt to obtain benefits to which I am not entitled. Any false claim, statement or concealment of any material fact whatever, in whole or in part, may subject me to criminal and/or civil prosecution. \_\_\_\_\_
- I authorize the Director of FSD or his/her appointee to investigate and verify these circumstances and statements. \_\_\_\_\_
- I understand if I disagree with the decision concerning our eligibility, I may request a fair hearing by contacting the local FSD office. This request must be received within 90 calendar days of the eligibility decision date. \_\_\_\_\_
- I understand that application for and acceptance of TA constitutes an assignment of rights to the Department of Social Services, for child support. \_\_\_\_\_
- I understand that I must report any changes in circumstances within 10 calendar days of when they occur. \_\_\_\_\_
- I understand that I must provide Social Security Numbers (SSN) or apply for SSN for of all persons applying for TA. The SSN is used to determine eligibility and verify information (Section 1137 of the Social Security Act). \_\_\_\_\_
- I understand that I am entitled to fair and equal treatment regardless of race, color, religion, national origin, sex, ancestry, age, sexual orientation, veteran status or disability. \_\_\_\_\_
- By signing this application on paper or electronically, I am giving FSD permission to deliver, or cause to be delivered, phone calls to me regarding my case from an automated dialing system at the primary phone number you provided on Page 2. I do not have to consent to this as part of my application. If I want to opt of getting these calls, check here: ☐

 **SIGN HERE** 

SIGNATURE

DATE

**APPLICANT PLEASE SIGN AND DATE HERE**

### HOW TO GET THE TA APPLICATION TO FSD

1. Mail the completed TA application with any information you have to:

Family Support Division  
Attention TA Application  
615 E 13th St  
Kansas City, MO 64106

**OR**

2. Fax to:

**Attention: TA Application  
(816) 889-2622**

**OR**

3. Take the completed TA application to any FSD Resource Center listed in Section 39.

If you want to register to vote, the voter registration application is on Page 18 and 19. Please follow the instructions on this form. If you do not want to register to vote, do not print these pages.

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# MISSOURI VOTER REGISTRATION APPLICATION

## Use this application to:

1. Register to vote in any election in Missouri. (New Registration)
2. Register to vote when you move from one jurisdiction (St. Louis City, Kansas City, or any county) to another jurisdiction (St. Louis City, Kansas City, or any county) within Missouri. (New Registration)
3. Change the address on a current voter registration when you move within a jurisdiction. (Address Change)
4. Change the name on a current voter registration. (Name Change)

## Completing this form (All information is required unless indicated as optional):

### Box 1 and 2 -- Citizen and Age Requirements

Federal Law requires voter registration applicants to answer these two questions. If box 1 or 2 is left blank the registration will be incomplete and returned to the applicant. You must be a U.S. citizen and 18 years of age by the date of a particular election to be eligible to vote in that election.

### Box 3 -- Type of Application

Check appropriate box if this is a new registration or if you are changing a name or address on your current voter registration.

### Box 4 -- Name

Put in this box your full name (Last, First, Middle). DO NOT use nicknames or initials. For name changes, Box 13 should contain your old name.

### Box 5 -- Home Address

Put in this box your home address. DO NOT put your mailing address if it differs from your home address.

### Box 6 -- Mailing Address

If you get your mail at an address other than your home address in Box 5, put that address here.

### Box 7 -- Driver's License Number

Required for registration unless you do not have a Driver's License. (§115.158, RSMo.) If you do not have a Driver's License, leave blank.

### Box 8 -- Last Four Digits of Social Security Number

Required for registration unless you do not have a Social Security Number. (§115.155, RSMo, §115.158, RSMo.) If you do not have a Social Security Number, leave blank.

### Box 9 -- Date of Birth

Place your date of birth in this box (Month, Day, Year). DO NOT USE TODAY'S DATE! List your place of birth (city/county/state).

### Box 10 -- Place of Birth (Optional)

List your place of birth (city/county/state).

### Box 11 -- Daytime Phone Number (Optional)

Please list a number at which the election authority may contact you for clarification of information.

### Box 12 -- Email Address (Optional)

Please list an email address at which the election authority may contact you for clarification of information. This email address may only be used for election related communication from the election authority.

### Box 13 -- Last Voter Registration Information

If you are currently registered, please list the name and address of your last registration including county and state.

### Box 14 -- Signature

Review the information. If you meet the requirements and all is correct, sign your full name or make your mark and print today's date.

### Box 15 -- Rural Voters

If you live in a rural area without a street address, please supply information which may help in placing you in the proper voting district.

**If you wish to serve as an election judge on election day please contact your local election authority and mark the box at the bottom of this form.**



# MISSOURI VOTER REGISTRATION APPLICATION

USE PEN - PLEASE PRINT CLEARLY

Code 02

1	ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? <input type="checkbox"/> YES <input type="checkbox"/> NO		2	WILL YOU BE 18 YEARS OF AGE ON OR BEFORE ELECTION DAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If you checked no in response to either of the above questions, do not complete this form.					
3	<input type="checkbox"/> NEW REGISTRATION <input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> NAME CHANGE			FOR OFFICE USE ONLY REGISTRATION NO.	
4	LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX (CIRCLE) JR. SR. II III IV <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
5	ADDRESS WHERE YOU LIVE (HOUSE NO., STREET, APT. NO. OR RURAL ROUTE AND BOX - NO PO BOXES)			CITY	COUNTY
6	ADDRESS WHERE YOU GET YOUR MAIL (REQUIRED IF DIFFERENT FROM #5 ABOVE)			CITY	STATE
7	DRIVER'S LICENSE NUMBER IF YOU DO NOT HAVE A DRIVER'S LICENSE, PLEASE LEAVE BLANK.			8 LAST 4 DIGITS OF SOCIAL SECURITY NUMBER* IF YOU DO NOT HAVE A SOCIAL SECURITY NUMBER, PLEASE LEAVE BLANK.	
9	DATE OF BIRTH (MM/DD/YYYY)		10	PLACE OF BIRTH (OPTIONAL)	
11	DAYTIME PHONE NO. (OPTIONAL)		12 EMAIL ADDRESS (OPTIONAL)		
13	NAME AND ADDRESS ON LAST VOTER REGISTRATION NAME _____ ADDRESS _____ CITY _____ STATE _____ COUNTY _____ If currently registered in another state or county please complete this box.			14 I hereby certify that I am a citizen of the United States and a resident of the state of Missouri. I am at least seventeen and one half years of age. I have not been adjudged incapacitated by any court of law. If I have been convicted of a felony or a misdemeanor connected with the right of suffrage, I have had the voting disabilities resulting from such conviction removed pursuant to law. I swear under penalty of perjury that all statements made on this card are true to the best of my knowledge and belief. I understand that if I register to vote knowing that I am not legally entitled to register, I am committing a class one election offense and may be punished by imprisonment of not more than five years or by a fine of between two thousand five hundred dollars and ten thousand dollars or by both such imprisonment and fine.	
15	RURAL VOTERS: COMPLETE THIS SECTION IF YOU LIVE OUTSIDE THE CITY LIMITS OF ANY CITY. I live _____ miles N S E W (circle one) of _____ (landmark or junction). Section, Township and range _____ My neighbors are _____			Date _____ Signature _____	
<input type="checkbox"/> Check here if you are interested in working as an Election Judge                 Warning: Conviction for making a false statement may result in imprisonment for up to five years and/or a fine up to \$10,000.					

MO 231-0169 (REVISED 04/14) \*Required for registration pursuant to §115.155 RSMo and §115.158 RSMo.

STATE OF MISSOURI  
VOTER REGISTRATION APPLICATION

Code 02

If you are not registered to vote where you live now, would you like to apply to register to vote here today?  
☐ **YES** ☐ **NO** ☐ **NO, already registered at current address**

(If you check "NO", please sign or mark here \_\_\_\_\_)

If you do not check any box, you will be considered to have decided not to register to vote at this time.

Applying to register or declining to register to vote will **not** affect the amount of assistance you will be provided by this agency. If you would like help in filling out the voter registration application form, we will help you. The decision to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding or in applying to register to vote, or your right to choose your own political party or other political preferences, you may file a complaint with the Secretary of State, PO Box 1767, Jefferson City, MO 65102; phone 1-800-669-8683.



**14. OTHER INCOME - CONTINUED**

Only complete and attach if a household member has "other income" and you could not list it in Section 14 of the application. Other income must be proved to process your application. If you have any of the below, attach it to your application. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it.

**HOUSEHOLD MEMBER NAME:**

OTHER INCOME TYPE	PAYMENT AMOUNT	PAY FREQUENCY
<input type="checkbox"/> Child Support <input type="checkbox"/> Social Security – Enter claim number: <input type="checkbox"/> Supplemental Security Income (SSI); Social Security Disability Income (SSDI); Old Age, Survivor and Disability Insurance (OASDI) or Employer Sponsored Disability Payments <input type="checkbox"/> Trust Funds/Annuities <input type="checkbox"/> Pensions/Retirement/Disability <input type="checkbox"/> Interest or Dividends <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Money from friends or relatives <input type="checkbox"/> Other – Describe:		<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly

**HOUSEHOLD MEMBER NAME:**

OTHER INCOME TYPE	PAYMENT AMOUNT	PAY FREQUENCY
<input type="checkbox"/> Child Support <input type="checkbox"/> Social Security – Enter claim number: <input type="checkbox"/> Supplemental Security Income (SSI); Social Security Disability Income (SSDI); Old Age, Survivor and Disability Insurance (OASDI) or Employer Sponsored Disability Payments <input type="checkbox"/> Trust Funds/Annuities <input type="checkbox"/> Pensions/Retirement/Disability <input type="checkbox"/> Interest or Dividends <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Money from friends or relatives <input type="checkbox"/> Other – Describe:		<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly

**HOUSEHOLD MEMBER NAME:**

OTHER INCOME TYPE	PAYMENT AMOUNT	PAY FREQUENCY
<input type="checkbox"/> Child Support <input type="checkbox"/> Social Security – Enter claim number: <input type="checkbox"/> Supplemental Security Income (SSI); Social Security Disability Income (SSDI); Old Age, Survivor and Disability Insurance (OASDI) or Employer Sponsored Disability Payments <input type="checkbox"/> Trust Funds/Annuities <input type="checkbox"/> Pensions/Retirement/Disability <input type="checkbox"/> Interest or Dividends <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Money from friends or relatives <input type="checkbox"/> Other – Describe:		<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly

**HOUSEHOLD MEMBER NAME:**

OTHER INCOME TYPE	PAYMENT AMOUNT	PAY FREQUENCY
<input type="checkbox"/> Child Support <input type="checkbox"/> Social Security – Enter claim number: <input type="checkbox"/> Supplemental Security Income (SSI); Social Security Disability Income (SSDI); Old Age, Survivor and Disability Insurance (OASDI) or Employer Sponsored Disability Payments <input type="checkbox"/> Trust Funds/Annuities <input type="checkbox"/> Pensions/Retirement/Disability <input type="checkbox"/> Interest or Dividends <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Money from friends or relatives <input type="checkbox"/> Other – Describe:		<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly

**22. DISABILITY - CONTINUED**

Only complete and attach if a household member has “disability” and you could not list it in Section 22 of the application.

Other income must be proved to process your application. If you have any of the below, attach it to your application. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it.

HOUSEHOLD MEMBER NAME	DATE DISABILITY BEGAN
<div><input type="checkbox"/> Blind</div> <div><input type="checkbox"/> Pending Disability – Supplemental Security Income (SSI); Social Security Disability Income (SSDI); Old Age, Survivor and Disability Insurance (OASDI) or Employer Sponsored Disability Payments</div> <div><div><input type="checkbox"/> Receives MO HealthNet for the Aged, Blind and Disabled</div><div><input type="checkbox"/> Receives Supplemental Aid to the Blind</div></div> <div><div><input type="checkbox"/> Receives Social Security Disability</div><div><input type="checkbox"/> Receives SSI</div></div> <div><input type="checkbox"/> Have Not Applied for Disability, but I am Disabled You must also complete the MO HealthNet application at <a href="http://dss.mo.gov/mhk/appl.htm">http://dss.mo.gov/mhk/appl.htm</a> and apply for SSI or SSDI at <a href="http://ssa.mo.gov">ssa.mo.gov</a>.</div> <div><input type="checkbox"/> Employer Sponsored Disability Insurance – If you have a statement from your insurance provider dated within the last 30 days, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it.</div> <div><input type="checkbox"/> Needed in the Home to Care for a Disabled Individual – If you have a statement from a medical professional indicating the individual requires you to stay home with them dated within the last 30 days, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it.</div> <div><input type="checkbox"/> Receives Railroad Disability Benefit – If you have a statement dated within the last 30 days, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it.</div> <div><input type="checkbox"/> Temporarily Disabled –If you have a medical professional statement dated within the last 30 days indicating the duration of the temporary disability, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it.</div> <div><input type="checkbox"/> Veteran with any Rate of Disability –If you have a medical professional statement dated within the last 30 days, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it.</div> <div><input type="checkbox"/> Other:</div>	

HOUSEHOLD MEMBER NAME	DATE DISABILITY BEGAN
<div><input type="checkbox"/> Blind</div> <div><input type="checkbox"/> Pending Disability – Supplemental Security Income (SSI); Social Security Disability Income (SSDI); Old Age, Survivor and Disability Insurance (OASDI) or Employer Sponsored Disability Payments</div> <div><div><input type="checkbox"/> Receives MO HealthNet for the Aged, Blind and Disabled</div><div><input type="checkbox"/> Receives Supplemental Aid to the Blind</div></div> <div><div><input type="checkbox"/> Receives Social Security Disability</div><div><input type="checkbox"/> Receives SSI</div></div> <div><input type="checkbox"/> Have Not Applied for Disability, but I am Disabled You must also complete the MO HealthNet application at <a href="http://dss.mo.gov/mhk/appl.htm">http://dss.mo.gov/mhk/appl.htm</a> and apply for SSI or SSDI at <a href="http://ssa.mo.gov">ssa.mo.gov</a>.</div> <div><input type="checkbox"/> Employer Sponsored Disability Insurance – If you have a statement from your insurance provider dated within the last 30 days, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it.</div> <div><input type="checkbox"/> Needed in the Home to Care for a Disabled Individual – If you have a statement from a medical professional indicating the individual requires you to stay home with them dated within the last 30 days, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it.</div> <div><input type="checkbox"/> Receives Railroad Disability Benefit – If you have a statement dated within the last 30 days, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it.</div> <div><input type="checkbox"/> Temporarily Disabled –If you have a medical professional statement dated within the last 30 days indicating the duration of the temporary disability, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it.</div> <div><input type="checkbox"/> Veteran with any Rate of Disability –If you have a medical professional statement dated within the last 30 days, attach it. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it.</div> <div><input type="checkbox"/> Other:</div>	



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION  
**CHILD SUPPORT AGREEMENT**

### 34. CHILD SUPPORT AGREEMENT

#### Who has to complete this form?

If you are providing care, custody and control for a child or children and the other parent(s) does not live with you and is not deceased, you must complete this for each non-custodial parent of each child you include on your TA application.

#### Child Support may help with:

1. Finding the non-custodial parent;
2. Establishing the child's legal father through paternity;
3. Getting support payments which **may** be higher than the Temporary Assistance (TA) payment;
4. Obtaining medical support from the noncustodial parent for your child(ren).

#### Your Responsibilities Unless You Have Good Cause

The law requires you to help the Family Support Division (FSD) to get child support payments from the non-custodial parent for any child you applied for or are receiving TA. The FSD may ask you to:

1. Name the parent of the child that is not living with you and give information to help find the parent;
2. Help legally determine who the father is if the child's parents were not married when the child was born;
3. Give information to get child support payments owed to you or the children for which you are getting TA payments;
4. Come to the FSD Income Maintenance or Child Support office, court, and other locations to sign papers or give information or documentary evidence.

#### Penalty for Not Cooperating

1. Your Temporary Assistance benefit will be reduced by 25%.
2. Your children will still be eligible for TA.

#### You May Have Good Cause

You may not have to cooperate in getting child support and medical support if you give proof that this would not be in the best interest of you or your child. You can claim "good cause" at any time.

#### How to Claim Good Cause

1. Provide the FSD with the evidence needed to determine whether you have good cause for refusing to cooperate.
2. If your reason for claiming good cause is you fear physical harm and it is impossible to prove this, the FSD may still be able to make a good cause determination after an investigation of your claim.
3. You must check the "good cause" box.
4. You must give proof to the FSD within 20 days after claiming good cause. If you need additional time, you must talk to the FSD so they can determine if the additional time is needed to get proof.

GOOD CAUSE REASONS FOR NOT COOPERATING TO GET CHILD SUPPORT	EXAMPLES OF PROOF
This will cause serious physical or emotional harm to you or your child which would not allow you to take care of your child, or this will cause domestic violence.	<ul style="list-style-type: none"><li>• Court, medical, law enforcement, psychological, and criminal records</li><li>• Child protective services and social services records</li><li>• Medical records with you or the child's health history and present emotional health</li><li>• A written diagnosis or prognosis from a mental health professional indicating the emotional harm that could result to you or your child</li><li>• Sworn statements from individuals, including friends, neighbors, clergymen, social workers, and medical professionals who might have knowledge of the circumstances providing the basis of your good cause claim.</li></ul>
This will cause domestic violence.	<ul style="list-style-type: none"><li>• A written statement will be accepted if no other proof is available.</li></ul>
Establishing the paternity or getting the support will harm you or your child because the child was conceived as a result of incest or forcible rape (this does not include statutory rape).	<ul style="list-style-type: none"><li>• Medical or law enforcement records which indicate this information.</li></ul>

GOOD CAUSE REASONS FOR NOT COOPERATING TO GET CHILD SUPPORT	EXAMPLES OF PROOF
Establishing the paternity or getting the support will harm the child because there are court proceedings for the adoption of the child.	<ul style="list-style-type: none"> <li>Court documents or other records to indicate legal adoption procedures are pending.</li> </ul>
You are working with an agency helping you to decide whether to place the child for adoption and such help has been given for less than 3 months.	<ul style="list-style-type: none"> <li>Written statements from public or private social agency (as recognized in the community) which states that you are being assisted by the agency to resolve the issue of whether to keep the child or relinquish him for adoption and such assistance has been given for less than three months.</li> </ul>

#### FSD's Response to the Good Cause Request

- The FSD will approve your good cause based on your proof or conduct an investigation to verify your claim.
- If the FSD conducts an investigation:
  - You may be asked to provide information.
  - The FSD will not contact the non-custodial parent without first telling you.
  - You will not receive your part of TA benefits until you have provided proof and any additional information requested.

#### Giving Child Support to the State

- When you sign the TA application, you are giving the State of Missouri all of your rights to child support and maintenance or alimony while you are receiving TA. The maximum amount of support that the State may keep is the amount paid to you in Temporary Assistance payments.
- When you assign your rights to the State, you **may not** make any agreement with the person who owes the support which would:
  - Change the duty to pay past child support owed to the state;
  - Affect the duty to pay current support;
  - Affect the duty to pay or the amount of future support; or
  - Affect the child support payments by paying for other things instead of paying the support. For example, you cannot agree to let the person who owes support make the house or car payment instead of the child support payment.
- If you are represented by a private attorney to collect child support for you:
  - You must advise the attorney that all money collected for current child support and arrearages owed to the state, will go to the State as long as the Assignment is in effect.
  - Should the State's claim be fully satisfied, the State will send payments to you.
- If you are approved for TA and you receive any child support prior to the approval date, you must notify the FSD within 10 days.
- If you are approved for TA and you are receiving support:
  - All child support must be sent to the Family Support Payment Center the month following the month of your approval.
  - Example: You are receiving child support payments when you apply for TA in October. If you are approved for TA in November, you must send all support received in December or after to the Family Support Payment Center.
- If you are approved for TA and you were not receiving child support payments when you applied, all future support must be sent to the Family Support Payment Center beginning with the first day of the month you will receive TA.
- When the state collects the support, you are no longer involved on the timeliness and amount of the payment.
  - If a parent is not making appropriate support payments, the State will take legal action to get the payment(s).
  - Your TA benefits are not impacted.
- If you support equals or exceeds your TA benefit, you will be notified and:
  - Your TA case will be closed
  - The State may collect and keep support that is past due to repay TA payments you received
  - The State will not keep any current support to repay TA payments

#### Child Support Agency Participation and Enforcement

- Child Support may review the FSD's findings and the basis for a good cause determination in your case.
- If you request a hearing regarding good cause, Child Support may participate in that hearing.
- If you are found to have good cause for not cooperating, Child Support will not attempt to establish paternity or collect support.

I understand all 2 pages of this notice.

You must Check One:

- ☐ I do not have good cause and I will complete the "Applicant Information for Child Support"
- ☐ I do not have good cause and I will not complete the "Applicant Information for Child Support"
- ☐ I do have good cause and I will provide proof.

APPLICANT OR PARTICIPANT SIGNATURE

DATE

**APPLICANT PLEASE SIGN AND DATE HERE**



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION  
**REFERRAL/INFORMATION FOR CHILD SUPPORT SERVICES**

**35. REFERRAL/INFORMATION FOR CHILD SUPPORT SERVICES - THE APPLICANT MUST COMPLETE THIS**

You must complete every item even if you have given the information before. This form is used to take action on your child support case.

I HAVE THE FOLLOWING RELATIONSHIP TO THE CHILD

☐ Mother ☐ Father ☐ Grandparent ☐ Other \_\_\_\_\_

**CUSTODIAL PARENT OR CUSTODIAN INFORMATION**

NAME (LAST)		(FIRST)	(MIDDLE)
ADDRESS (NUMBER AND STREET)		(CITY)	(STATE) (ZIP CODE)
HOME PHONE NUMBER (INCLUDE AREA CODE)	CELL PHONE NUMBER (INCLUDE AREA CODE)		WORK PHONE NUMBER (INCLUDE AREA CODE)
SOCIAL SECURITY NUMBER	DATE OF BIRTH	RACE	SEX

**NON-CUSTODIAL PARENT OR ALLEGED FATHER INFORMATION**

NAME (LAST)		(FIRST)	(MIDDLE)	ALIAS
ADDRESS (CURRENT OR LAST KNOWN)		(CITY)	(STATE)	(ZIP CODE)
DATE ADDRESS LAST KNOWN	PHONE NUMBER (INCLUDE AREA CODE)	CELL PHONE NUMBER (INCLUDE AREA CODE)	SOCIAL SECURITY NUMBER	
DATE OF BIRTH	BIRTHPLACE (CITY AND STATE)		RACE	SEX

**CHILDREN OF THE CUSTODIAL PARENT AND NON-CUSTODIAL PRENT/ALLEGED FATHER**

CHILD'S DCN OR SSN	NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	COUNTY/STATE OF BIRTH	RACE	SEX

IF THE CHILD(REN) WERE BORN OUT OF STATE, ATTACH A COPY OF THE BIRTH CERTIFICATE, IF AVAILABLE.

**MARITAL STATUS AND COURT INFORMATION**

ARE THE PARENTS OF THE CHILD(REN)

☐ Married ☐ Never Married ☐ Filed for Divorce ☐ Divorced

IF THE PARENTS ARE/WERE MARRIED, PROVIDE DATE AND LOCATION	▶	DATE	LOCATION (CITY, COUNTY AND STATE)
IF THE PARENTS ARE DIVORCED OR HAVE FILED FOR DIVORCE, PROVIDE DATE AND LOCATION	▶	DATE	LOCATION (CITY, COUNTY AND STATE)

DID THE CUSTODIAL PARENT OF THE CHILD(REN) LIVE OUTSIDE MISSOURI AFTER THE CHILD(REN)'S BIRTH?

☐ Yes ☐ No ☐ Unknown

IF YES	▶	WHERE (CITY, COUNTY AND STATE)	WHEN
--------	---	--------------------------------	------

WAS THE MOTHER MARRIED TO A MAN OTHER THAN THE NONCUSTODIAL PARENT/ALLEGED FATHER WHEN SHE BECAME PREGNANT OR WHEN THE CHILD(REN) WAS/WERE BORN?

☐ Yes ☐ No ☐ Unknown

IF YES, GIVE NAME	▶	NAME	DATE OF MARRIAGE
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HAVE CHILD SUPPORT PAYMENTS BEEN ORDERED BY A COURT?

☐ Yes (ATTACH A COPY OF THE ORIGINAL COURT ORDER AND ANY MODIFICATIONS) ☐ No ☐ Unknown

IF YES, COMPLETE COURT INFORMATION	▶	COUNTY AND STATE OF COURT ORDER		DATE OF ORDER
		ORDER NUMBER	AMOUNT PER CHILD \$	FREQUENCY (WEEKLY, MONTHLY, ETC.)

<b>COMPLETE THE FOLLOWING IF THE PARENTS WERE NOT MARRIED WHEN THE CHILD(REN) WERE BORN</b>			
HAS PATERNITY BEEN LEGALLY ESTABLISHED BY A COURT?			
<input type="checkbox"/> Yes (ATTACH A COPY OF THE COURT ORDER) <input type="checkbox"/> No			
IF YES, COMPLETE COURT INFORMATION		COUNTY AND STATE OF COURT ORDER	DATE OF ORDER
ORDER NUMBER			
HAS THE ALLEGED FATHER COMPLETED A DOCUMENT ADMITTING HE IS THE FATHER OF THE CHILD(REN)?			IF YES, IN WHICH STATE?
<input type="checkbox"/> No <input type="checkbox"/> Yes (ATTACH A COPY OF THE DOCUMENT)			
HAS A PATERNITY TEST BEEN COMPLETED TO DETERMINE THE BIOLOGICAL FATHER OF THE CHILD(REN)?			IF YES, IN WHICH STATE?
<input type="checkbox"/> No <input type="checkbox"/> Yes (ATTACH A COPY OF THE RESULTS)			
IS IT POSSIBLE THAT ANOTHER MAN, OTHER THAN THIS ALLEGED FATHER, MIGHT BE THE FATHER OF THE CHILD(REN) LISTED? (ATTACH ADDITIONAL SHEET IF NECESSARY)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES	▶	NAME	ADDRESS
		PHONE NUMBER (INCLUDE AREA CODE)	
IF YES	▶	NAME	ADDRESS
		PHONE NUMBER (INCLUDE AREA CODE)	
<b>OCCUPATIONAL AND SOCIAL INFORMATION</b>			
IS THE NONCUSTODIAL PARENT/ALLEGED FATHER <b>NOW</b> EMPLOYED?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
IF YES	▶	NAME OF EMPLOYER	PHONE NUMBER (INCLUDE AREA CODE)
		ADDRESS	WORK HOURS
FROM                      TO			
<b>WHAT ARE THE NAMES AND ADDRESSES OF THE NONCUSTODIAL PARENT'S/ALLEGED FATHER'S PARENTS?</b>			
FATHER'S NAME		FATHER'S ADDRESS	
MOTHER'S NAME		(MAIDEN NAME)	MOTHER'S ADDRESS
<p>About our request for Social Security number (SSN) information: We need your SSN and that of your child(ren); the SSNs will be used to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations. Disclosure of these SSNs is mandatory per section 466(a)(13) of the Social Security Act. We also ask that you provide the noncustodial parent's or alleged father's SSN if you know it. We need this information in order to identify the other parent in our records, to establish a support order, or to enforce a support order. Failure to provide this information may cause delays in delivering appropriate services to you.</p>			
I certify that all information I gave on this form is true and complete to the best of my knowledge.			
APPLICANT SIGNATURE			DATE
<b>THIS SECTION TO BE COMPLETED BY INCOME MAINTENANCE STAFF</b>			
WORKER'S NAME (PLEASE PRINT)		IM OFFICE	DATE
NOTATIONS OF INCOME MAINTENANCE WORKER			





MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION  
**AGREEMENT FOR DIRECT DEPOSIT**

**36. AGREEMENT FOR DIRECT DEPOSIT**

**PART I Completed by county FSD office**

- ☐ **START** I want the Missouri Department of Social Services to deposit my assistance payments in the bank account. I authorize my financial institution to credit the deposits to the account named below. **(GO TO PART II)**
- ☐ **CHANGE** I want the Missouri Department of Social Services to change my direct deposit to the bank account named below. I authorize my financial institution to credit the deposits to this account. **(GO TO PART II)**
- ☐ **HOLD** I do not have a bank account yet but I will open an account. I want the Missouri Department of Social Services to deposit my assistance payments to my account as soon as the bank notifies them the account is open. **(GO TO PART III)**

**PART II Completed by county FSD office**

NAME OF FINANCIAL INSTITUTION

ADDRESS (CITY, STATE, ZIP CODE)

BANK NUMBER

ACCOUNT NUMBER

ACCOUNT TYPE

☐ **CHECKING** (ATTACH A BLANK CHECK WITH VOID WRITTEN ACROSS IT.)

☐ **SAVINGS** (ATTACH A SAVINGS DEPOSIT SLIP SHOWING YOUR ACCOUNT NUMBER WITH VOID WRITTEN ACROSS IT.)

NAME (PRINT)

DCN

COUNTY

SIGNATURE

DATE

ATTACH BLANK CHECK OR  
SAVINGS DEPOSIT SLIP HERE

**PART III FSD complete NAME, DCN, SSN. Bank complete banking information.**

CUSTOMER NAME

CUSTOMER DCN

CUSTOMER SOCIAL SECURITY NUMBER

BANKING ROUTING NUMBER

ACCOUNT NUMBER

IS THIS ACCOUNT A SAVINGS ACCOUNT?

BANKER'S TELEPHONE NUMBER

TELEPHONE EXTENSION

YES, ENTER 1; NO, ENTER 0 → ☐

**CUSTOMER:** I wish to receive my cash benefit by direct deposit. I do not have a bank account now but intend to open one immediately. I understand direct deposit of my cash benefit will start once my account is open

SIGNATURE

DATE

APPLICANT PLEASE SIGN AND DATE HERE

**37. SELF-EMPLOYMENT LEDGER**

Only complete and attach the below if you answered that the household member is self-employed in Section 13.

1. The below ledgers must reflect income for the self-employment.
2. The income should be the same as the household member is required to report on your tax forms to the Internal Revenue Service.
3. For the expenses, take the income times 55%.  
Examples: \$100 income x .55 = \$55 in expenses  
\$275 income x .55 = \$151.25 in expenses and write \$151
4. You must complete this for the last 3 months beginning with the previous full month. For example, it is currently July 15th, you will need to complete this for June, May and April.
5. You must indicate the year, month, income, expenses and total (income – expenses).

SELF-EMPLOYED HOUSEHOLD MEMBER NAME

TYPE OF BUSINESS

LENGTH OF TIME BUSINESS OWNED

MONTH &amp; YEAR

MONTH &amp; YEAR

MONTH &amp; YEAR

Income: \$ \_\_\_\_\_

55% Expense  
Deduction: - \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Income: \$ \_\_\_\_\_

55% Expense  
Deduction: - \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Income: \$ \_\_\_\_\_

55% Expense  
Deduction: - \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

SELF-EMPLOYED HOUSEHOLD MEMBER NAME

TYPE OF BUSINESS

LENGTH OF TIME BUSINESS OWNED

MONTH &amp; YEAR

MONTH &amp; YEAR

MONTH &amp; YEAR

Income: \$ \_\_\_\_\_

55% Expense  
Deduction: - \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Income: \$ \_\_\_\_\_

55% Expense  
Deduction: - \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Income: \$ \_\_\_\_\_

55% Expense  
Deduction: - \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

SELF-EMPLOYED HOUSEHOLD MEMBER NAME

TYPE OF BUSINESS

LENGTH OF TIME BUSINESS OWNED

MONTH &amp; YEAR

MONTH &amp; YEAR

MONTH &amp; YEAR

Income: \$ \_\_\_\_\_

55% Expense  
Deduction: - \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Income: \$ \_\_\_\_\_

55% Expense  
Deduction: - \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Income: \$ \_\_\_\_\_

55% Expense  
Deduction: - \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

**38. CITIZENSHIP STATUS**

Only complete the below if you answered "No" to question #3 in Section #21. Citizenship status must be proved to process your application. If you have any of the below, attach it to your application. If you don't have this information, you will be asked to provide it at a later date and the FSD can help you get it.

HOUSEHOLD MEMBER NAME	ENTRY INTO THE US	ALIEN STATUS	DOCUMENTATION	SPONSOR – IF APPLICABLE
		<input type="checkbox"/> Amerasians <input type="checkbox"/> Granted Asylum <input type="checkbox"/> Battered Immigrant <input type="checkbox"/> Granted Conditional Entry <input type="checkbox"/> Deportation Withheld <input type="checkbox"/> Declined to Declare <input type="checkbox"/> Cuban/Haitian Entrant <input type="checkbox"/> Hmong/Laotian Highlanders/ CRS BRDR Natives <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Micronesian <input type="checkbox"/> Immigrants with a Military Connection <input type="checkbox"/> Nationals <input type="checkbox"/> No Documentation <input type="checkbox"/> Paroled <input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Temporary Immigrant <input type="checkbox"/> Victims of Trafficking <input type="checkbox"/> Special Immigrant Via (Iraqi or Afghan) <input type="checkbox"/> Temporary Protected Status <input type="checkbox"/> Student Visa	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Letter from the Canadian Dept of Indian Affairs <input type="checkbox"/> Certification Letter <input type="checkbox"/> DD214 <input type="checkbox"/> Military ID <input type="checkbox"/> Order of an Immigrant Judge <input type="checkbox"/> USCIS or Homeland Security Paperwork Indicating Alien Status <input type="checkbox"/> Other	
HOUSEHOLD MEMBER NAME	ENTRY INTO THE US	ALIEN STATUS	DOCUMENTATION	SPONSOR – IF APPLICABLE
		<input type="checkbox"/> Amerasians <input type="checkbox"/> Granted Asylum <input type="checkbox"/> Battered Immigrant <input type="checkbox"/> Granted Conditional Entry <input type="checkbox"/> Deportation Withheld <input type="checkbox"/> Declined to Declare <input type="checkbox"/> Cuban/Haitian Entrant <input type="checkbox"/> Hmong/Laotian Highlanders/ CRS BRDR Natives <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Micronesian <input type="checkbox"/> Immigrants with a Military Connection <input type="checkbox"/> Nationals <input type="checkbox"/> No Documentation <input type="checkbox"/> Paroled <input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Temporary Immigrant <input type="checkbox"/> Victims of Trafficking <input type="checkbox"/> Special Immigrant Via (Iraqi or Afghan) <input type="checkbox"/> Temporary Protected Status <input type="checkbox"/> Student Visa	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Letter from the Canadian Dept of Indian Affairs <input type="checkbox"/> Certification Letter <input type="checkbox"/> DD214 <input type="checkbox"/> Military ID <input type="checkbox"/> Order of an Immigrant Judge <input type="checkbox"/> USCIS or Homeland Security Paperwork Indicating Alien Status <input type="checkbox"/> Other	



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION

**FSD RESOURCE CENTER LOCATIONS**

39. You can visit a FSD Resource Center below if you need assistance with your TA application or you would like to drop off your application.  
DO NOT MAIL THIS WITH THE APPLICATION

OFFICE NAME	ADDRESS	CITY	ZIP CODE	HOURS OF OPERATION	COUNTY
Albany Resource Center	809 N 13th	Albany	64402	Monday-Friday 8 a.m. - 5 p.m.	Gentry
Alton Resource Center	HC 64 Box 125	Alton	65606	Monday-Friday 8 a.m. - 5 p.m.	Oregon
Anderson Resource Center	929 N Business Hwy 71	Anderson	64831	Monday-Friday 8 a.m. - 5 p.m.	McDonald
Arnold Resource Center	3675 W. Outer Road, Cross Creek Center	Arnold	63010-5232	Monday-Friday 8 a.m. - 5 p.m.	Jefferson
Aurora Resource Center	1419 East Church Street	Aurora	65605	Monday-Friday 8 a.m. - 5 p.m.	Lawrence
Ava Resource Center	603 NW 12th Ave, Bldg E	Ava	65608	Monday-Friday 8 a.m. - 5 p.m.	Douglas
Bethany Resource Center	2403 Vandivert Street	Bethany	64424	Monday-Friday 8 a.m. - 5 p.m.	Harrison
Bloomfield Resource Center	401 Shawnee	Bloomfield	63825	Monday-Friday 8 a.m. - 5 p.m.	Stoddard
Bolivar Resource Center	2110 South Springfield Building 1	Bolivar	65613	Monday-Friday 8 a.m. - 5 p.m.	Polk
Booneville Resource Center	409 High Street	Boonville	65233	Monday-Friday 8 a.m. - 5 p.m.	Cooper
Bowling Green Resource Center	1610 Business Hwy 54 West	Bowling Green	63334	Monday-Friday 8 a.m. - 5 p.m.	Pike
Branson Resource Center	2720 Shepherd of the Hills Expressway D-1	Branson	65616	Monday-Friday 8 a.m. - 5 p.m.	Taney
Brookfield Resource Center	103 Forest Drive	Brookfield	64628	Monday-Friday 8 a.m. - 5 p.m.	Linn
Buffalo Resource Center	719 North Ash	Buffalo	65622	Monday-Friday 8 a.m. - 5 p.m.	Dallas
Butler Resource Center	4 West Ohio Street	Butler	64730-0032	Monday-Friday 8 a.m. - 5 p.m.	Bates
California Resource Center	104 N Gerhart Rd	California	65018	Monday-Friday 8 a.m. - 5 p.m.	Moniteau
Camdenton Resource Center	146 Rodeo Road	Camdenton	65020	Monday-Friday 8 a.m. - 5 p.m.	Camden
Cameron Resource Center	207 E McElwain Dr	Cameron	64477	Monday-Friday 8 a.m. - 5 p.m.	DeKalb
Cape Girardeau Resource Center	3102 Blattner	Cape Girardeau	63702	Monday-Friday 8 a.m. - 5 p.m.	Cape Girardeau
Carrollton Resource Center	1303 North 65 Highway	Carrollton	64633	Monday-Friday 8 a.m. - 5 p.m.	Carroll
Caruthersville Resource Center	911 Highway 84	Caruthersville	63830	Monday-Friday 8 a.m. - 5 p.m.	Pemiscot
Cassville Resource Center	208 East 8th Street	Cassville	65625	Monday-Friday 8 a.m. - 5 p.m.	Barry
Centerville Resource Center	2394 Highway 21	Centerville	63633	Monday-Friday 8 a.m. - 5 p.m.	Reynolds
Chillicothe Resource Center	601 W. Mohawk Road, Suite B	Chillicothe	64601	Monday-Friday 8 a.m. - 5 p.m.	Livingston
Clinton Resource Center	1661 North 2nd	Clinton	64735	Monday-Friday 8 a.m. - 5 p.m.	Henry
Boone Family Resource Center	1209 E Walnut	Columbia	65201	Monday-Friday 8 a.m. - 5 p.m.	Boone Columbia

OFFICE NAME	ADDRESS	CITY	ZIP CODE	HOURS OF OPERATION	COUNTY
Resource Center Columbia	1500 Vandiver, Ste 103	Columbia	65202	Monday-Friday 8 a.m. - 5 p.m.	Boone
Doniphan Resource Center	Rt. 2 Box 1143	Doniphan	63935	Monday-Friday 8 a.m. - 5 p.m.	Ripley
East Prairie Resource Center	718 North Martin	East Prairie	63845	Monday-Friday 8 a.m. - 5 p.m.	Mississippi
Edina Resource Center	Jim Sears Tech Center Hwy 6 E Rm 117	Edina	63537	Monday-Friday 8 a.m. - 5 p.m.	Knox
Eldon Resource Center	#6 Industrial Drive	Eldon	65026	Monday-Friday 8 a.m. - 5 p.m.	Miller
Eminence Resource Center	Hwy 19 S & Route F	Eminence	65466	Monday-Friday 8 a.m. - 5 p.m.	Shannon
Fayette Resource Center	103 Furr Street	Fayette	65248-1069	Monday-Friday 8 a.m. - 5 p.m.	Howard
Seven Hills Resource Center	4040 Seven Hills Drive	Florissant	63033	Monday-Friday 8 a.m. - 4:45 p.m.	St. Louis Co
Fredericktown Resource Center	413 Burris	Fredericktown	63645	Monday-Friday 8 a.m. - 5 p.m.	Madison
Fulton Resource Center	108 N Hospital Dr	Fulton	65251	Monday-Friday 8 a.m. - 5 p.m.	Callaway
Gainesville Resource Center	19049 W. Highway 160	Gainesville	65655	Monday-Friday 8 a.m. - 5 p.m.	Ozark
Galena Resource Center	30832 State Highway 413	Galena	65656	Monday-Friday 8 a.m. - 5 p.m.	Stone
Gallatin Resource Center	201 Ash	Gallatin	64640	Monday-Friday 8 a.m. - 5 p.m.	Daviess
Grant City Resource Center	108 E First St	Grant City	64456	Monday-Friday 8 a.m. - 5 p.m.	Worth
Greenfield Resource Center	150 S Main	Greenfield	65661	Monday-Friday 8 a.m. - 5 p.m.	Dade
Hamilton Resource Center	400 West Berry	Hamilton	64644	Monday-Friday 8 a.m. - 5 p.m.	Caldwell
Hannibal Resource Center	3055 Holman Drive	Hannibal	63401	Monday-Friday 8 a.m. - 5 p.m.	Marion
Harrisonville Resource Center	2500 East Mechanic	Harrisonville	64701	Monday-Friday 8 a.m. - 5 p.m.	Cass
Hermitage Resource Center	Dallas & Oak Streets	Hermitage	65668	Monday-Friday 8 a.m. - 5 p.m.	Hickory
Hillsboro Resource Center	10325 Business 21 Suite 100	Hillsboro	63050-3587	Monday-Friday 8 a.m. - 5 p.m.	Jefferson
Houston Resource Center	16798 Oak Hill Drive, Suite 600	Houston	65483	Monday-Friday 8 a.m. - 5 p.m.	Texas
Independence Resource Center	201 East Partridge Avenue	Independence	64055	Monday-Friday 8 a.m. - 4:45 p.m.	Jackson
Ironton Resource Center	202 Park Drive	Ironton	63650	Monday-Friday 8 a.m. - 5 p.m.	Iron
Jefferson City Resource Center	1716 Four Seasons #104	Jefferson City	65101	Monday-Friday 8 a.m. - 5 p.m.	Cole
Independent Living Resource Center	2639 E 34th St	Joplin	64804	Monday-Friday 8 a.m. - 4 p.m.	Jasper
Joplin Resource Center	601 Commercial	Joplin	64802	Monday-Friday 8 a.m. - 5 p.m.	Jasper
Kahoka Resource Center	320 West Main	Kahoka	63445	Monday-Friday 8 a.m. - 5 p.m.	Clark
Midtown Resource Center	4309 East 50th Terr. J West	Kansas City	64130	Monday-Friday 8 a.m. - 4:45 p.m.	Jackson
Fletcher Daniels Office Building Resource Center	615 East 13th Street	Kansas City	64106	Monday-Friday 8 a.m. - 4:45 p.m.	Jackson

OFFICE NAME	ADDRESS	CITY	ZIP CODE	HOURS OF OPERATION	COUNTY
Woodland Resource Center	711 Woodland Avenue	Kansas City	64106	Monday-Friday 8 a.m. - 4:45 p.m.	Jackson
Kennett Resource Center	1100 Hwy 25 S Bypass Ste 1	Kennett	63857	Monday-Friday 8 a.m. - 5 p.m.	Dunklin
Keytesville Resource Center	121 East Jackson	Keytesville	65261	Monday-Friday 8 a.m. - 5 p.m.	Chariton
Kirksville Resource Center	1612 N. Osteopathy Suite A	Kirksville	63501	Monday-Friday 8 a.m. - 5 p.m.	Adair
Lamar Resource Center	501 W 13th St	Lamar	64759	Monday-Friday 8 a.m. - 5 p.m.	Barton
Lancaster Resource Center	209 E Washington	Lancaster	63548	Monday-Friday 8 a.m. - 5 p.m.	Schuyler
Lebanon Resource Center	141 Lawson Avenue	Lebanon	65536	Monday-Friday 8 a.m. - 5 p.m.	Laclede
Lexington Resource Center	736 S Business Highway 13	Lexington	64067	Monday-Friday 8 a.m. - 5 p.m.	Lafayette
Liberty Resource Center	7000 Liberty Drive	Liberty	64068	Monday-Friday 8 a.m. - 5 p.m.	Clay
Linn Resource Center	63 Progress Lane	Linn	65051	Monday-Friday 8 a.m. - 5 p.m.	Osage
Macon Resource Center	1716-B Prospect Drive	Macon	63552	Monday-Friday 8 a.m. - 5 p.m.	Macon
Marble Hill Resource Center	602 Highway 34 West	Marble Hill	63764	Monday-Friday 8 a.m. - 5 p.m.	Bollinger
Marshall Resource Center	1239 Santa Fe Trail, Suite 100	Marshall	65340-9115	Monday-Friday 8 a.m. - 5 p.m.	Saline
Marshfield Resource Center	222 Commercial	Marshfield	65706	Monday-Friday 8 a.m. - 5 p.m.	Webster
Maryville Resource Center	303 East Summit Drive	Maryville	64468	Monday-Friday 8 a.m. - 5 p.m.	Nodaway
Memphis Resource Center	#2 Child Support Lane	Memphis	63555	Monday-Friday 8 a.m. - 5 p.m.	Scotland
Mexico Resource Center	4690 S Clark	Mexico	65265	Monday-Friday 8 a.m. - 5 p.m.	Audrain
Milan Resource Center	309 East 3rd Street	Milan	63556	Monday-Friday 8 a.m. - 5 p.m.	Sullivan
Moberly Resource Center	1715 South Morley #B	Moberly	65270	Monday-Friday 8 a.m. - 5 p.m.	Randolph
Monroe City Resource Center	1110 Hwy 24 #16	Monroe City	63456	Monday-Friday 8 a.m. - 5 p.m.	Ralls
Montgomery City Resource Center	501 Niedergerke Drive	Montgomery City	63361	Monday-Friday 8 a.m. - 5 p.m.	Montgomery
Monticello Resource Center	500 S Washington	Monticello	63457	Monday-Friday 8 a.m. - 5 p.m.	Lewis
Mound City Resource Center	1423 State St.	Mound City	64470	Monday-Friday 8 a.m. - 5 p.m.	Holt
Mountain Grove Resource Center	1801 North Talcott	Mtn Grove	65711	Monday-Friday 8 a.m. - 5 p.m.	Wright
Neosho Resource Center	201 North Washington	Neosho	64850	Monday-Friday 8 a.m. - 5 p.m.	Newton
Nevada Resource Center	621 East Highland, Suite 1	Nevada	64772	Monday-Friday 8 a.m. - 5 p.m.	Vernon
New Madrid Resource Center	350 US Highway 61 Ste B	New Madrid	63869	Monday-Friday 8 a.m. - 5 p.m.	New Madrid
Nixa Resource Center	105 Ridgecrest Avenue	Nixa	65714	Monday-Thursday 8 a.m. - 5 p.m.	Christian
Osceola Resource Center	285 SE 467 Rd	Osceola	64776	Monday-Friday T8 a.m. - 5 p.m.	St. Clair



OFFICE NAME	ADDRESS	CITY	ZIP CODE	HOURS OF OPERATION	COUNTY
Owensville Resource Center	1008 Highway 28 West	Owensville	65066	Monday-Friday 8 a.m. - 5 p.m.	Gasconade
Ozark Resource Center	4715 N Towne Center Drive	Ozark	65721	Monday-Friday 8 a.m. - 5 p.m.	Christian
Paris Resource Center	315 N Washington	Paris	65275	Monday-Friday 8 a.m. - 5 p.m.	Monroe
Park Hills Resource Center	140 Staples Dr	Park Hills	63601	Monday-Friday 8 a.m. - 5 p.m.	St. Francois
Perryville Resource Center	12 E Wichern Rd	Perryville	63775	Monday-Friday 8 a.m. - 5 p.m.	Perry
Piedmont Resource Center	RT 2, Box 26351	Piedmont	63957	Monday-Friday 8 a.m. - 5 p.m.	Wayne
Platte City Resource Center	233 Marshall Road	Platte City	64079	Monday-Friday 8 a.m. - 5 p.m.	Platte
Plattsburg Resource Center	108 Bush Street	Plattsburg	64477	Monday-Friday 8 a.m. - 5 p.m.	Clinton
Poplar Bluff Resource Center	1903 Northwood	Poplar Bluff	63902	Monday-Friday 8 a.m. - 5 p.m.	Butler
Potosi Resource Center	10235 West State Highway E	Potosi	63664	Monday-Friday 8 a.m. - 5 p.m.	Washington
Princeton Resource Center	501 W Main	Princeton	64673	Monday-Friday 8 a.m. - 5 p.m.	Mercer
Richmond Resource Center	901 East Lexington	Richmond	64085	Monday-Friday 8 a.m. - 5 p.m.	Ray
Rock Port Resource Center	101 Grant St	Rock Port	64482	Monday-Friday 8 a.m. - 5 p.m.	Atchison
Salem Resource Center	800 West Scenic Rivers Blvd	Salem	65560	Monday-Friday 8 a.m. - 5 p.m.	Dent
Savannah Resource Center	106 N 5th St	Savannah	64485	Monday-Friday 8 a.m. - 5 p.m.	Andrew
Sedalia Resource Center	808 Westwood	Sedalia	65301	Monday-Friday 8 a.m. - 5 p.m.	Pettis
Shelbyville Resource Center	306 East Main	Shelbyville	63469	Monday-Friday 8 a.m. - 5 p.m.	Shelby
Sikeston Resource Center	106 Arthur, Suite A	Sikeston	63801	Monday-Friday 8 a.m. - 5 p.m.	Scott
Springfield Resource Center	101 Park Central Square	Springfield	65806	Monday-Friday 8 a.m. - 5 p.m.	Greene
Southwest Missouri Office on Aging Outreach Center	1735 S Fort Ave	Springfield	65807	Wednesday & Thursday 8 a.m. - 4 p.m.	
Rare Breed Youth Drop In Outreach Center	301 N Main	Springfield	65806	Tuesday 3:30 p.m. - 5:30 p.m.	Greene
Salvation Army Outreach Center	1707 W Chestnut Ex	Springfield	65802	1st & 2nd Wednesday 9:30 a.m. - 2 p.m.	Greene
Harbor House Outreach Center	636 N Boonville	Springfield	65806	Wednesday 11:30 a.m. - 1:30 p.m.	Greene
Springfield Affordable Housing Outreach Center	300 E Central	Springfield	65802	Monday-Friday 9 a.m. - 5 p.m.	Greene
Burrell Behavioral Health Outreach Center	1300 E Bradford Parkway	Springfield	65804	2nd & 4th Mondays 8:30 a.m. - 3:30 p.m.	Greene
Burrell/Transitions Outreach Center	323 E Grand St	Springfield	65802	Thursday 8 a.m. - 12 p.m.	Greene
Community Partnership of the Ozarks Outreach Center	1471 N Benton	Springfield	65802	1st & 3rd Thursday 1 p.m. - 4 p.m.	Greene
National Alliance on Mental Illness Outreach Center	1443 N Robberson Avenue	Springfield	65802	Monday 9 a.m. - 3 p.m.	Greene
Aids Project of the Ozarks Outreach Center	1901 E Bennett	Springfield	65804	Tuesday 9 a.m. - 2 p.m.	Greene

OFFICE NAME	ADDRESS	CITY	ZIP CODE	HOURS OF OPERATION	COUNTY
Victory Square Outreach Center	1610 N Broadway	Springfield	65803	Thursday 3 p.m. - 5:30 p.m.	Greene
Bill's Place Outreach Center	424 E Commercial	Springfield	65803	Thursday 9 a.m. - 11 a.m.	Greene
St. Joachim & Ann Care Services	4116 McClay Rd	St Charles	63301	Monday-Friday 8 a.m. - 5 p.m.	St. Charles
St. Charles Resource Center	3737 Harry S Truman Blvd, Suite 100	St Charles	63301	Monday-Friday 8 a.m. - 5 p.m.	St. Charles
St Joseph Resource Center	St Joseph State Office Bldg 525 Jules Street #127	St Joseph	64501	Monday-Friday 8 a.m. - 5 p.m.	Buchanan
Page Resource Center	9900 Page Avenue	St Louis	63132	Monday-Friday 8 a.m. - 4:45 p.m.	St. Louis
Prince Hall Resource Center	4411 N Newstead Avenue	St Louis	63115	Monday-Friday 8 a.m. - 4:45 p.m.	St. Louis City
Chouteau Resource Center	3101 Chouteau St	St Louis	63103-2926	Monday-Friday 8 a.m. - 4:45 p.m.	St. Louis City
Jennings Resource Center	8501 Lucas & Hunt	St. Louis	63136	Monday-Friday 8 a.m. - 4:45 p.m.	St. Louis
Affinia Resource Center	2220 Lemp Avenue	St. Louis	63104	Monday-Friday 8 a.m. - 5 p.m.	St. Louis City
Murphy Park Resource Center	1920 Cass Avenue	St. Louis	63106	Monday-Friday 8 a.m. - 4:45 p.m.	St. Louis City
MET Center Resource Center	6347 Plymouth Avenue	St. Louis	63133	Monday-Friday 8 a.m. - 5 p.m.	St. Louis Co
St. Mary's Resource Center	6420 Clayton Road	St. Louis	63117	Monday-Friday 8 a.m. - 5 p.m.	St. Louis Co
South Lindbergh Resource Center	7545 S Lindbergh#110	St. Louis	63125	Monday-Friday 8 a.m. - 5 p.m.	
North Central Community Health Center	4000 Jennings Station Rd	St. Louis	63121	Monday-Friday 8 a.m. - 4:45 p.m.	St. Louis Co
Ste Genevieve Resource Center	583B Ste Genevieve Dr	Ste Genevieve	63670	Monday-Friday 8 a.m. - 5 p.m.	St. Genevieve
Steelville Resource Center	272 Cushing Road	Steelville	65565	Monday-Friday 8 a.m. - 5 p.m.	Crawford
Stockton Resource Center	112 RB Road	Stockton	65785	Monday-Friday 8 a.m. - 5 p.m.	Cedar
Trenton Resource Center	2926 Oklahoma Avenue	Trenton	64683	Monday-Friday 8 a.m. - 5 p.m.	Grundy
Troy Resource Center	384 North Lincoln Drive	Troy	63379	Monday-Friday 8 a.m. - 5 p.m.	Lincoln
Unionville Resource Center	702 South 27th Street	Unionville	63565	Monday-Friday 8 a.m. - 5 p.m.	Putnam
VanBuren Resource Center	HCR 2 Box 2270	Van Buren	63965	Monday-Friday 8 a.m. - 5 p.m.	Carter
Versailles Resource Center	703 North Monroe	Versailles	65084	Monday-Friday 8 a.m. - 5 p.m.	Morgan
Vienna Resource Center	205 Hwy 63 S	Vienna	65582	Monday-Friday 8 a.m. - 5 p.m.	Maries
Warrensburg Resource Center	505-B N Ridgeview	Warrensburg	64093	Monday-Friday 8 a.m. - 5 p.m.	Johnson
Warrenton Resource Center	513 West Booneslick Road	Warrenton	63383	Monday-Friday 8 a.m. - 5 p.m.	Warren
Warsaw Resource Center	1661 Hilltop Drive	Warsaw	65355	Monday-Friday 8 a.m. - 5 p.m.	Benton
Washington Resource Center	1108 Washington Sq. Shopping Center	Washington	63090	Monday-Friday 8 a.m. - 5 p.m.	Franklin
Waynesville Resource Center	712 Historic 66W	Waynesville	65583	Monday-Friday 8 a.m. - 5 p.m.	Pulaski

OFFICE NAME	ADDRESS	CITY	ZIP CODE	HOURS OF OPERATION	COUNTY
Crider Health Center Resource Center	1032 Crosswinds Ct	Wentzville	63385	Monday-Friday 8 a.m. - 5 p.m.	St. Charles
West Plains Resource Center	3415 Division Drive	West Plains	65775	Monday-Friday 8 a.m. - 5 p.m.	Howell



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION  
**MISSOURI WORK ASSISTANCE PROGRAM (MWA)**

40. You can call a MWA location below if you have questions about employment and training activities required for most people approved for Temporary Assistance benefits. DO NOT MAIL THIS WITH THE APPLICATION

**STATEWIDE MWA LOCATION LISTING - BY CITY**

**Alton**

MERS/Goodwill – Oregon  
(417) 778-1860

**Appleton City**

West Central Missouri CAA – St. Clair  
(660) 476-2185

**Arnold**

MERS/Goodwill – Jefferson  
(636) 287-9098

**Ava**

MERS/Goodwill – Douglas  
(417) 250-0242

**Belle**

MERS/Goodwill Outreach – Maries  
(573) 364-0428

**Belton**

West Central Missouri CAA – Cass  
(816) 318-3922

**Bethany**

Green Hills CAA – Harrison  
(660) 359-3907

**Boonville**

Cooper County Family Resource Ctr.  
(660) 882-5601

**Bourbon**

MERS/Goodwill Outreach - Phelps  
(573) 364-0428

**Branson**

Branson Career Center  
(417) 334-4156

**Brookfield**

Green Hills CAA – Linn  
(660) 342-2616

**Brunswick**

Missouri Valley CAA – Chariton  
(660) 831-0498

**Butler**

West Central Missouri CAA – Bates  
(660) 679-9014

**California**

Moniteau County Family Resource Ctr.  
(573) 796-3238

**Camdenton**

MERS/Goodwill – Camden  
(573) 873-2773 or (573) 873-2774

**Cameron**

Community Action Partnership of  
Greater St. Joseph  
(816) 233-8281

**Canton**

Lewis County NECAC  
(573) 248-2520

**Cape Girardeau**

MERS/Goodwill - Cape Girardeau  
(573) 334-0990

**Carrollton**

Missouri Valley CAA – Carroll  
(660) 542-0418

**Caruthersville**

MERS/Goodwill – Pemiscot  
(573) 333-0012

**Chillicothe**

Green Hills CAA – Livingston  
(660) 359-3907

**Clinton**

West Central Missouri CAA – Henry  
(660) 885-5110

**Columbia**

Boone County Family Resource Ctr.  
(573) 443-1100

**Columbia**

Central Missouri Community Action  
(573) 443-8706

**Crocker**

MERS/Goodwill Outreach – Pulaski  
(417) 718-9146 or (573) 336-4028

**Dexter**

MERS/Goodwill – Stoddard  
(573) 624-6481

**Doniphan**

MERS/Goodwill – Ripley  
(573) 996-1965

**East Prairie**

MERS/Goodwill – Mississippi  
(573) 683-7551

**El Dorado Springs**

West Central Missouri CAA – Cedar  
(417) 876-3122

**Eldon**

MERS/Goodwill Outreach – Miller  
(573) 873-2773

**Farmington**

MERS/Goodwill - St. Francois  
(573) 747-1509

**Fayette**

Howard County Family Resource Ctr.  
(660) 882-5601

**Fredricktown**

MERS/Goodwill - Madison  
(573) 783-4215

**Fulton**

Callaway County Family Resource Ctr.  
(573) 642-3316

**Gainesville**

MERS/Goodwill – Ozark  
(417) 250-0242

**Hamilton**

Green Hills CAA - Caldwell  
(660) 365-0561

**Hannibal**

MERS/Goodwill – Marion  
(573) 248-2520

**Higginsville**

Missouri Valley CAA – Lafayette  
(660) 584-3131

**Houston**

MERS/Goodwill – Texas  
(417) 967-0575

**Independence**

LINCWorks Farmont Comm.  
(816) 303-0660

**Ironton**

MERS/Goodwill - Iron  
(573) 546-0225

**Jefferson City**

Cole County Family Resource Center  
(573) 635-4480

<b>Joplin</b> Joplin Career Center (417) 623-1208	<b>Perryville</b> MERS/Goodwill - Perry (573) 517-7817	<b>St. Joseph</b> Community Action Partnership of Greater St. Joseph (816) 233-8281
<b>Kansas City</b> LINCWorks (816) 303-0660	<b>Piedmont</b> MERS/Goodwill – Wayne/Reynolds (573) 223-3592	<b>St. Louis</b> Better Family Life – St. Louis County (314) 679-3314
<b>Kennett</b> MERS/Goodwill – Dunklin (573) 888-9990	<b>Plattsburg</b> CAPSTJOE - Dekalb (816) 351-6461	<b>Better Family Life – St. Louis City</b> (314) 361-9692
<b>Kirksville</b> MERS/Goodwill – Adair (660) 627-2857	<b>Poplar Bluff</b> MERS/Goodwill – Butler (573) 686-6004	<b>Better Family Life - Ritz Center - St. Louis City</b> (314) 892-2849
<b>Lebanon</b> MERS/Goodwill – Laclede (417) 532-5337	<b>Potosi</b> MERS/Goodwill - Washington (573) 438-0302	<b>St. Peters</b> MERS/Goodwill Outreach - St. Charles Co. (636) 255-6060
<b>Linn</b> Osage County Family Resource Ctr. (573)897-3523	<b>Princeton</b> Green Hills CAA - Mercer (660) 359-3907	<b>St. Robert</b> MERS/Goodwill - Pulaski (573) 336-4028
<b>Marble Hill</b> MERS/Goodwill Bollinger County (573) 238-2173	<b>Richland</b> MERS/Goodwill Outreach - Camden, Laclede, & Pulaski (573) 873-2773	<b>Ste. Genevieve</b> MERS/Goodwill - Ste. Genevieve (573) 883-2003
<b>Marshall</b> Missouri Valley CAA – Saline (660) 831-0498	<b>Richmond</b> Missouri Valley CAA – Ray (816) 776-6057	<b>Steelville</b> MERS/Goodwill Outreach - Crawford (573) 836-3223 or (573) 364-0428
<b>Maryville</b> Maryville Career Center (800) 711-5408	<b>Rolla</b> MERS/Goodwill – Phelps (573) 364-0428	<b>Trenton</b> Green Hills CAA - Grundy (660) 359-3907
<b>Mexico</b> Audrain County Family Resource Ctr. (573) 582-7864	<b>Salem</b> MERS/Goodwill – Dent (573) 739-4727	<b>Troy</b> Lincoln Co. NECAC (636) 456-2588
<b>Moberly</b> Randolph County (660) 263-0514	<b>Savannah</b> Community Action Partnership of Greater St. Joseph (816) 233-8281	<b>Unionville</b> Green Hills CAA – Putnam (660) 359-3907
<b>Monett</b> Monett Career Center (417) 893-9052	<b>Sedalia</b> Missouri Valley CAA – Pettis (660) 826-0804	<b>Versailles</b> West Central Missouri CAA – Morgan (573) 378-4940
<b>Mountain Grove</b> MERS/Goodwill – Wright (417) 926-1545	<b>Sikeston</b> MERS/Goodwill – Scott (573) 472-0095	<b>Warrensburg</b> Missouri Valley CAA – Johnson (660) 747-2245
<b>Nevada</b> West Central Missouri CAA – Vernon (417) 667-5976	<b>Springfield</b> Springfield Career Center (417) 887-4343 or (800) 562-7284	<b>Warrenton</b> MERS/Goodwill – Warren (636) 456-2588
<b>New Madrid</b> MERS/Goodwill – New Madrid (573) 748-2964	<b>St. Charles</b> MERS/Goodwill – St. Charles (636) 947-7705	<b>Warsaw</b> West Central Missouri CAA – Benton (660) 438-9737
<b>Owensville</b> MERS/Goodwill Outreach – Gasconade (573) 364-0428	<b>St. James</b> MERS/Goodwill Outreach – Phelps (573) 836-3223 or (573) 364-0428	<b>Washington</b> MERS/Goodwill – Franklin (636) 390-4605

**Waynesville**

MERS/Goodwill Outreach – Pulaski  
(573) 336-4028

**West Plains**

MERS/Goodwill – Howell  
(417) 255-1580

**Wheatland**

West Central Missouri CAA – Hickory  
(417) 282-6642

**Winona**

MERS/Goodwill – Shannon/Carter  
(573) 325-1391