



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF FAMILY SERVICES  
**IM-2 RECORDING WORKSHEET**

CASE NAME						DCN					
ADDRESS						AUTHORIZED REPRESENTATIVE <input type="checkbox"/> N/A					
HOUSEHOLD/ASSISTANCE GROUP	BIRTHDATE/ OR AGE	SSN VERIFIED?		SSN-1 DATE SENT	CE ELIG.		DISQ MEMBER CODE	MONTH DISQ ENDS	IM	FS	
		YES	NO		YES	NO					

**A. ELIGIBILITY FACTORS**

**1. CITIZENSHIP/RESIDENCE/IDENTITY:**

☐ CITIZENS  
☐ ELIGIBLE LEGAL ALIEN  
NAME \_\_\_\_\_ STATUS \_\_\_\_\_  
☐ ALIEN NOT ELIGIBLE  
NAME \_\_\_\_\_ STATUS \_\_\_\_\_  
RESIDENT OF MISSOURI ☐ YES ☐ NO  
INTENDS TO REMAIN ☐ YES ☐ NO  
IDENTITY VERIFIED BY: \_\_\_\_\_

**2. RESOURCES:**

CASH ON HAND	
IM-7 RECD _____ BANK _____	_____
IM-7 RECD _____ BANK _____	_____
OTHER _____	_____
VEHICLES (RECORD FOR EACH CATEGORY OF ASSISTANCE)	
AVAILABLE PERSONAL PROPERTY	
AVAILABLE REAL PROPERTY IM-8 RECD _____	
INSURANCE CO. _____ IM-9 RECD _____	_____
INSURANCE CO. _____ IM-9 RECD _____	_____
INSURANCE CO. _____ IM-9 RECD _____	_____
BURIAL: FUNERAL HOME _____ IM-9 RECD _____ IRREVOCABLE/REVOCABLE	
<b>TOTAL RESOURCES CONSIDERED</b>	

**3. TRANSFER OF PROPERTY OR RESOURCES:** ☐ YES ☐ NO

**4. LIFE/HEALTH INSURANCE:**

☐ TPL-1 ☐ IM-37 ☐ NO INSURANCE  
DATE/UPDATED \_\_\_\_\_

**5. PRIOR QUARTER/PRIOR MONTH (GR):**

☐ YES ☐ NO IF NO, EXPLAIN IN SECTION B

**B. ADDITIONAL RECORDING**

6. **AGED, BLIND, OR DISABLED:**  
☐ AGE 65 OR OVER    ☐ INCAPACITY    ☐ UNDER 18

**INSTITUTIONAL RESIDENCE:**  
NAME OF INSTITUTION: \_\_\_\_\_  
LEVEL OF CARE DETERMINATION  
☐ NF    ☐ MH    ☐ NONE    ☐ IMR    ☐ SNC  
DA-124 \_\_\_\_\_ IM-71 \_\_\_\_\_  
(DATE) (DATE)

**DIVISION OF ASSETS:** IM-78: \_\_\_\_\_  
(DATE)

**INCAPACITY:** (IM-60A, IM-61, IM-61B, IM-68)  
☐ PTD    ☐ AB    ☐ GR    ☐ N/A  
DISABILITY ESTABLISHED:    ☐ YES    ☐ NO  
DECISION:  
☐ MRT    ☐ SSA/SSI    ☐ STATE OPHTHALMOLOGIST  
DECISION DATE: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
RE-EXAM DATE: (1) \_\_\_\_\_ (2) \_\_\_\_\_

SSI REFERRAL:  
IM-76: DATE \_\_\_\_\_ IM-77: DATE \_\_\_\_\_

**VR TREATMENT/TRAINING:**    ☐ YES    ☐ NO  
DATE OF REFERRAL \_\_\_\_\_  
MRT APPLIED ELIGIBILITY FACTOR:    ☐ YES    ☐ NO

**VISUALLY ELIGIBLE FOR SAB OR BP:**    ☐ YES    ☐ NO  
STATE OPHTHALMOLOGIST DECISION: DATE \_\_\_\_\_  
WAIVED:    ☐ YES    ☐ NO    DATE OF NEXT REVIEW: \_\_\_\_\_

**IM-2B:** DATE: \_\_\_\_\_  
PARENT OR SIGHTED SPOUSE ABLE TO SUPPORT:  
☐ N/A    ☐ YES    ☐ NO

**SERVICES:**  
B-2: ☐ YES    ☐ NO    IM-50: ☐ YES    ☐ NO    IM-54: ☐ YES    ☐ NO

**BP ONLY:**  
INELIGIBLE FOR SAB:    ☐ YES    ☐ NO  
INELIGIBLE FOR SSI:    ☐ YES    ☐ NO  
IM-2A:    ☐ YES    ☐ NO

7. **QMB/SLMB:**  
☐ YES    ☐ NO    PART A ENTITLEMENT DATE \_\_\_\_\_

8. **HCB:** DATE OF IM-54A: \_\_\_\_\_

9. **CHILD IN HOME OF PAYEE:**  
☐ N/A    ☐ SEE RECORDING

10. **RELATIONSHIP/AGE:**  
☐ IM-36 COMPLETE

11. **DEPRIVED OF PARENTAL SUPPORT:**  
☐ ABSENCE FROM THE HOME    ☐ DEATH  
☐ VERIFICATION ON IM-36    ☐ REFERENCE VERIFICATION  
**INCAPACITY:** (IM-60A, IM-61, IM-61B)  
☐ MA    ☐ SSA/SSI DISABILITY    ☐ MRT    ☐ LOCAL  
DECISION DATE: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
RE-EXAM DATE: (1) \_\_\_\_\_ (2) \_\_\_\_\_

**FINANCIAL NEED**    ☐ YES (SEE IBCA)    ☐ NO

12. **NON-CUSTODIAL PARENT REFERRAL TO DCSE:**  
☐ N/A    ☐ CSE-201    DATED \_\_\_\_\_  
☐ GOOD CAUSE CLAIMED (RECORD)  
☐ NEW INFORMATION IM-16 DATED \_\_\_\_\_

13. **PREGNANCY:**  
☐ N/A    ☐ QP-1  
☐ DOCTOR/CLINIC STATEMENT    DATED \_\_\_\_\_  
ESTIMATED DUE DATE \_\_\_\_\_

14. **REFUGEE:**    ☐ YES    ☐ NO  
DATE ENTERED COUNTRY: \_\_\_\_\_

15. **SERVICE REFERRALS:**  
☐ WIC    DATE \_\_\_\_\_  
☐ CASE MANAGEMENT SERVICES    DATE \_\_\_\_\_  
☐ FAMILY PLANNING IM-54    DATE \_\_\_\_\_  
☐ HCY PAMPHLET    DATE \_\_\_\_\_

16. **STUDENTS:**  
NAME OF STUDENT \_\_\_\_\_  
ELIGIBILITY \_\_\_\_\_

17. **IM-34, IM-35, IM-100D UPDATED:**    ☐

18. **DECISION:**

CATEGORY	ELIGIBLE	NOT ELIGIBLE - REASON
TEMP ASSIST		
MAF		
MC+		
MPW		
FS		
MA		
MACC		
SNC		
SAB		
BP		
QMB		
SLMB		
GR		

19. **PRIORITY:**    ☐ YES    ☐ NO  
IF YES, DATE \_\_\_\_\_  
EXPLAIN \_\_\_\_\_

**REFERENCE RECORDING:**

CASE WORKER/CASE MANAGER	DATE	SUPERVISOR
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