



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION

**REQUEST FOR EMPLOYMENT SECURITY INFORMATION – OUTSIDE STATE OF MISSOURI**

<b>FROM</b>	OFFICE NAME	TELEPHONE NUMBER - -	DATE 2013/12/27
	ADDRESS (STREET)		
	CITY, STATE, ZIP CODE		
<b>TO</b>	STATE AGENCY NAME		
	ADDRESS (STREET)		
	CITY, STATE, ZIP CODE		
<b>RE</b>	CASE NAME	SOCIAL SECURITY NUMBER	CASE DCN
	NAME (IF DIFFERENT FROM CASE NAME)		SOCIAL SECURITY NUMBER

**I authorize the release of information requested below to the Family Support Division. I hereby release any person or firm from any liability for information furnished pursuant to this authorization.**

Household Member Signature \_\_\_\_\_ Date \_\_\_\_\_

The above-named individual has applied for public assistance benefits in Missouri. Our information indicates that the participant may have:

- ☐ Previously lived in your state ☐ Previously worked in your state  
☐ Previously received unemployment insurance in your state ☐ Other \_\_\_\_\_

In accordance with 208.010 RSMo, we are attempting to verify the following information:

Has the individual been employed in your state? ☐ Yes ☐ No

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Is the individual currently receiving unemployment insurance in your state? ☐ Yes\* ☐ No

**\*(Please attach printout if available)**

Current Benefit Amount \_\_\_\_\_ Account Balance \_\_\_\_\_ Last Check Date \_\_\_\_\_

Benefits Paid Weekly \_\_\_\_ Bi-weekly \_\_\_\_ Other (please specify) \_\_\_\_\_

Comments:

**PLEASE FAX RESPONSE TO:** - -

PHONE NUMBER  
- -

FAMILY SUPPORT DIVISION



