



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION  
**REQUEST FOR PUBLIC ASSISTANCE INFORMATION – OUTSIDE STATE OF MISSOURI**

<b>FROM</b>	COUNTY OFFICE NAME	TELEPHONE NUMBER	DATE 1/23/2014
	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 - -	

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 ☐ Other

☐ Previously received benefits in your state

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

**Type of Assistance**

**Case Status**

<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Active <input type="checkbox"/> Closed Date closed: _____
<input type="checkbox"/> Temporary Assistance for Needy Families	<input type="checkbox"/> Active <input type="checkbox"/> Closed Date closed: _____
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Active <input type="checkbox"/> Closed Date closed: _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Active <input type="checkbox"/> Closed Date closed: _____

Comments \_\_\_\_\_

**I authorize the release of information as indicated above. I hereby release any person or firm from any liability for information furnished pursuant to this authorization.**

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

FAMILY SUPPORT DIVISION

PHONE NUMBER

