



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
NOTICE OF CONTACT REQUESTED

FROM	CASEWORKER	TELEPHONE NUMBER	DATE
	COUNTY OFFICE ADDRESS (STREET, CITY, STATE, ZIP CODE) _____ _____		
TO	NAME		
	ADDRESS (STREET)		
	CITY	STATE	ZIP CODE
RE	CASE NAME		CASE NUMBER

ACCORDING TO FEDERAL REGULATIONS, HOUSEHOLDS MUST COMPLY WITH QUALITY CONTROL REVIEWS TO CONTINUE TO BE ELIGIBLE FOR THE FOOD STAMP PROGRAM.

YOUR HOUSEHOLD HAS BEEN SELECTED TO COMPLETE A QUALITY CONTROL REVIEW.

IN ORDER TO COMPLETE A QUALITY CONTROL REVIEW IT IS NECESSARY THAT YOU CONTACT THIS OFFICE NO LATER THAN _____.

FAILURE TO CONTACT YOUR WORKER MAY RESULT IN YOUR FOOD STAMP CASE BEING CLOSED.

YOUR HOUSEHOLD WILL BE INELIGIBLE TO RECEIVE FOOD STAMPS UNTIL YOU COOPERATE OR _____ IN ACCORDANCE WITH FOOD STAMP POLICY.

ONCE YOUR CASE IS CLOSED YOU WILL NEED TO CONTACT YOUR WORKER AND AGREE TO COOPERATE WITH THE QUALITY CONTROL REVIEW TO BECOME ELIGIBLE.

IF YOU HAVE ANY QUESTIONS ABOUT THIS LETTER, YOU MAY CALL YOUR WORKER AT _____.

CASEWORKER/SIGNATURE	CASELOAD	DATE
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PLEASE RESPOND TO THIS OFFICE WITHIN TEN (10) DAYS OF RECEIVING THIS LETTER.