



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION  
**REVIEW NOTICE**

<b>FROM</b>	COUNTY OFFICE	DATE
	ADDRESS	
	CITY	STATE ZIP CODE
<b>TO</b>	NAME	
	ADDRESS (STREET)	
	CITY	
<b>RE</b>	CASE NAME	CASE NUMBER

The Family Support Division is required to review the eligibility of persons for assistance. In order to determine eligibility, we are asking that you complete all sections in the white area only of the attached form. **DO NOT WRITE IN THE GRAY AREA.**

Please read each item carefully before you answer it. The answers you give will be used to determine if you are eligible to receive financial and/or medical help. A friend or relative may help you complete the form. If you need any assistance in completing the form, or if there are any areas you do not understand, please contact your eligibility specialist.

**After you have completed the form, please sign on the line indicated for applicant/participant.**

Please complete the form today and return it in the enclosed envelope. If the Adult Supplemental Form, Medical Authorization Form or any other forms are attached, please complete and sign these also and return them with the eligibility statement.

Failure to return the form may result in your case being closed.

If anyone in your household has earned income, please attach the past two months pay stubs or verification of earnings from your employer. In addition, please attach verification of any unearned income such as award letters, and/or your most current checking and savings account statements. At your request, these documents will be returned to you.

If you have any questions, contact your eligibility specialist.

ELIGIBILITY SPECIALIST	TELEPHONE NUMBER	CASELOAD NUMBER
<b>PLEASE RETURN THIS FORM BY</b> ▶		DAY OF WEEK MONTH - DATE