



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
REQUEST FOR INFORMATION

CASE NAME	CASE NUMBER
ADDRESS	DATE

The items checked below must be returned to this office to determine your eligibility for assistance and/or food stamp benefits. To avoid any delays in the processing of your case, return the items checked no later than _____, 20 _____. All items pertain to yourself and all members included in your household. Failure to provide the requested information may affect the decision made on your case.

1. SOCIAL SECURITY NUMBER

- ☐ Social Security Number or proof of application for a Social Security Number for _____

2. INCOME VERIFICATION

- ☐ Paycheck stub or letter from employer
☐ If you farm or are self-employed, your latest tax return or business records
☐ Child Support
☐ Other income: _____

3. INFORMATION ABOUT ABSENT PARENT

- ☐ Complete the enclosed Referral/Information for Services

4. IMMIGRATION STATUS

- ☐ Alien Registration card
☐ Other proof from Immigration and Naturalization Service: _____

5. PREGNANCY

- ☐ Medical statement confirming pregnancy and expected date of delivery

6. OTHER

- ☐ Explain _____

If you have any questions or delay in securing any of the above items, please contact me immediately at:

Telephone # _____ between _____ AM and _____ PM.

Sincerely,

Caseworker

Policy #: _____