Name

Address

City, State Zip

On xx/xx/xxxx the Family Support Division (FSD) received the Annual Review Form (FA-402) from <<HOH Name (DCN)>>

It has been 90 days or more since your MHN case closed and the eligibility ended. You must reapply.

**NOTE:** If outstanding medical bills exist - from three months prior to the date of the new application, be sure to check the box I/We need help with medical bills from the last 3 months.

**To reapply:**

* Online login to *myDSS* at [mydss.mo.gov](http://www.mydss.mo.gov/).
* By paper form, use the [Application for MO HealthNet (Medicaid) IM-1MA](https://dss.mo.gov/fsd/formsmanual/pdf/im1ma.pdf):
* Download and print the application form from [dss.mo.gov](http://www.dss.mo.gov/),
* Request the application form in person at any FSD Resource Center, or
* Request the application form by mail by calling 855-373-4636.
  + Paper applications must be signed and dated.  They can be dropped off at any FSD Resource Center, or mailed to:

Family Support Division,

PO Box 2320

Jefferson City MO  65102-2320

**For questions regarding an active case:**

* If you need to speak with a team member about FSD services available to you, please call (855) 373-4636 (855-FSD-INFO).

**For questions regarding an application already submitted:**

* To check the status of your assistance application, please call (855) 373-4636 (855-FSD-INFO). Have your Social Security Number and date of birth when calling.

Sincerely,

The Family Support Division