SECT: INCOME MAINTENANCE MISSOURI DIVISION OF FAMILY SERVICES REPORT NO: FIM31435-01 PAGE 1 PAY CO: XXX XXXX MC+ FOR PREGNANT WOMEN RECEIPIENTS WHO PERIOD ENDING: XX/XX/XXXX RUN DATE: XX/XX/XXXX LOST ELIGIBILITY AT END OF POSTPARTUM DISTRIBUTION: XXXXXXXX (INSURED EFFECTIVE 01/01/2001 FREOUENCY: MONTHLY LOAD: XXXXX CASE ID CASE NAME DCN LEVEL OF CARE INDIVIDUAL NAME XXXXXXXXX XXXXX, XXXX XXXXXXXX XXXXX, XXXXXX X