MISSOURI DIVISION OF FAMILY SERVICES
COMMUNICATION TRANSMITTAL

DATE

TO

☐ IM	☐ CS	☐ DCSE	NAME
☐ FS	☐ FUTURES	☐	UNIT/COUNTY

FROM

NAME	CASELOAD NUMBER
UNIT/COUNTY	TELEPHONE NUMBER

RE

CASE NAME ☐ IM ☐ FS ☐ CC ☐ DCSE		CASE NUMBER
INDIVIDUAL	ABSENT PARENT	SOCIAL SECURITY NUMBER

CHECK ANY BOX(ES) APPLICABLE AND GIVE INFORMATION BELOW:

- ☐ Address Change, Phone Number
- ☐ Grant Change
- ☐ Case Transferred
- ☐ Household Member Change
- ☐ Assistance Group Members Change
- ☐ Resource Change
- ☐ Child Care
- ☐ Case Closed/Rejected, Last month received check _____
- ☐ Other: _____
- ☐ Request for Information

DCSE

- ☐ Noncustodial Parent Information
- ☐ Refusal to Cooperate – Child Support
- ☐ Refusal to Cooperate - Medical
- ☐ Good Cause Claim
- ☐ Support Payments
- ☐ Other
- ☐ Participant Reaching Lifetime Limit

DFS CASE MANAGEMENT

- ☐ Failure to Participate Without Good Cause
- ☐ Sanction effective _____
- ☐ Sanction removed effective _____

FOOD STAMP

- ☐ Did not comply
- ☐ Participated 20 Hours Per Week

INFORMATION (EXPLAIN ABOVE IF NECESSARY)