



BOB HOLDEN
GOVERNOR

MISSOURI
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES

RELAY MISSOURI
for hearing and speech impaired

TEXT TELEPHONE
1-800-735-2966

VOICE
1-800-735-2466

TELEPHONE: - -

March 1, 2004

January 30, 2004

On Invoice Refer to: Ms. GAFP Grandmother
Child's Name: Ronald Grandchild DCN XXXXXXXXX

Store Name
Store Address

Dear Sir/Madam,

This will introduce Ms. GAFP Grandmother, who has been authorized to make a one-time purchase of clothing only for the following:

Name: Ronald Grandchild
Age: 17
Sex: Male

Authorized for purchase of pants, tops, socks, underwear, coats and shoes for a boy. The total purchase is not to exceed \$250.00. Ms. GAFP Grandmother is responsible for any amount exceeding the \$250.00.

On each sales slip, please ask Ms. GAFP Grandmother to write the name of the child for whom the purchase is made. Her signature is also needed on the sales slip. CASHIER PLEASE KEEP ORIGINAL RECEIPT ALONG WITH THE CLOTHING VOUCHER LETTER: ORIGINAL RECEIPT ALONG WITH THIS CLOTHING VOUCHER LETTER SHOULD BE SENT TO:

FAMILY SUPPORT DIVISION
1ST ADDRESS LINE
2ND ADDRESS LINE
CITY, STATE, ZIP

She will be shopping between February 01, 2004 and March 01, 2004.

Sincerely,

Staff member
Title