



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
APPOINTMENT LETTER/REQUEST FOR CONTACT

FROM	CASEWORKER	TELEPHONE NUMBER	DATE
	COUNTY OFFICE ADDRESS (STREET)		
	CITY, STATE, ZIP CODE		
TO	NAME		
	ADDRESS (STREET)		
	CITY	STATE MO	ZIP
RE	CASE NAME	CASE NUMBER	SCN

In order to determine your initial/continued eligibility for assistance, it is necessary that we talk with you.

APPLICATION/RECERTIFICATION/REINVESTIGATION FOR CONTINUED ELIGIBILITY

☐ Please call me at _____ at _____ on _____.
(Phone Number) (Time) (Date)

☐ Please meet with me at _____ on _____
(Address)

_____, _____, 20____ at _____.
(Day of the Week) (Month/Day) (Time)

REQUEST FOR CONTACT

☐ Please call me at _____ within 10 days of this letter.
(Phone Number)

Reason for contact: _____

If you are unable to keep this appointment for an interview or you are unable to call us, it is necessary that you notify us as soon as possible. For food stamps, if you miss this appointment it is your responsibility to reschedule the appointment for an interview. **Failure to notify our office may result in your case being closed or your application being rejected.**

Sincerely,

(Caseworker/Case Manager/Lead No.)

(Phone Number)

Important: Please read the back of this letter and bring or have available the information checked for your interview.

TEMPORARY ASSISTANCE/FOOD STAMPS, YOU MUST PROVIDE INFORMATION FOR EVERY MEMBER OF YOUR HOUSEHOLD. PROVIDE ALL INFORMATION WHICH IS CHECKED.

I. IDENTIFICATION REQUIRED

☐ Social Security cards (not for non-applicants) ☐ Photo Driver's License ☐ Photo ID ☐ Other

II. PROOF OF ALL MONEY, SAVINGS, OR CASH YOU HAVE

☐ Bank statement, savings account book ☐ Government bonds, CDs, stocks, other bonds or mortgages you own
☐ Cash you own ☐ Credit Union account book or balance statement
☐ Other

III. INSURANCE, INCLUDING THOSE ON YOU OR CHILDREN CARRIED BY ANOTHER PERSON

☐ Life insurance policies ☐ Health insurance policies
☐ Burial insurance contract ☐ Premium payment book or receipts
☐ Funeral home deposits

IV. IF YOU OWN PROPERTY, ARE BUYING PROPERTY, OR HAVE EVER OWNED PROPERTY

☐ Mortgage payment book ☐ Tax receipts
☐ Contract for sale or purchase ☐ Buyer's or seller's closing statements

V. PROOF OF ALL INCOME

☐ Pay stubs ☐ Social Security award letter
☐ SSI benefits ☐ Unemployment Compensation
☐ Veterans benefits ☐ Railroad Retirement
☐ Armed Forces allotment ☐ Workmen's Compensation
☐ Child support ☐ Alimony
☐ Award letter from other types of pensions ☐ Rent received from rental property
☐ Contributions from persons outside of the assistance group
☐ Statement from your employer, including home employment such as babysitting, ironing, housecleaning, or other odd jobs
☐ If you farm or are self-employed, your latest income tax report or documents
☐ Income received as room or room and board from other members of the household
☐ Statement verifying amount of education or training grant, loan or scholarship
☐ Any other income:

VI. PROOF OF EXPENSES

☐ Mortgage payment book or statement ☐ Rent receipts, name, address, and telephone number of landlord
☐ Babysitting expenses ☐ Medical expenses
☐ Utility expenses

VII. PROOF OF AGE AND/OR RELATIONSHIP OF CHILDREN

☐ Birth certificate -- if not available, other proof such as hospital certificates, baptismal records, family Bible, adoption papers. The document should show you are related to the child(ren).
☐ Legal guardianship papers from court.

VIII. INFORMATION ABOUT ABSENT PARENT(S)

☐ Address ☐ Place of employment ☐ Divorce decree
☐ Name and address of relatives ☐ Death certificate ☐ Social security number
☐ Marriage certificate

IX. COLLATERAL

☐ Name, address and telephone number of two non-related persons who know your situation.

X. OTHER