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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESFAMILY SUPPORT DIVISION**REQUEST FOR INFORMATION**  |
| FROM | COUNTY OFFICE      | TELEPHONE NUMBER   -   -           | DATE12/17/2015 |
|  | COUNTY OFFICE ADDRESS (STREET, CITY, STATE, ZIP CODE)      |
| TO | NAME      | Head of Eligibility Unit       |
|  | ADDRESS (STREET)      | DCN      |
|  |  | Head of Eligibility Unit DCN  |
|  | CITY STATE ZIP CODE      |  |
| PROGRAM       |
| The items and/or tasks listed below must be returned to this office and/or completed to determine your eligibility for assistance. All items pertain to you and/or all members included in your eligibility unit. **Failure to provide the requested information may affect the decision made on your case.** |
| **To avoid any delays in the processing of your case, return the items and/or complete the tasks listed below no later than      .** |
| **PROOF OF:** |
|  | **Insurance information is needed to determine your eligibility under Show-Me Healthy Babies as you were denied Medicaid for Pregnant Women.**  |
|  | **See Other below for futher details.** |
|  | **Do you have employer sponsored insruance, or is this available to you, and if so how much does it cost?** |
|  | **Enter cost here:** |
|  | **Does this include maternity (prenatal, labor and delivery, and postpartum coverage?** |
|  | **Enter the answer here:** |
|  | **If you do not have access to employer sponsored insurance or other insurance you must explore private insurance by obtaining two quotes from different companies.** |
|  | **Two forms are included to help you with obtaining these quotes. Please include if they cover maternity benefits (prenantal, labor and delivery, and postpartum)** |
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| **We must evaluate your availability of insurance for the Show-Me Healthy Babies program. You may supply this information verbally through self attestation. If the above questions are not answered your Show-Me Healthy Babies application will be denied for failure to cooperate once the date above has expired. This form serves as the request for this necessary information along as a format for you to answer the necessary questions.** |
| **IMPORTANT IMPORTANT IMPORTANT IMPORTANT IMPORTANT IMPORTANT** |
| **IF YOU HAVE ANY QUESTIONS OR EXPERIENCE A DELAY IN SECURING ANY OF THE ABOVE ITEMS, CONTACT YOUR WORKER IMMEDIATELY:** |
| Eligibility Specialist       | Load      | Phone     -     -      | Fax     -     -      |

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