



MISSOURI FAMILY SUPPORT DIVISION  
PO BOX 717  
GAINESVILLE MO 65655-0717



TEST TEST  
605 HOWERTON CT  
JEFFERSON CITY MO 65109-680605

<b>AUTHORIZED REPRESENTATIVE COVER SHEET</b>		Date	11/12/2016
Head of EU AUTH TEST		DCN	0080019140
<p>Why am I getting this notice?</p> <p>The Family Support Division (FSD) is sending the enclosed notice to the person listed on it. We are sending a copy of it to you because you are named as the person's authorized representative.</p> <p>What are my duties as an authorized representative?</p> <p>Your duties will depend on how much this person needs, but will likely be to:</p> <ul style="list-style-type: none"><li>* Help the person you represent fill out FSD paperwork using accurate and complete information. This may include applications for benefits and review forms that we will send from time to time.</li><li>* Receive copies of all notices we send to the person so you can help them take any action needed by the due date.</li><li>* Contact us if you or the person you represent needs or wants to make changes.</li><li>* Keep the person's information private.</li></ul> <p>What if I have questions?</p> <p>Contact the FSD Information Center at 1-855-FSD-INFO (1-855-373-4636) for answers to your questions. You can also call this number if you don't want to continue as this person's authorized representative.</p> <p>The following document(s) may contain personal and private information concerning the person you represent. It is your responsibility to keep this information private. Do not share this information with anyone except the person you represent.</p>			