MWA Customer Choice Location Transfer Request

Missouri Department of
SOCIAL SERVICES
Your Potential. Our Support.

I am requesting to be transferred to another location to receive Missouri Work Assistance (MWA) program services.

_____   _____
Participant's Name   DCN

_____   _____ _____ _____
Address   City   State   Zip

I am requesting that I transfer from:

_____
Current Location Name

_____   _____ _____ _____
Address   City   State   Zip

I am requesting that I transfer to:

_____
New Location Name

_____   _____ _____ _____
Address   City   State   Zip

I am requesting transfer for the following reason(s):

_____

_____

Printed Name of Current MWA Service Provider	*Signature of Current MWA Service Provider*	*Date*
Participant's Signature		*Date*

Office Instructions:

"Current" MWA service provider does not send the paper file to the "new" MWA Service Provider unless the "new" provider requests the file due to needed documentation within the file (i.e. DV Screening, specific paper documentation, etc.). If the file is requested, the "current" MWA service provider sends the entire original file to the "new" MWA service provider.