

REQUEST FOR EMPLOYMENT SECURITY INFORMATION - OUTSIDE STATE OF MISSOURI

PURPOSE: To provide the county, area or state office with information regarding wages reported and/or unemployment compensation (UC) from client's earnings outside the State of Missouri.

NUMBER OF COPIES AND DISPOSITION: Complete an original and one copy. Send the original to Income Maintenance, FAMIS Unit, 1014 Madison Street, Jefferson City, MO 65101. Place the carbon copy in the case record. The carbon may be destroyed when the completed original is received.

INSTRUCTIONS FOR COMPLETION: Use this form for obtaining Employment Security information on applications or clients who work in states other than Missouri.

NOTE: Information cannot be obtained from the following states because they charge for their information: Alabama, Arizona, California, Indiana, Minnesota, Montana, Nebraska, Nevada, New Hampshire, North Carolina, Ohio, Oklahoma, Oregon, Louisiana, Pennsylvania, Tennessee, Texas, Virginia, Wyoming.

The client should be asked to obtain information from these states or provide it themselves.

IM-6: The following states require a client's authorization (IM-6) to be attached to the IM-39 for release of information: Alaska, Arkansas, Georgia, Hawaii, Illinois, Iowa, Kentucky, Michigan, Mississippi, New York, South Carolina, Washington, West Virginia.

CASE NAME: Enter the name of the payee of the case.

CLIENT ADDRESS: Enter the address of the client.

TYPE OF ASSISTANCE, CASE DCN: Put the type of assistance and the case DCN in this blank.

SSA NUMBER: Enter the social security number of the person for whom you need the information.

NAME (if different than case): Enter the name of the person for whom you want the Employment Security information, if it is not that of the payee.

PERIOD: Enter the period of time for which you are seeking information on ES or UC benefits (i.e., 10-1-00 to 12-1-00).

DCN: Enter the DCN of the individual if it is different than the case number.

WAGES: Mark this box if wage information is needed.

UNEMPLOYMENT COMPENSATION: Mark this box if UC benefit information is needed.

STATE: Enter the state where the client earned the wages or UC benefits. Requests for the states, listed under note above, will be returned as information cannot be obtained.

IM-6 ATTACHED?: Mark "yes" or "no" if the client's authorization form is attached. The form will be delayed if this form is not attached for requests to the states identified in the instructions for completion.

COMMENT SECTION: This is for any special requests that need further explanation.

REQUESTER'S COUNTY, NAME, LOAD, WORKER NUMBER: Enter the name of the county, requester's name, load number and worker number of the person requesting the information so IM Data Management can return the data when it is received.

DATE: Enter the date submitted. Requests should be sent immediately as it may take 3-4 weeks to obtain the requested information.

If a county has questions on the form or needs further information, they may contact the Clerical Supervisor at FAMIS, phone number(573) 681-0100.

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