

SECT : INCOME MAINTENANCE
PAY CO: XXX XXXX

MISSOURI DIVISION OF FAMILY SERVICES
MC+ FOR PREGNANT WOMEN RECEIPIENTS DUE TO
CONVERT TO EXTENDED WOMENS HEALTH SERVICES
EFFECTIVE 02/01/2001

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CASE ID	CASE NAME	DCN	INDIVIDUAL NAME	LEVEL OF CARE
XXXXXXXXXX	XXXXX, XXXX	XXXXXXXXXX	XXXXX, XXXXXXX	X

EWHS PROVIDES LIMITED COVERAGE. YOU MUST EXPLORE ELIGIBILITY FOR OTHER MC+/MEDICAID COVERAGE *****
***** AND TRANSFER TO ANOTHER TYPE OF ASSISTANCE, IF POSSIBLE. *****
