

SECT : INCOME MAINTENANCE
PAY CO: XXX XXXX

MISSOURI DIVISION OF FAMILY SERVICES
MC+ FOR PREGNANT WOMEN RECEIPIENTS LOSING
ELIGIBILITY AS POSTPARTUM ENDING (INSURED)

REPORT NO: FIM31415-01
PERIOD ENDING: XX/XX/XXXX

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EFFECTIVE 02/01/2001

FREQUENCY: MONTHLY

CASE ID	CASE NAME	DCN	INDIVIDUAL NAME	LEVEL OF CARE	LOAD:
XXXXXXXXXX	XXXXX, XXXX	XXXXXXXXXX	XXXXX, XXXXXX	X	XXXXX

EXPLORE ELIGIBILITY FOR OTHER MC+/MEDICAID COVERAGE AND TRANSFER TO ANOTHER TYPE OF ASSISTANCE, IF POSSIBLE
