

SECT : INCOME MAINTENANCE
PAY CO: XXX XXXX

MISSOURI DIVISION OF FAMILY SERVICES
MC+ FOR PREGNANT WOMEN RECEIPIENTS WHO
CONVERTED TO EXTENDED WOMENS HEALTH
SERVICES EFFECTIVE 01/01/2001

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PERIOD ENDING: XX/XX/XXXX RUN DATE: XX/XX/XXXX
FREQUENCY: MONTHLY

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