



**BOB HOLDEN**  
GOVERNOR

**MISSOURI**  
**DEPARTMENT OF SOCIAL SERVICES**  
**DIVISION OF FAMILY SERVICES**

**RELAY MISSOURI**  
*for hearing and speech impaired*

TEXT TELEPHONE  
1-800-735-2966

VOICE  
1-800-735-2466

TELEPHONE: - -

March 1, 2004

January 30, 2004

On Invoice Refer to: Ms. GAFP Grandmother  
Child's Name: Ronald Grandchild DCN XXXXXXXXX

**Store Name**  
**Store Address**

Dear Sir/Madam,

This will introduce Ms. GAFP Grandmother, who has been authorized to make a one-time purchase of clothing only for the following:

Name: Ronald Grandchild  
Age: 17  
Sex: Male

**Authorized for purchase of pants, tops, socks, underwear, coats and shoes for a boy. The total purchase is not to exceed \$250.00. Ms. GAFP Grandmother is responsible for any amount exceeding the \$250.00.**

**On each sales slip, please ask Ms. GAFP Grandmother to write the name of the child for whom the purchase is made. Her signature is also needed on the sales slip. CASHIER PLEASE KEEP ORIGINAL RECEIPT ALONG WITH THE CLOTHING VOUCHER LETTER: ORIGINAL RECEIPT ALONG WITH THIS CLOTHING VOUCHER LETTER SHOULD BE SENT TO:**

**FAMILY SUPPORT DIVISION**  
**1<sup>ST</sup> ADDRESS LINE**  
**2<sup>ND</sup> ADDRESS LINE**  
**CITY, STATE, ZIP**

She will be shopping between February 01, 2004 and March 01, 2004.

Sincerely,

Staff member  
Title