

DO NOT FORWARD RETURN MAIL IMMEDIATELY

IN-55C



STATE OF MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF FAMILY SERVICES  
TRANSITIONAL MEDICAL ASSISTANCE  
QUARTERLY REPORT FORM  
RETURN BY

CASE ID:  
WORKER :  
PHONE :  
LOAD :

THIS IS YOUR THIRD TRANSITIONAL MEDICAL ASSISTANCE QUARTERLY REPORT FORM.  
COMPLETE THE FORM AND RETURN IT TO US BY \_\_\_\_\_ IN ORDER FOR YOUR HEALTHCARE  
COVERAGE TO CONTINUE BEYOND \_\_\_\_\_ IF YOU DO NOT SEND THE COMPLETE REPORT BY THE  
DATE SHOWN, WE WILL STOP YOUR HEALTHCARE COVERAGE EFFECTIVE  
YOU MUST INCLUDE INFORMATION ABOUT EARNED INCOME RECEIVED, FAMILY MEMBERS MOVING IN OR OUT,  
AND CHILDCARE EXPENSES PAID FOR

ENTER GROSS EARNED INCOME RECEIVED IN THE MONTHS OF:

NAME OF PERSON WITH JOB	EMPLOYER NAME

IF YOU HAD NO EARNINGS IN ANY OF THE MONTHS, PLEASE EXPLAIN WHY:

ENTER EARNED INCOME FROM ANY OTHER JOB OR FOR ADDITIONAL PERSONS WITHIN THE HOUSEHOLD.  
ENTER GROSS EARNED INCOME RECEIVED IN THE MONTHS OF:

NAME OF PERSON WITH JOB	EMPLOYER NAME

IF YOU HAD NO EARNINGS IN ANY OF THE MONTHS, PLEASE EXPLAIN WHY:

ENTER CHILDCARE EXPENSES PAID FOR THE MONTHS OF:

NAME OF CHILDREN			

HAVE THERE BEEN ANY CHANGES IN UNEARNED INCOME (SUCH AS CHILD SUPPORT, UNEMPLOYMENT BENEFITS, SICK BENEFITS, INTEREST INCOME, SOCIAL SECURITY BENEFITS OR OTHER UNEARNED INCOME) SINCE \_\_\_\_\_ ?  
 YES  NO IF YES, EXPLAIN:

HAVE THERE BEEN ANY OF THE FOLLOWING CHANGES IN THE PAST THREE MONTHS: FAMILY MEMBER MOVED IN OR OUT, AN ADDRESS CHANGE, AND HAS ANYONE LOST OR OBTAINED MEDICAL INSURANCE?  YES  NO  
IF YES, EXPLAIN:

IS ANYONE IN YOUR HOUSEHOLD PREGNANT?  YES  NO IF YES, WHO? \_\_\_\_\_

EXPECTED DUE DATE: \_\_\_\_\_

IS ANYONE IN YOUR HOUSEHOLD DISABLED?  YES  NO IF YES, WHO? \_\_\_\_\_

IS ANYONE IN YOUR HOUSEHOLD BLIND?  YES  NO IF YES, WHO? \_\_\_\_\_

BY SIGNING MY NAME I AM SAYING, UNDER PENALTY OF PERJURY ,THE INFORMATION I HAVE GIVEN ON THIS FORM IS TRUE, CORRECT AND COMPLETE AND I HAVE NOT WITHHELD OR FALSELY REPRESENTED ANY INFORMATION.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TELEPHONE (WORK) \_\_\_\_\_ (HOME) \_\_\_\_\_