

FSD GED BILLING FORM

PURPOSE

To authorize the GED administration test fee for individuals case managed by FSD to be direct-billed by the Department of Elementary and Secondary Education to FSD.

NUMBER OF COPIES AND DISTRIBUTION

The original and one copy are needed. The original is attached to the participant's Application of Missouri Certification of High School Equivalence (MO 500-1483). Mail to Family Support Division, Central Office, P.O. Box 2320, Jefferson City, MO 65102-2320, Attention: Temporary Assistance Case Management Coordinator. The copy is filed in the case management record.

INSTRUCTIONS FOR COMPLETION

The form is completed by the case manager.

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| <u>County Address:</u> | List address of case manager's base county. |
| <u>Case Manager:</u> | Enter name of case manager submitting billing. |
| <u>Phone Number:</u> | List phone number of case manager. |
| <u>Date:</u> | Date form is being submitted to FSD Central Office. |
| <u>Student Name:</u> | Enter the name(s) of the student(s) on whose behalf the payment is requested. |
| <u>DCN:</u> | Enter student(s) DCN. |
| <u>Birth Date:</u> | Enter student(s) birth date. |