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| **Audit Case File Coversheet** | | | |
| **Temporary Assistance 2014 Audit** | Date Record Requested: | Date Record Received: | Date Returned to FSD RWH: |
| Case File Name: | | Case File DCN: | |
| **Send Paper File To:**  **FSD Records Warehouse**  **312 Wilson Drive**  **PO Box 1371**  **Jefferson City, MO 65102** | | | |
| **Return File to:**  **To ensure the case file is returned to the appropriate location, please complete the information below. If only a copy of the file was sent and there is no need to return to the office, please leave blank.** | | | |
| Attention:  FSD Office:  Address:  City, State, Zip Code:  Telephone Number of Office:  Name and Telephone Number of Contact Person: | | | |