



Missouri Department of Social Services  
 Family Support Division  
 Supplemental Nutrition Assistance Program (SNAP) Program & Policy Unit  
 PO Box 2320  
 Jefferson City, MO 65102



## Request for Reduction of Claim

Head of claim:	Case DCN:	Original amount of claim	Date claim established

**Please complete the following information regarding your financial situation. Include information for all persons who live with you. If they do not owe this claim, their income and expenses will not be counted. FSD must verify your household's circumstances prior to considering your claim reduction. Failure to submit verification may result in a claim reduction denial.**

- How many people live in your household? \_\_\_\_\_
- Does anyone who lives with you receive SNAP benefits?  Yes  No
  - If yes, who? \_\_\_\_\_
- Total cash, bank accounts, CDs, Stocks/Bonds, debit/pay cards, trusts, or digital cash accounts? \_\_\_\_\_

### Monthly Household Income:

Income is money that's paid to you, such as earnings from a job or payments from Social Security, SSI, unemployment, child support, etc.

Who earns income	Where is the income from	Monthly amount of income

### Monthly Household Expenses:

Expenses are the bills you are responsible for paying such as rent/mortgage, utilities, medical expenses, daycare, child support, etc.

Type of expense	Who pays this expense	Monthly amount of expense

