



STATE OF MISSOURI
 FAMILY SUPPORT DIVISION
STATEMENT OF PARENT(S) OR SIGHTED SPOUSE

CASE NAME		CASE DCN	DATE
WHAT RELATION ARE YOU TO THE APPLICANT? <input type="checkbox"/> PARENT <input type="checkbox"/> SIGHTED SPOUSE		ARE YOU LIVING IN THE SAME HOME WITH THE APPLICANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU? <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED			
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	SALARY PER MONTH?		HOW LONG EMPLOYED?
NAME AND ADDRESS OF EMPLOYER			
IF MARRIED, IS YOUR SPOUSE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		GROSS MONTHLY SALARY	
NAME AND ADDRESS OF SPOUSE'S EMPLOYER			
ARE YOU RECEIVING ASSISTANCE OR BENEFITS OF ANY KIND? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST AMOUNT PER MONTH	FROM WHAT SOURCE?	
HOW MANY PERSONS ARE TOTALLY DEPENDENT ON YOU FOR SUPPORT?			
HOW MANY PERSONS ARE PARTIALLY DEPENDENT ON YOU FOR SUPPORT?			
DO YOU OWN REAL PROPERTY?		IF YES, WHAT IS THE ASSESSED VALUE?	
WHAT IS THE ESTIMATED REAL VALUE?	IS THE PROPERTY MORTGAGED? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST THE AMOUNT OF THE MORTGAGE	
ARE YOU ABLE TO PROVIDE FULL SUPPORT FOR THE APPLICANT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU ABLE TO PROVIDE PARTIAL SUPPORT FOR THE APPLICANT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, LIST AMOUNT PER MONTH	
IF UNABLE TO CONTRIBUTE, GIVE REASON.			
DATE	SIGNATURE		
DATE	SIGNATURE		
TELEPHONE NUMBER	ADDRESS		

NOTE: Please answer all questions and return it in the self-addressed enclosed envelope.