



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
CUSTOMER SERVICE



NAME (FIRST, MIDDLE, LAST)		TELEPHONE NUMBER	DCN/CASE NUMBER AND/OR SOCIAL SECURITY NUMBER*
MAILING ADDRESS			
CITY		STATE	ZIP CODE

*You do not have to provide your Social Security number (SSN) on this document. However, providing your SSN may result in a more timely response to your submission.

The Family Support Division (FSD) welcomes your comments, concerns, and compliments.

Please check the box of the FSD program you are commenting about. A representative from the program indicated below will respond to your submission.

- | | |
|--|---|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program | <input type="checkbox"/> Temporary Assistance |
| <input type="checkbox"/> MO HealthNet | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Services for the Blind | |
| <input type="checkbox"/> Child Support* | |

*FSD **cannot** resolve child support actions taken by the court, such as custody, visitation or spousal support orders. Only the court can address those issues.

Please complete and submit this form to:

Family Support Division
 PO Box 2700
 Jefferson City, MO 65102
 Email: FSD.CET@dss.mo.gov

COMMENTS SECTION (If you need more space, you may continue on another page and attach it to this form.)

If submitting electronically – I have agreed to submit this form by electronic means. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

I agree

SIGNATURE	DATE SUBMITTED
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