



Missouri Department of
SOCIAL SERVICES

Your Potential. Our Support.

MICHAEL L. PARSON, GOVERNOR • JENNIFER TIDBALL, ACTING DIRECTOR

KIM R. EVANS, DIRECTOR
FAMILY SUPPORT DIVISION
P.O. BOX 2320 • JEFFERSON CITY, MO 65102-2320
WWW.DSS.MO.GOV • 573-751-3221 • 573-751-0507 FAX

Date

Dear

You are receiving this letter because:

- You recently applied online for MO HealthNet for the Aged, Blind and Disabled (MHABD) coverage and indicated that you want to apply for MO HealthNet coverage for someone in your household who does **NOT** claim to be over age 65, blind or disabled.
- You recently applied online for MHABD coverage and indicated that you are pregnant and may be eligible for MO HealthNet for Pregnant Women (MPW) or Show Me Healthy Babies (SMHB) coverage.
- You already have MHABD coverage and indicated that you want to apply or may be eligible for MPW or SMHB coverage. You will need to indicate on the form that you are requesting a change in existing coverage. If you are determined eligible for MPW or SMHB, your MHABD coverage will be closed.
- Someone in your household already has MO HealthNet for Disabled Children and you indicated that the person may want to apply or be eligible for a MO HealthNet for Families program which provides coverage for disabled or non-disabled children. You will need to indicate on the form that you are requesting a change in existing coverage. If determined eligible for a MO HealthNet for Families program, the MO HealthNet for Disabled Children coverage will be closed.

NOTE: An individual **cannot** have more than one type of MO HealthNet coverage at a time.

AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES
TDD / TTY: 800-735-2966
RELAY MISSOURI: 711

Missouri Department of Social Services is an Equal Opportunity Employer/Program.

To register your application for MAGI, MPW, or SMHB coverage we will need additional information. Please complete the enclosed forms and return them on or before [Click here to enter a date](#). in the enclosed envelope if you would like FSD to explore your household's eligibility for these programs.

- IM-1SSL Supplemental Form
- Employer Sponsored Insurance Form (Appendix A)
- American Indian or Alaska Native Form (Appendix B)
- Authorized Representative Form (Appendix C)

We ask about income and other information to let you know what coverage you qualify for and if you can get any help paying for it. We will keep all the information you provide private and secure, as required by law.

Send your completed supplemental paperwork (include all pages) to:

FSD Application Processing Center
PO Box 1353
Joplin, MO 64802-1353

If you do not have all the information we ask for, sign and submit your paperwork anyway. We will follow-up with you. If you do not hear from us, call **1-855-373-9994**. Filling out this supplemental form does not mean you have to buy health coverage.

If you want to register to vote, you can complete a voter registration form at:
<http://sos.mo.gov/elections/goVoteMissouri/register.aspx>

If you have questions regarding this paperwork, call the FSD Info Center toll free at 1-855-FSD-INFO (1-855-373-4636). If you are not interested in receiving an eligibility determination for MAGI, MPW, or SMHB coverage, no further action is required on your part.

Sincerely,

The Family Support Division
Eligibility Team