



Application for Temporary Assistance Benefits

Section 1: Your Basic Information

Applicant Full Legal Name (First, Middle, Last)		County
Address (house number, street or rural route, homeless)		
City, state, zip code		
Mailing address (if different from home address)		
Primary phone number _____	Alternate phone number. _____	
What kind of phone is this? <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> other	What kind of phone is this? <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> other	
Email address	Preferred method of contact <input type="checkbox"/> call* <input type="checkbox"/> text** <input type="checkbox"/> email <input type="checkbox"/> mail	
	*we will call your primary phone unless you note otherwise ** as capabilities allow	

By signing this application on paper or electronically, you are giving us permission to deliver, or cause to be delivered phone calls to you regarding your case from an automated dialing system at the primary phone number you provided. You do not have to consent to this as part of your application. If you want to get out of getting these calls, check here:

Section 2: List all household members

Name	Date of Birth	Social Security Number	Relationship to applicant

I, the above named applicant, as a resident of and under the laws of the State of Missouri, hereby apply for Temporary Assistance. I understand that someone will contact me to complete an interview and explain the Temporary Assistance program requirements to me.

Signature of applicant →		Date
Witness →		Date
Witness →		Date

Do not write below this line (to be completed by Family Support Division office)

Case Notes:

Known DCNS:

Office case record maintained: