



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF FAMILY SERVICES  
**EXTENSION FOR HARDSHIP**

**CHECK THE BOX THAT APPLIES TO YOUR SITUATION.**

- I am disabled and receive or have applied for:
  - SSI
  - SSD
  - Employer-Sponsored Insurance
- I am needed in the home to care for a disabled individual.
- I am 60 years of age or older.
- I am a teen parent and attending school.
- I am currently involved in a Domestic Violence situation.
- I have been diagnosed with a substance abuse issue and need assistance before I can become employed.
- I have been diagnosed with a mental health issue and need assistance before I can become employed.
- I have problems in my life or in my family's situation that keep me from being employed. This situation is:

---

---

---

- I have an open case with Children's Services.  
My Children's Service worker is \_\_\_\_\_ .

**KEEP THIS FORM WITH YOUR APPLICATION. YOUR WORKER WILL DISCUSS IT WITH YOU.**