



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
MAGI Prior Quarter Request for Information

FROM	COUNTY OFFICE	TELEPHONE NUMBER 855-373-4636	DATE
	COUNTY OFFICE ADDRESS (PO BOX, CITY, STATE, ZIP CODE)		
TO	NAME	Head of Household	
	ADDRESS (MAILING)	DCN	
	CITY, STATE, ZIP CODE		

The items and/or tasks listed below must be returned to this office and/or completed to determine your eligibility for assistance. All items pertain to you and/or all members included in your household. **Failure to provide the requested information by _____ may affect the decision made on your case. Please review and/or complete the gray areas.**

Our records show the following person(s) requested medical coverage in the 3 months prior to your application date. Answer the following questions for the below named individuals regarding these months:

3 months ago:	2 months ago:	1 month ago:
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Name:	3 Months Ago	2 Months Ago	1 Month Ago
Months requesting coverage:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical bills in this month?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Resident of Missouri in this month?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If this person is not currently a Missouri resident, in what county did s/he live during these months?			
Missouri County:			

Name:	3 Months Ago	2 Months Ago	1 Month Ago
Months requesting coverage:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical bills in this month?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Resident of Missouri in this month?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If this person is not currently a Missouri resident, in what county did s/he live during these months?			
Missouri County:			

Name:	3 Months Ago	2 Months Ago	1 Month Ago
Months requesting coverage:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical bills in this month?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Resident of Missouri in this month?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If this person is not currently a Missouri resident, in what county did s/he live during these months?			
Missouri County:			

Name:	3 Months Ago	2 Months Ago	1 Month Ago
Months requesting coverage:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical bills in this month?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Resident of Missouri in this month?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If this person is not currently a Missouri resident, in what county did s/he live during these months?			
Missouri County:			

Head of Household	DCN
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Household Income

Name of Employee:		Name of Employer:	
Employer Phone Number:		Employer Address:	
Wages and Tips Before Taxes	3 Months Ago: \$	2 Months Ago: \$	1 Month Ago: \$
Type of Pretax Deduction and Amount	3 Months Ago: \$	2 Months Ago: \$	1 Month Ago: \$
Type of Pretax Deduction and Amount	3 Months Ago:	2 Months Ago:	1 Month Ago:

Name of Employee:		Name of Employer:	
Employer Phone Number:		Employer Address:	
Wages and Tips Before Taxes	3 Months Ago: \$	2 Months Ago: \$	1 Month Ago: \$
Type of Pretax Deduction and Amount	3 Months Ago: \$	2 Months Ago: \$	1 Month Ago: \$
Type of Pretax Deduction and Amount	3 Months Ago:	2 Months Ago:	1 Month Ago:

Name of Employee:		Name of Employer:	
Employer Phone Number:		Employer Address:	
Wages and Tips Before Taxes	3 Months Ago: \$	2 Months Ago: \$	1 Month Ago: \$
Type of Pretax Deduction and Amount	3 Months Ago: \$	2 Months Ago: \$	1 Month Ago: \$
Type of Pretax Deduction and Amount	3 Months Ago:	2 Months Ago:	1 Month Ago:

Name of Self Employed:		Type of Work/Business:	
Net Monthly Income:	3 Months Ago: \$	2 Months Ago: \$	1 Month Ago: \$

List other types and amounts of income (such as unemployment, pensions, Social Security, child support, farm income) for the last 3 months.

Name:	Income Type:	3 Months Ago: \$	2 Months Ago: \$	1 Month Ago: \$
Name:	Income Type:	3 Months Ago: \$	2 Months Ago: \$	1 Month Ago: \$

Other Information: Please tell us about any additional information you would like us to consider in the following space:

YOU MAY EMAIL THIS ITEM TO FSD.Documents@dss.mo.gov, FAX TO 573-526-9400, OR MAIL TO FAMILY SUPPORT DIVISION, PO BOX 2700 JEFFERSON CITY, MO 65102. IF YOU HAVE ANY QUESTIONS OR EXPERIENCE A DELAY IN SECURING ANY OF THE ABOVE INFORMATION, CONTACT THE CUSTOMER SERVICE CENTER AT 855-373-4636.