



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 FAMILY SUPPORT DIVISION  
**VOLUNTARY REPAYMENT AUTHORIZATION FORM**



Case Name:	DCN:	Date:

**Instructions for Completion**

Complete this form for a Supplemental Nutrition Assistance Program (SNAP) and/or cash claim repayment. Only one form is needed for both types of repayment.

Return this form by:

- Email: [DLS.CANDRTEAM@dss.mo.gov](mailto:DLS.CANDRTEAM@dss.mo.gov)
- Uploading your document: Visit [mydssupload.mo.gov](http://mydssupload.mo.gov) to upload a copy of your document
- Fax: 573-526-9400
- Mail: Claims and Restitution  
PO BOX 1527  
Jefferson City, MO 65102

**SNAP Repayment**

Available SNAP Benefits	\$
Repayment Amount	\$
Remaining SNAP Amount	\$

**Cash Repayment**

Available Cash	\$
Repayment Amount	\$
Remaining Cash Amount	\$

I authorize payment of the amount(s) shown above from my SNAP or cash benefits. The payment(s) will be used to repay any SNAP or cash benefits to which I was not entitled.

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 OF PARTICIPANT	DATE

FSD INSTRUCTIONS: Forward this completed form to [DLS.CANDRTEAM@dss.mo.gov](mailto:DLS.CANDRTEAM@dss.mo.gov) if it is received by upload, mail, or fax.

**CLAIMS & RESTITUTION USE ONLY**

RECEIVED BY

DATE CLAIM ESTABLISHED

MONTH(S) OF OVERISSUANCE

AMOUNT OF OVERISSUANCE

DATE VOLUNTARY REPAYMENT COMPLETED

C&R STAFF AND TITLE