



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
SUSPENDING MO HEALTHNET PARTICIPANTS

Date: _____

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If your jail is housing an individual who is expected to be incarcerated for at least 30 days and that individual is receiving MO HealthNet benefits, you are required to provide his or her information to Family Support Division (FSD).

MO HealthNet is currently active: YES NO

If MO HealthNet is NOT active, this form is not required.

Participant's Name:	
Date of Birth:	
Social Security Number or DCN:	
Date of Incarceration:	
Expected Date of Release:	
Name of Jail or Prison:	
Jail or Prison Address:	
Do you expect a transfer to another facility?	
If yes, expected date of transfer:	
Facility he/she is being transferred to:	

Reporter's Name and Contact Information:

Please provide your name, phone number, address, and email address (if available). FSD may need to contact you to clarify reported information, or to request additional information.

Send by email: MHNJailsandDOCReport@ip.sp.mo.gov; or fax: (573) 751-0050
 Family Support Division may use this form to request additional information as needed.