



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
**RESTORING A SUSPENDED PARTICIPANT
CHANGE REPORT**



Participants who were receiving MO HealthNet (MHN) before they were incarcerated, or who are approved for MHN after they become incarcerated, are suspended until they are released. A suspended participant DOES NOT have to complete a new application when released from incarceration.

Instructions: Complete this form to initiate a MHN redetermination. This may be completed by the participant, a household member, or an authorized representative. You may submit this form up to 45 days prior to the expected release date. Submit this form by email to FSD.SuspendedDOC@dss.mo.gov.

Family Support Division (FSD) may request additional information as necessary prior to restoring benefits. If you are completing this prior to your release, use the household where you expect to go when released. If this information changes after this form is submitted, you must let FSD know as that may affect your eligibility. To report additional changes, you may complete another IM-152, or you may contact FSD online, by phone, or in person.

Incarcerated Participant

| | | | |
|--------------------------------|--|-------------------------------------|--|
| Participant's Name: | | | |
| DCN: | | SSN: | |
| Date of Birth: | | DOC/Offender ID: (if applicable) | |
| Release date or Expected date: | | | |

Household Information

| | | | |
|------------------------------------|--|-----------------------------------|-------------|
| Physical Address: | | | |
| Mailing Address (if different): | | | |
| Phone: | | Can you receive text messages? | Yes No |
| Email: | | | |

Other household members who live at this address, or will live with you when you are released, and your relationship to them. [Example: Carl Woods (brother), Edith Woods (sister-in-law)]:

Additional Information

| | | |
|---|-----|----|
| Are you disabled or blind? | Yes | No |
| Were you in foster care at age 18 or older? | Yes | No |
| Are you pregnant? Or have you been pregnant in the last 60 days? | Yes | No |
| If yes, provide your due date, or the date your pregnancy ended. | | |
| Do you expect to have income when you are released? | Yes | No |
| If yes, provide any available information (start date, amount, how often) | | |

| | | | |
|--|--|-----------------|--|
| Any other information or changes that you need to report | | | |
| | | | |
| | | | |
| Completed by | | | |
| Name: | | | |
| Relationship to Participant: | | Email: | |
| Phone: | | Date Completed: | |