



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
AUTHORIZATION FOR VERIFICATION

Act now so we can determine eligibility or continued eligibility of the benefit recipient

The Family Support Division (FSD) needs authorization (permission) to request any obtainable electronic verification records from financial institutions, credit reporting bureaus and other agencies for the spouse, parent, step-parent, adoptive parent or other adult age 18 or older in the assistance group whose information counts towards program eligibility. By law, FSD needs their authorization even if they are not applying for or receiving the program services (Missouri Law 208.065 RSMo).

Who needs to sign this authorization form?

Adults whose information counts toward the program eligibility need to sign this form, including:

- Spouse
- Parents, including any step-parent or adoptive parents
- Any other adult age 18 or older

FSD will use the information we receive:

- To determine if the individual requesting benefits is eligible for or is still eligible for program benefits or
- To determine the correct benefit amount

When will this authorization end?

Your authorization (permission) to allow us to request records will end if:

- FSD denies benefits for the applicant, or
- The participant is no longer eligible for program benefits, or
- You stop this authorization by sending a written statement to the Department of Social Services

Why we request Social Security Numbers:

As required by the amended Federal Privacy Act of 1974, we need to tell you that:

- If you are not requesting benefits for yourself, providing your Social Security Number (SSN) is voluntary.
- We will use your SSN to verify information such as:
 - o Identity
 - o Other benefits received
 - o Earned and unearned income
 - o Resource information

We will match your SSN with our electronic databases and with certain consumer reporting agencies. This may include matching programs and agreements with federal, state, and local agencies. Under the authority of 42 U.S.C. § 1396w and section 408.690 of the Missouri Right to Financial Privacy Act, we will match your SSN with information from financial institutions.

If the electronic records do not match the information in the case record, we may ask the benefit applicant or recipient to send us more information.

If the electronic records indicate possible fraud or abuse of program laws or rules, an investigation will be initiated.

What happens if FSD doesn't receive the signed authorization form?

FSD will not automatically deny the application or benefits if we don't receive the signed form. However, the case will take longer to process, and you may have to spend time and money getting the information. If we do not get the required information, we will have to deny the benefit request.

Authorization: Signature of person whose information counts toward program eligibility

By signing this form, we authorize the FSD to confirm our resources with financial companies and credit reporting agencies. We understand this will only happen if our information counts toward deciding program eligibility.



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PERSON APPLYING FOR OR RECEIVING BENEFITS

NAME (FIRST, MIDDLE, AND LAST)		TELEPHONE NUMBER
HOME ADDRESS		
MAILING ADDRESS		
DATE OF BIRTH, SSN OR DCN (CASE NUMBER)		

INFORMATION FOR OTHER PERSONS AGE 18 AND OVER WHOSE INFORMATION COUNTS TOWARDS ELIGIBILITY

NAME (FIRST, MIDDLE, AND LAST)		
RELATIONSHIP TO THE APPLICANT/RECIPIENT: <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARENT, ADOPTIVE PARENT, STEP-PARENT <input type="checkbox"/> OTHER (STATE RELATIONSHIP): _____		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DCN/CASENUMBER
HOME ADDRESS		
MAILING ADDRESS IF DIFFERENT FROM ABOVE		
SIGNATURE OF SPOUSE, PARENT, ADOPTIVE PARENT, STEP-PARENT OR OTHER ADULT		DATE

INFORMATION FOR ADDITIONAL PERSONS 18 AND OVER INFORMATION COUNTS TOWARDS ELIGIBILITY

NAME (FIRST, MIDDLE, AND LAST)		
RELATIONSHIP TO THE APPLICANT/RECIPIENT: <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARENT, ADOPTIVE PARENT, STEP-PARENT <input type="checkbox"/> OTHER (STATE RELATIONSHIP): _____		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DCN/CASENUMBER
HOME ADDRESS		
MAILING ADDRESS IF DIFFERENT FROM ABOVE		
SIGNATURE OF SECOND PARENT, SECOND ADOPTIVE PARENT, OTHER ADULT		DATE

Need Help?

- By Phone: 1-855-FSD-INFO (1-855-373-4636)
- Fax: 573-526-9400
- Email: FSD.Documents@dss.mo.gov
- Auxiliary Aids and Services are available upon request to individuals with disabilities.
- TDD / TTY: 800-735-2966
- Relay Missouri: 711