

FAMILY SUPPORT DIVISION
DCN UPDATE REQUEST - OWCI

PO BOX 2320, JEFFERSON CITY, MO 65102-2320
 FSD.LIHEAP@DSS.MO.GOV

DEPARTMENT CLIENT NUMBER (DCN) UPDATE COVERSHEET

AGENCY STAFF EMAIL: (REQUIRED IN THE EVENT OF QUESTIONS):	DATE
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Scanning Address: FSD.LIHEAP@dss.mo.gov

SCANNING CONFIDENTIALITY:

Always encrypt documents when scanning.

Never enter member(s) DCN or SSN in the subject line. The subject line does not encrypt.

Documentation to support requested change(s) required. **NOTE:** FAMIS and LIHEAP screens are not qualifying documentation for changes in the LIHEAP EA System. System must reflect legal name. **Do not change to match name as it appears on energy bill unless the bill reflects the legal name.**

All fields below (Name, DCN, SSN, and DOB) must be completed to display how they should appear in the LIHEAP EA System. Check box of field(s) requiring change.

MEMBER LEGAL NAME <input type="checkbox"/>	
MEMBER DCN <input type="checkbox"/>	MORE THAN ONE DCN, ENTER HERE
MEMBER SSN <input type="checkbox"/>	MORE THAN ONE SSN, ENTER HERE
MEMBER DOB <input type="checkbox"/>	NOTE:
MEMBER LEGAL NAME <input type="checkbox"/>	
MEMBER DCN <input type="checkbox"/>	MORE THAN ONE DCN, ENTER HERE
MEMBER SSN <input type="checkbox"/>	MORE THAN ONE SSN, ENTER HERE
MEMBER DOB <input type="checkbox"/>	NOTE:
MEMBER LEGAL NAME <input type="checkbox"/>	
MEMBER DCN <input type="checkbox"/>	MORE THAN ONE DCN, ENTER HERE
MEMBER SSN <input type="checkbox"/>	MORE THAN ONE SSN, ENTER HERE
MEMBER DOB <input type="checkbox"/>	NOTE:
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MEMBER DCN <input type="checkbox"/>	MORE THAN ONE DCN, ENTER HERE
MEMBER SSN <input type="checkbox"/>	MORE THAN ONE SSN, ENTER HERE
MEMBER DOB <input type="checkbox"/>	NOTE:
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MEMBER DCN <input type="checkbox"/>	MORE THAN ONE DCN, ENTER HERE
MEMBER SSN <input type="checkbox"/>	MORE THAN ONE SSN, ENTER HERE
MEMBER DOB <input type="checkbox"/>	NOTE:
MEMBER LEGAL NAME <input type="checkbox"/>	
MEMBER DCN <input type="checkbox"/>	MORE THAN ONE DCN, ENTER HERE
MEMBER SSN <input type="checkbox"/>	MORE THAN ONE SSN, ENTER HERE
MEMBER DOB <input type="checkbox"/>	NOTE:

MO 886-4740 (4-2024)

If the vendor provides any "personal information" as defined in §105.1500, RSMo concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, the vendor understands and agrees that it is voluntarily choosing to seek a state contract and providing such information for that purpose. The state will treat such personal information in accord with §105.1500, RSMo.
 AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES
 TDD/TTY: 800-735-2966 RELAY MISSOURI: 711