

## DEPARTMENTAL CLIENT NUMBER (DCN) UPDATE COVER SHEET

**Purpose:** To provide a method for notifying the FSD LIHEAP staff of corrections required when a member of a household's last, first or middle name, date of birth, gender or social security number (SSN) needs to be updated or corrected in the Department of Social Service (DSS) Common Area.

**Supporting Documentation:** Update/corrections cannot be made without documentation to support the request. Some examples are: social security card, marriage license, birth certificate or divorce decree. (These examples are not all inclusive) **NOTE:** Copies of LIHEAP or FAMIS screens are not necessary. In the event a name change is requested, the system must have the member's legal name. We do not change the name in the system to match the energy bill unless the energy bill contains the member's legal name. The cover sheet should be filled out completely and the check box marked indicating what fields require an update/correction.

Send the cover sheet and supporting documentation to (573) 522-9557 (fax) or to [FSD.LIHEAP@dss.mo.gov](mailto:FSD.LIHEAP@dss.mo.gov), if scanning on email.

**Agency Staff Email (Required):** Enter the email address of the agency employee requesting the common area update/correction. **NOTE:** This is a required field in the event FSD LIHEAP staff have any questions.

**Date:** Enter today's date.

**Scanning Address:** This field has been pre-populated with the FSD LIHEAP staff's email address for scanning purposes.

**Member Legal Name:** Enter the legal name of the member whose information needs an update/correction.

**Member DCN:** Enter the Departmental Client Number (DCN) of the member whose information needs an update/correction. If this member has more than one DCN in the system, provide the other DCN so FSD LIHEAP staff can determine if a merge of the DCN's is necessary.

**Member SSN:** Enter the SSN of the member whose information needs an update/correction. If this member has more than one SSN, provide the other SSN so FSD LIHEAP staff can determine the correct SSN.

**Member DOB:** Enter the date of birth for the member whose information needs an update/correction.

**Note:** Enter any notes, if necessary, to support the requested update/correction.

**FAMILY SUPPORT DIVISION - LIHEAP**

**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](mailto: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:
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: