



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 FAMILY SUPPORT DIVISION  
**EMPLOYEE WAGE DOCUMENTATION REPORT**

TO	EMPLOYER NAME AND ADDRESS	DATE
FROM	CONTRACT AGENCY	COUNTY
		WORKER NAME

The employee identified below has made application for benefits under the program below. In order to determine eligibility for benefits, it is necessary that we document income for this individual. The employee has signed below to authorize release of this information to our agency.

Low Income Home Energy Assistance Program (LIHEAP)

Community Services Block Grant (CSBG)

Please complete Section III and return to our agency in the enclosed return envelope within ten days of the receipt date.

**SECTION I - EMPLOYEE INFORMATION**

EMPLOYEE NAME	EMPLOYEE SOCIAL SECURITY NUMBER	APPLICANT NAME
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**SECTION II - AUTHORIZATION FOR RELEASE OF INFORMATION**

**I AUTHORIZE THE RELEASE OF MY WAGE INFORMATION TO THE CONTRACT AGENCY LISTED ABOVE**

EMPLOYEE SIGNATURE	DATE
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**SECTION III - EMPLOYER'S INFORMATION ABOUT EMPLOYEE**

DATE OF HIRE	DATE OF TERMINATION
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**PAY PERIOD (CHECK ONE)**

WEEKLY     BI-WEEKLY     MONTHLY     BI-MONTHLY     OTHER \_\_\_\_\_

PLEASE RECORD THE AMOUNT OF GROSS WAGES RECEIVED BY THE EMPLOYEE FOR EACH PAY PERIOD IN THE MONTH OF \_\_\_\_\_

CHECK DATE	GROSS WAGES (INCLUDE TIPS, IF APPROPRIATE)

SIGNATURE OF PERSON PROVIDING THIS INFORMATION	TITLE
COMPANY PHONE NUMBER	DATE COMPLETED