



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