



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 FAMILY SUPPORT DIVISION  
**ENERGY ASSISTANCE CLAIMS AND RESTITUTION**

DATE

AGENCY	WORKER NAME
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TO: Family Support Division  
 P.O. Box 2320  
 Jefferson City, MO 65102-2320  
 Attention: LIHEAP Unit

APPLICANT NAME	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER
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ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)	PHONE NUMBER
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BENEFIT PAID \$	CORRECT BENEFIT \$	OVERPAYMENT AMOUNT \$	CHECK DATE	CHECK NUMBER
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**REASON FOR RESTITUTION CLAIM**

Unreported Income (specify the type of income)

Unreported Resources

<input type="checkbox"/> Incorrect Reporting of Household Size	Household Size Reported	Verified Household Size
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Incorrect Reporting of Fuel Source

Duplicate Application Filed by One or More Household Members

Contract Agency Error (specify the error)

Other (specify reason)

ADDITIONAL COMMENTS