



Missouri Department of Social Services
Family Support Division
Signature Request

Case Name:	DCN:	Date:
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You recently returned an application or review to the Family Support Division that is incomplete because it does not have a valid signature. The form is being returned to you. Your signature is required before we can begin processing.

Return this form as soon as possible so we may begin to determine your eligibility.

Failure to return this form by _____ may result in a loss of benefits.

Please sign, date, and return all pages of the form to us.

Uploading your document: Visit mydssupload.mo.gov to upload a copy of your document

Fax: (816) 889-2622

Mail: Family Support Division
615 E. 13th St, Room G-9
Kansas City, MO 64106

For questions, contact the FSD Customer Service Center by calling 855-373-4636 or visit your local FSD Resource Center.