



Missouri Department of Social Services  
Family Support Division  
**Signature Request**

Case Name:	DCN:	Date:
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You recently returned an application or renewal 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](http://mydssupload.mo.gov) to upload a copy of your document

Fax: 573-526-9400

Mail: Family Support Division  
PO BOX 2700  
Jefferson City, MO 65102

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