



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
**APPLYING FOR INCARCERATED PARTICIPANTS IN
 DEPARTMENT OF CORRECTIONS**



Participants who were receiving MO HealthNet (MHN) or who are approved for MHN after they become incarcerated must be suspended. Suspension prevents MHN from being used and medical claims from being paid while the participant remains in Department of Corrections. A suspended participant DOES NOT have to complete a new application when released from incarceration or for an inpatient event while incarcerated.

Participant's Name			
DCN		SSN	
Date of Birth		DOC/Offender ID	

This form is required for all new applicants assisted by DOC and/or DOC's medical provider. Submit this form by email to FSD.IM.SuspendedDOC@dss.mo.gov
 Submit no less than 3 business days after the application.
 Paper applications should be submitted according to the instructions on the application form.

DOC offenders who were not receiving MHN prior to incarceration may apply for MHN at any point. If they are found eligible, their MHN will be suspended until they are released from incarceration.

NOTE: If the offender applying had an inpatient event, then the Inpatient Event for Incarcerated Participants ([IM-151](#)) form is also required.

Date application was submitted: _____

Application was submitted by: Online application <https://mydss.mo.gov/healthcare/apply>
 Phone application 855-373-9994
 Paper application Application for Health Coverage & Help Paying Costs ([IM-1SSL](#))

Incarceration Information

Date of Incarceration: (first date of continuous incarceration)	
Facility name:	
Facility address:	
Were they transferred to this facility from another facility? What facility?	
Expected release date (if known):	
Are they expecting a transfer to another facility in the future? If yes, name of facility:	
Expected transfer date (if known):	

Any other information or changes that need to be reported:

Completed by: The DOC or medical staff who is assisting the participant with their application.

Name			
Job Title		Phone	
Email		Date Completed	