



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 Centurion.**

Submit this form, paper applications, and any supporting documents by email at [FSD.SuspendedDOC@dss.mo.gov](mailto:FSD.SuspendedDOC@dss.mo.gov)

If an online or phone application is submitted, submit no less than **3 business days** after the application.

If you are submitting a paper application, submit at the same time as the application.

**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

☐ Phone application

☐ Paper application

<https://mydss.mo.gov/healthcare/apply>

855-373-9994

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 Centurion staff who is assisting the participant with their application.

Name			
Job Title		Phone	
Email		Date Completed	