



You recently applied for MO HealthNet and received an approval letter for Adult Expansion Group or Family MO HealthNet programs.

On your application, you indicated that you are disabled or blind. If you would like Family Support Division (FSD) to explore eligibility for Non-MAGI programs such as MO HealthNet for Aged, Blind, and Disabled Spend Down, Non-Spend Down, or Ticket to Work Health Assurance, then we will need additional information.

Please complete the enclosed forms and return the information to FSD.

Aged, Blind, and Disabled Supplement (IM-1ABDS) to collect information about your assets.

Medical Review Team Packet (IM-61MRT) to collect medical and work information. This is needed so that FSD can make a disability determination for applicants who are under age 65 and are not receiving Social Security Disability or Supplemental Security Income.

Please complete each form, sign, date, and return all pages to us.

Uploading your documents: Visit 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

If you do not return these forms, it will not affect any benefits that were already approved.

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