Missouri Department of Social Services

CANCEL HEARING REQUEST

For use by participants and authorized representatives ONLY

Section A - Participant Information (required fields are in **bold**)

First Name	Middle Initial	**Last Name**	**DCN or Social Security Number**

Current Mailing Address	**Date of Birth**

City	**State**	**ZIP Code**	**Telephone Number**
	MO		

Interpreter Needed? ☐ Yes ☐ No Language:	Require a reader? ☐ Yes ☐ No	Notices by Email? ☐ Yes ☐ No Email:

Authorized Representative's Name (if you have one)	Authorized Representative's Telephone Number

Authorized Representative's Mailing Address	City	State	ZIP Code

Section B - Programs - Select the programs(s) for which you are requesting a hearing

- ☐ Supplemental Nutrition Assistance Program (SNAP) benefits/claim
- ☐ Temporary Assistance (TA) benefits/claim
- ☐ Missouri SuN Bucks/Summer-EBT (SEBT)
- ☐ Low Income Energy or Water Assistance Program benefits/claim
- ☐ MO HealthNet for Age 65, Blind, or Disabled benefits/claim
- ☐ MO HealthNet for Families, Children, CHIP benefits/claim
- ☐ MO HealthNet Adult Expansion Group benefits/claim
- ☐ Blind Pension or Supplemental Aid to the Blind benefits / claim

Please explain why you are requesting your hearing be canceled.

I certify under penalty of perjury that all declarations made in this eligibility statement are true, accurate, and complete, to the best of my knowledge. If signing this electronically, I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Signature or Electronic Signature of Participant or Authorized Representative	**Date** (MM/DD/YYYY)

HOW TO SUBMIT

Complete and sign this request. Include any supporting documents. Submit in one of four ways:

Email	IMHearing.FSD@dss.mo.gov	Save this completed Hearing Request to your computer, then attach it (and any supporting documents)
Fax	**573-526-4554**	Send this completed Hearing Request (and any supporting documents)
Mail	PO Box 2700 Jefferson City MO 65102	
In-Person	https://dss.mo.gov/dss_map/	Visit website to locate an office.

SAVE PRINT RESET