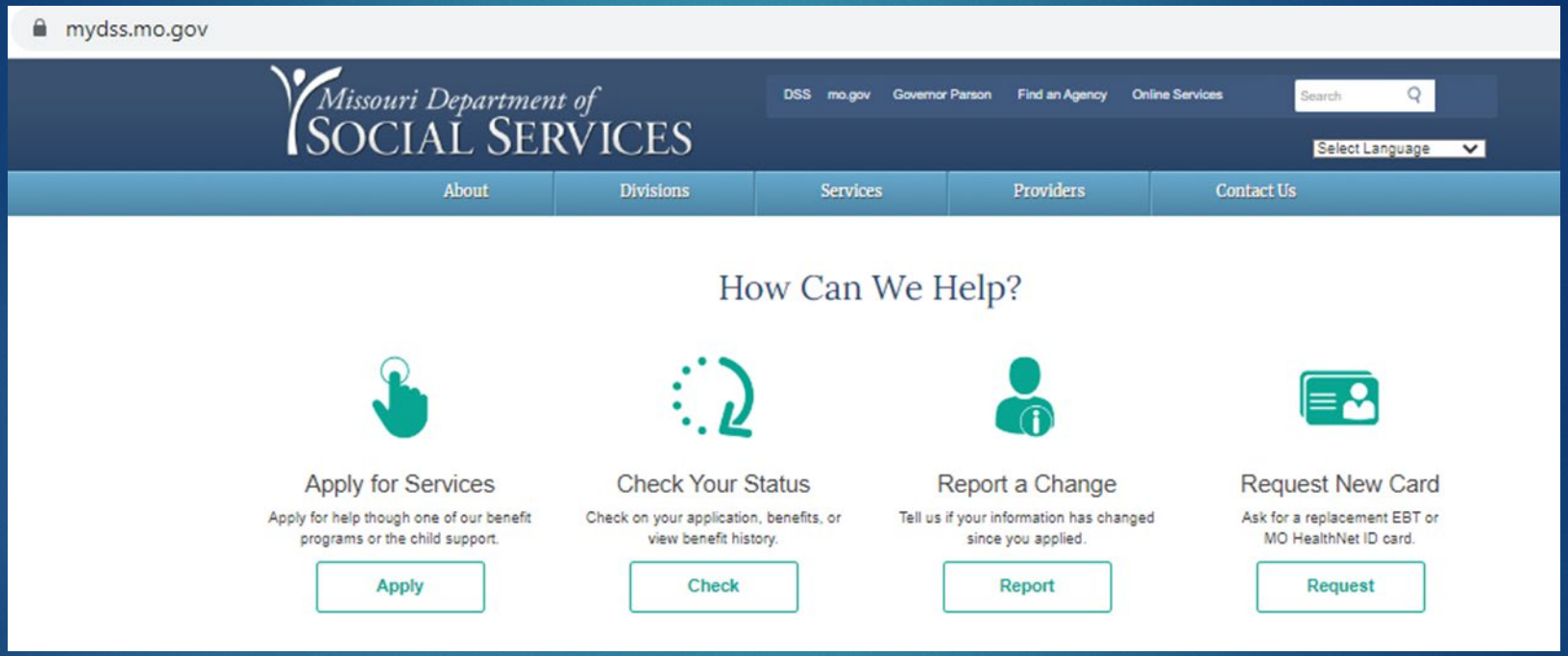
myDSS - Applications and Change Reports

For Family Support Division – Income Maintenance Programs

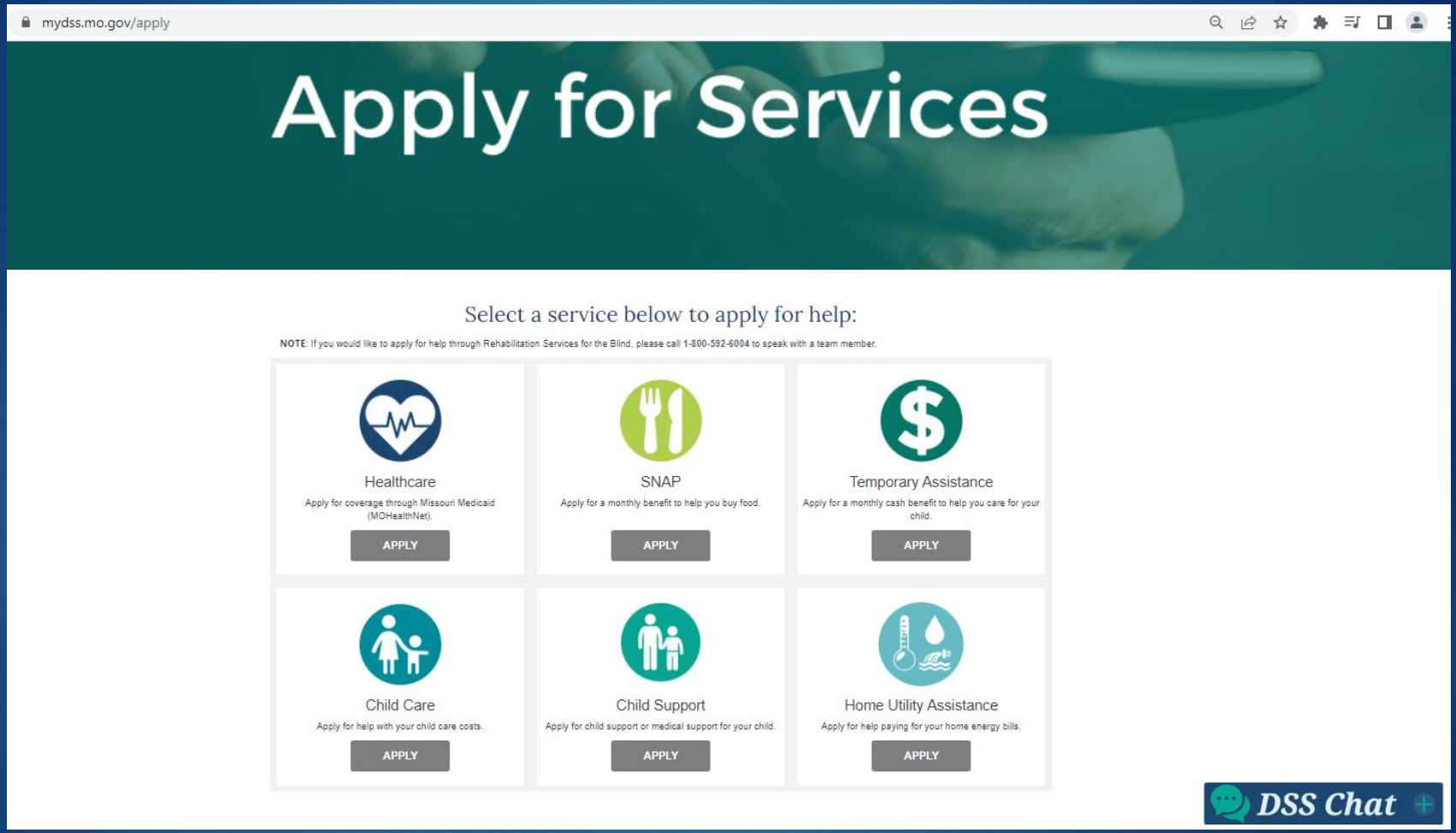
Casi Jones
Program Specialist
Program & Policy Unit

Apply Online

Family Support Division can be found online at myDSS.mo.gov



Apply Online



Apply for MO HealthNet

What help is available?

If you do not have health insurance or you need help paying for your health care, you may be eligible for coverage through Missouri's Medicaid program, called MO HealthNet.

Who is eligible?

Eligibility for MO HealthNet depends on your income, age, health, and individual needs. You may be eligible if you are a(n):

- Senior (age 65 and older)
- Parent or caretaker with a child (under age 19)
- Child (age birth -18)
- Woman (age 18-55) with no health insurance
- Adult (age 19-64) without disabilities
- Pregnant woman (including unborn child)
- Woman (under age 65) with breast or cervical cancer
- Person with disabilities
- Blind or visually impaired adult

How do I apply?

You can apply for healthcare coverage by completing these simple steps:

1

Apply

There are four ways you can apply for healthcare coverage:

- Apply through the online portal
- Apply by phone at 855-373-9994
- Download & print, or scan application (aplicación Español) - You must use Adobe Reader

2

Complete Form

You must complete & submit the Supplemental Form (Forma Español) with your application if you:

- Are age 65 or older
- Are blind or disabled
- Get Social Security
- Live in a medical or nursing facility
- Have Medicare or VA healthcare

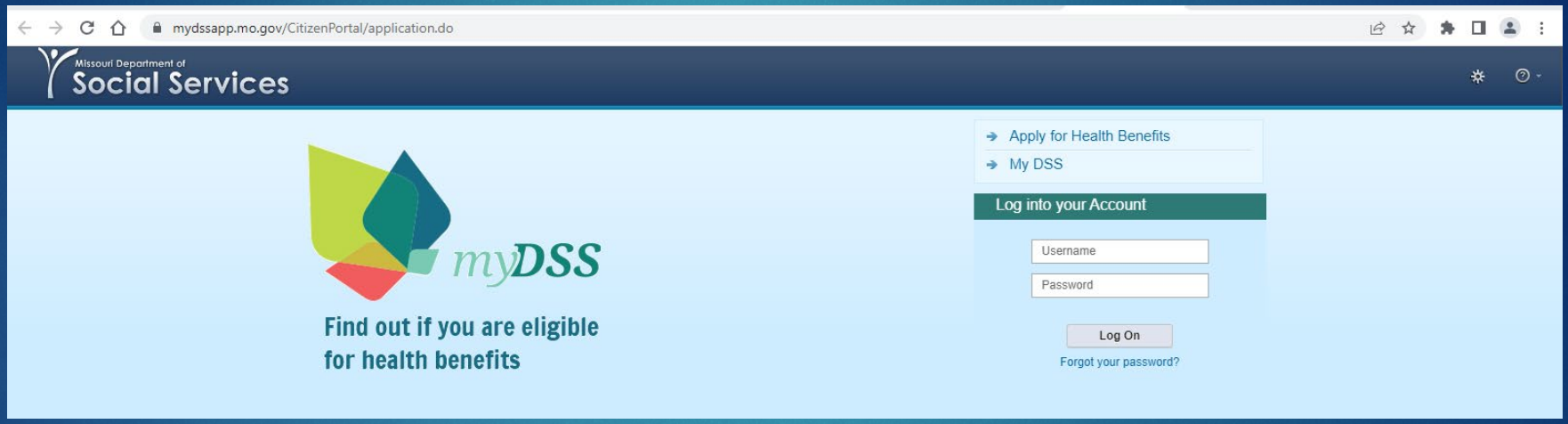
3

Submit

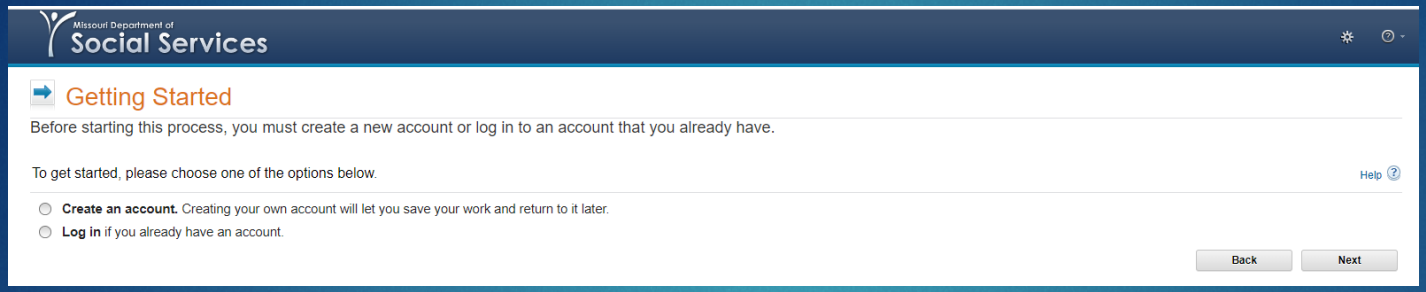
You can submit your completed form(s) in one of these ways:

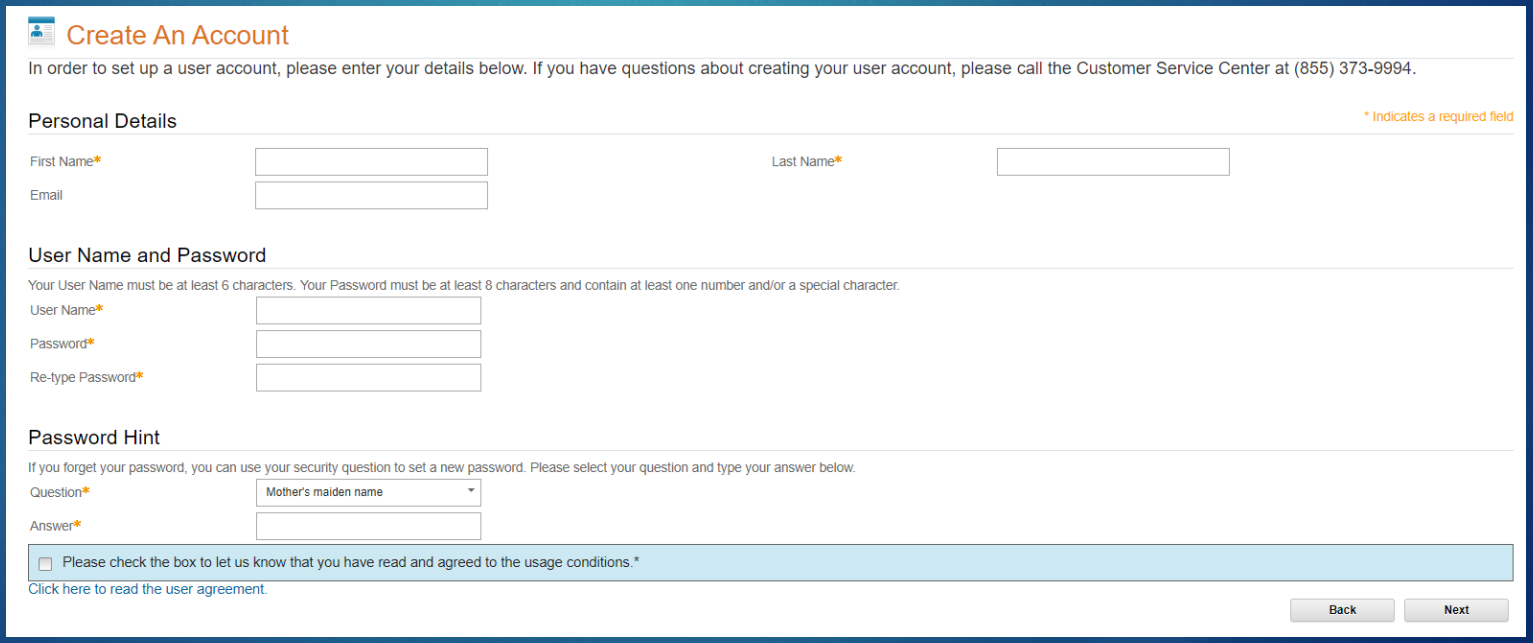
- **Online**: mydssupload.mo.gov
- **Mail**: Family Support Division
  615 E 13th St
  Kansas City, MO 64106
- **Fax**: 573-526-9400

MO HealthNet – Application Portal

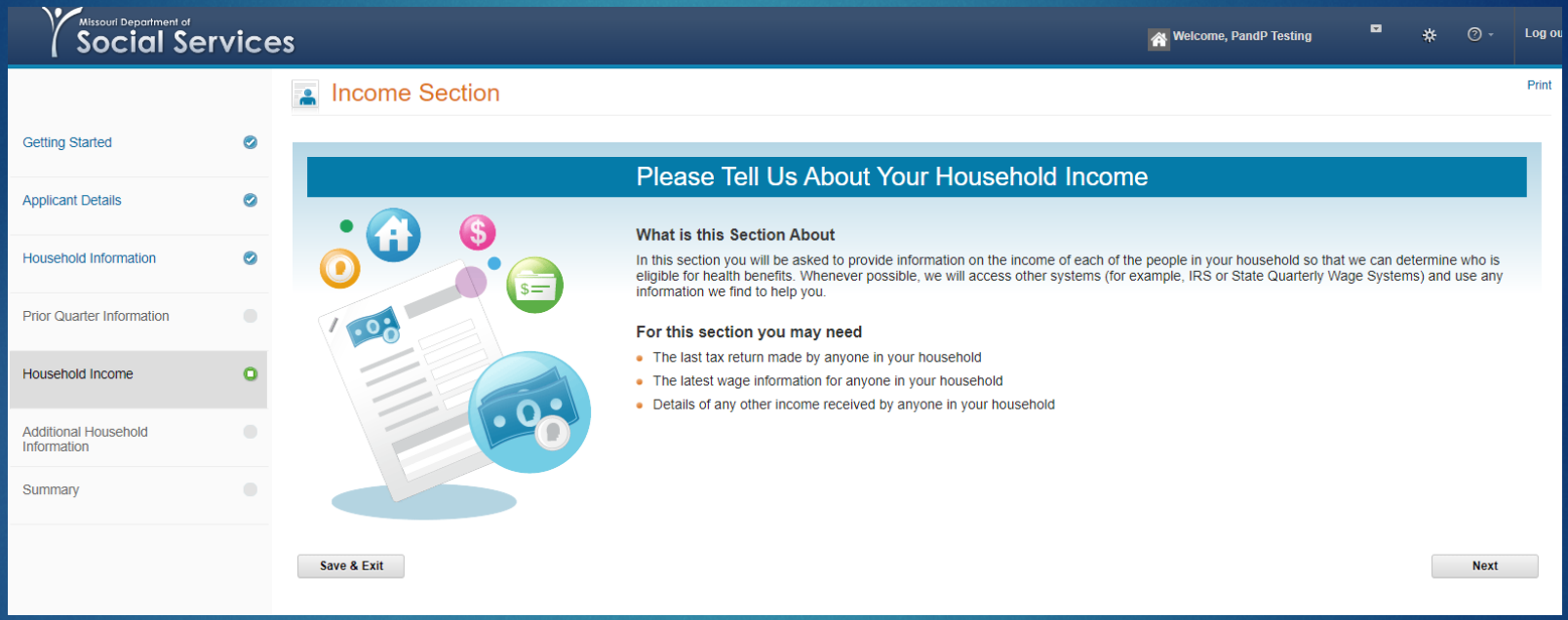


MO HealthNet – Application Portal





MO HealthNet – Application Portal



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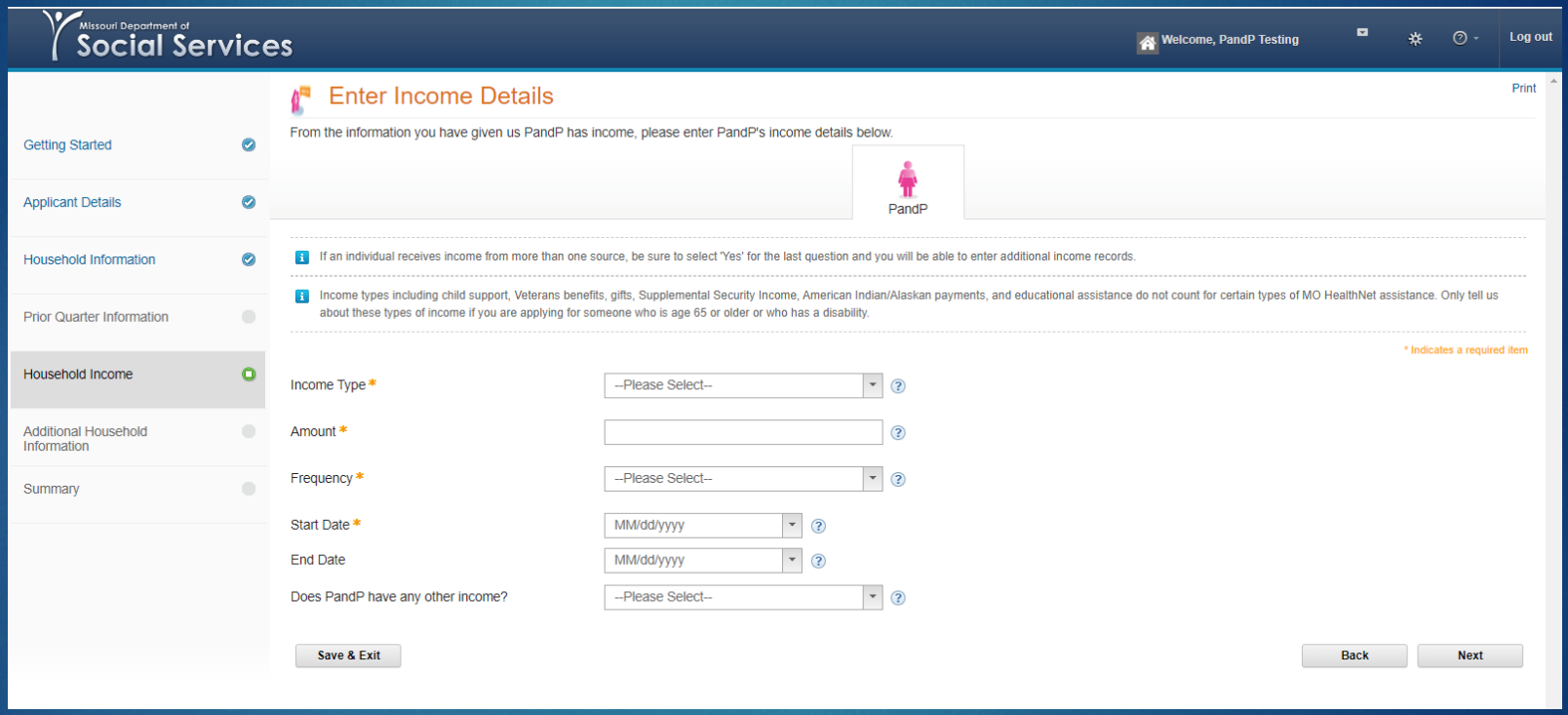

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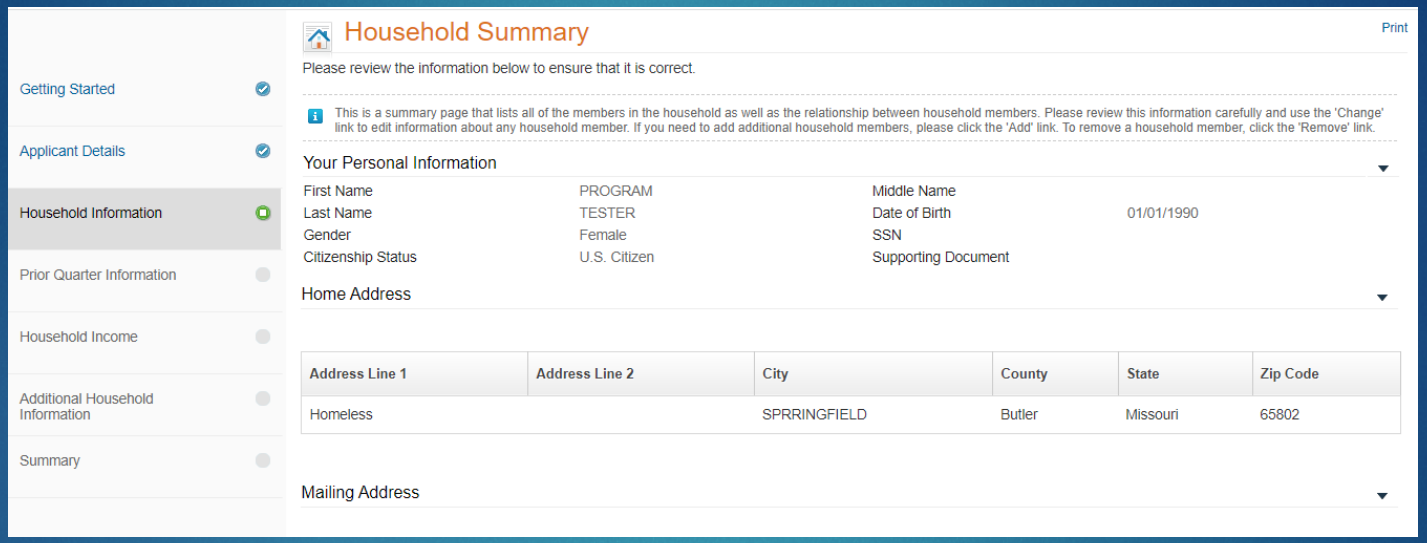

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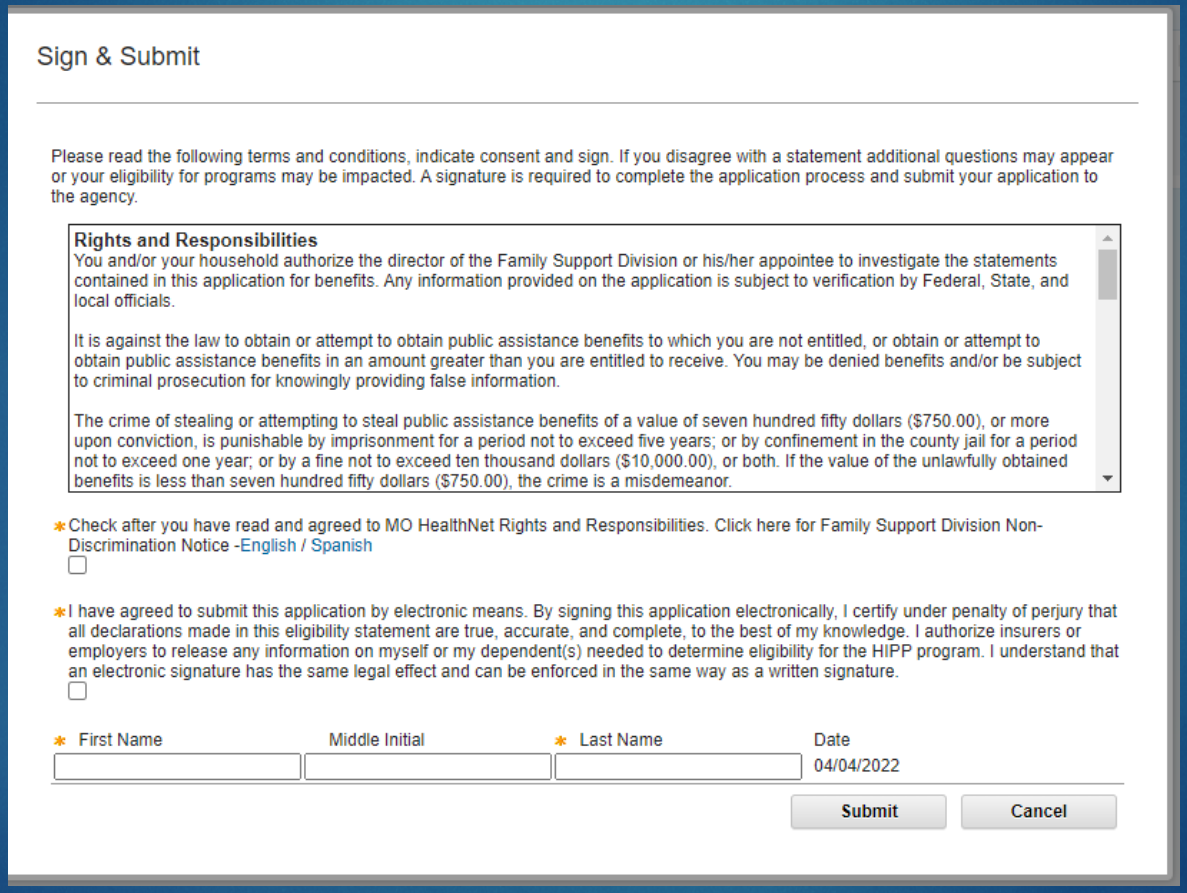


Sign & Submit

Please read the following terms and conditions, indicate consent and sign. If you disagree with a statement additional questions may appear or your eligibility for programs may be impacted. A signature is required to complete the application process and submit your application to the agency.

Rights and Responsibilities
You and/or your household authorize the director of the Family Support Division or his/her appointee to investigate the statements contained in this application for benefits. Any information provided on the application is subject to verification by Federal, State, and local officials.

It is against the law to obtain or attempt to obtain public assistance benefits to which you are not entitled, or obtain or attempt to obtain public assistance benefits in an amount greater than you are entitled to receive. You may be denied benefits and/or be subject to criminal prosecution for knowingly providing false information.

The crime of stealing or attempting to steal public assistance benefits of a value of seven hundred fifty dollars ($750.00), or more upon conviction, is punishable by imprisonment for a period not to exceed five years; or by confinement in the county jail for a period not to exceed one year; or by a fine not to exceed ten thousand dollars ($10,000.00), or both. If the value of the unlawfully obtained benefits is less than seven hundred fifty dollars ($750.00), the crime is a misdemeanor.

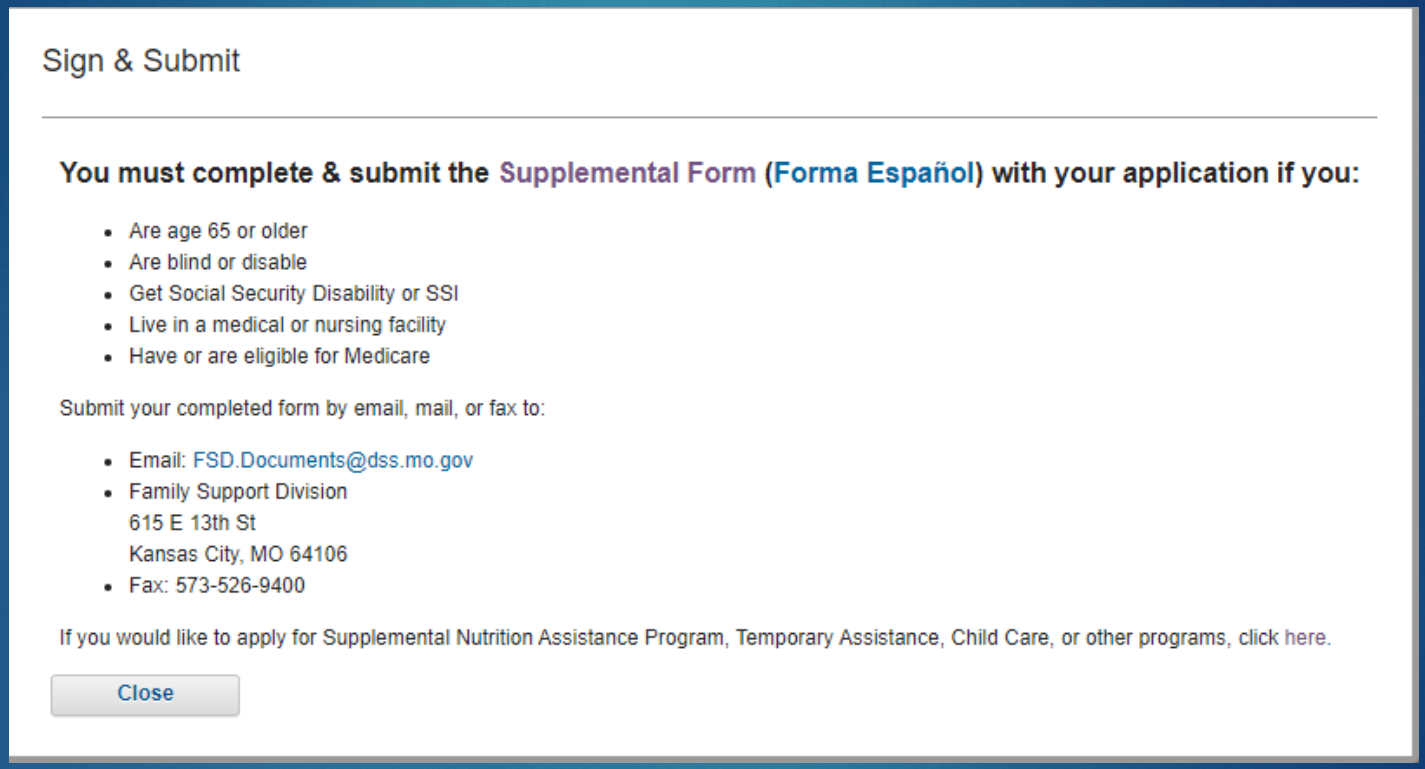
* Check after you have read and agreed to MO HealthNet Rights and Responsibilities. Click here for Family Support Division Non-Discrimination Notice -English / Spanish

* I have agreed to submit this application by electronic means. By signing this application electronically, 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. I authorize insurers or employers to release any information on myself or my dependent(s) needed to determine eligibility for the HIPP program. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

* First Name	Middle Initial	* Last Name	Date
			04/04/2022

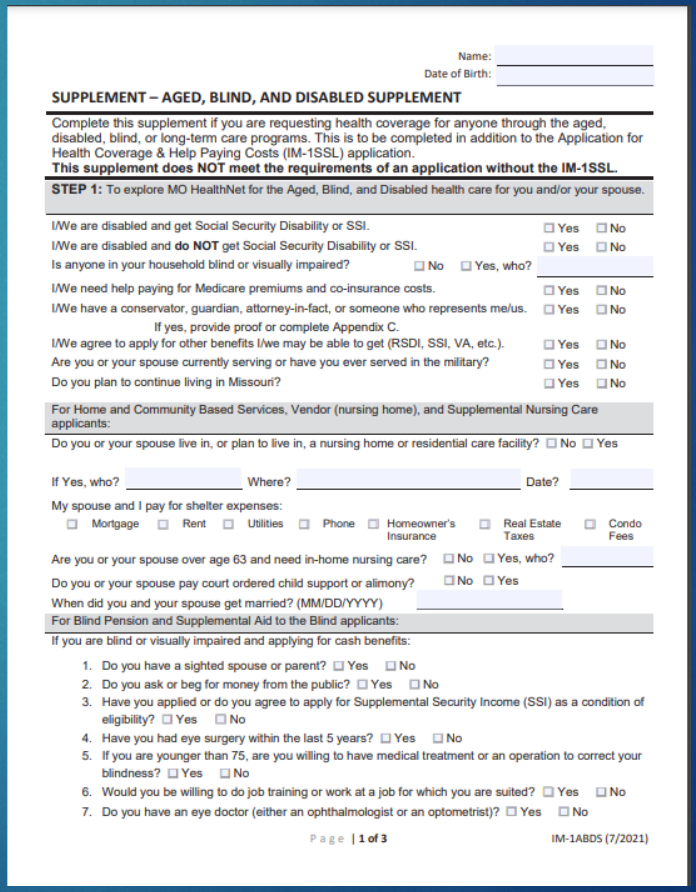
Submit Cancel

MO HealthNet – Application Portal



MO HealthNet – Aged, Blind, and Disabled Supplement

- From the Application Portal Sign & Submit page



Name:
Date of Birth:

SUPPLEMENT – AGED, BLIND, AND DISABLED SUPPLEMENT

Complete this supplement if you are requesting health coverage for anyone through the aged, disabled, blind, or long-term care programs. This is to be completed in addition to the Application for Health Coverage & Help Paying Costs (IM-1SSL) application.
This supplement does NOT meet the requirements of an application without the IM-1SSL.

STEP 1: To explore MO HealthNet for the Aged, Blind, and Disabled health care for you and/or your spouse.

I/We are disabled and get Social Security Disability or SSI. ☐ Yes ☐ No
I/We are disabled and **do NOT** get Social Security Disability or SSI. ☐ Yes ☐ No
Is anyone in your household blind or visually impaired? ☐ No ☐ Yes, who?
I/We need help paying for Medicare premiums and co-insurance costs. ☐ Yes ☐ No
I/We have a conservator, guardian, attorney-in-fact, or someone who represents me/us. ☐ Yes ☐ No
If yes, provide proof or complete Appendix C.
I/We agree to apply for other benefits I/we may be able to get (RSDI, SSI, VA, etc.). ☐ Yes ☐ No
Are you or your spouse currently serving or have you ever served in the military? ☐ Yes ☐ No
Do you plan to continue living in Missouri? ☐ Yes ☐ No

For Home and Community Based Services, Vendor (nursing home), and Supplemental Nursing Care applicants:

Do you or your spouse live in, or plan to live in, a nursing home or residential care facility? ☐ No ☐ Yes

If Yes, who? Where? Date?

My spouse and I pay for shelter expenses:
☐ Mortgage ☐ Rent ☐ Utilities ☐ Phone ☐ Homeowner's Insurance ☐ Real Estate Taxes ☐ Condo Fees

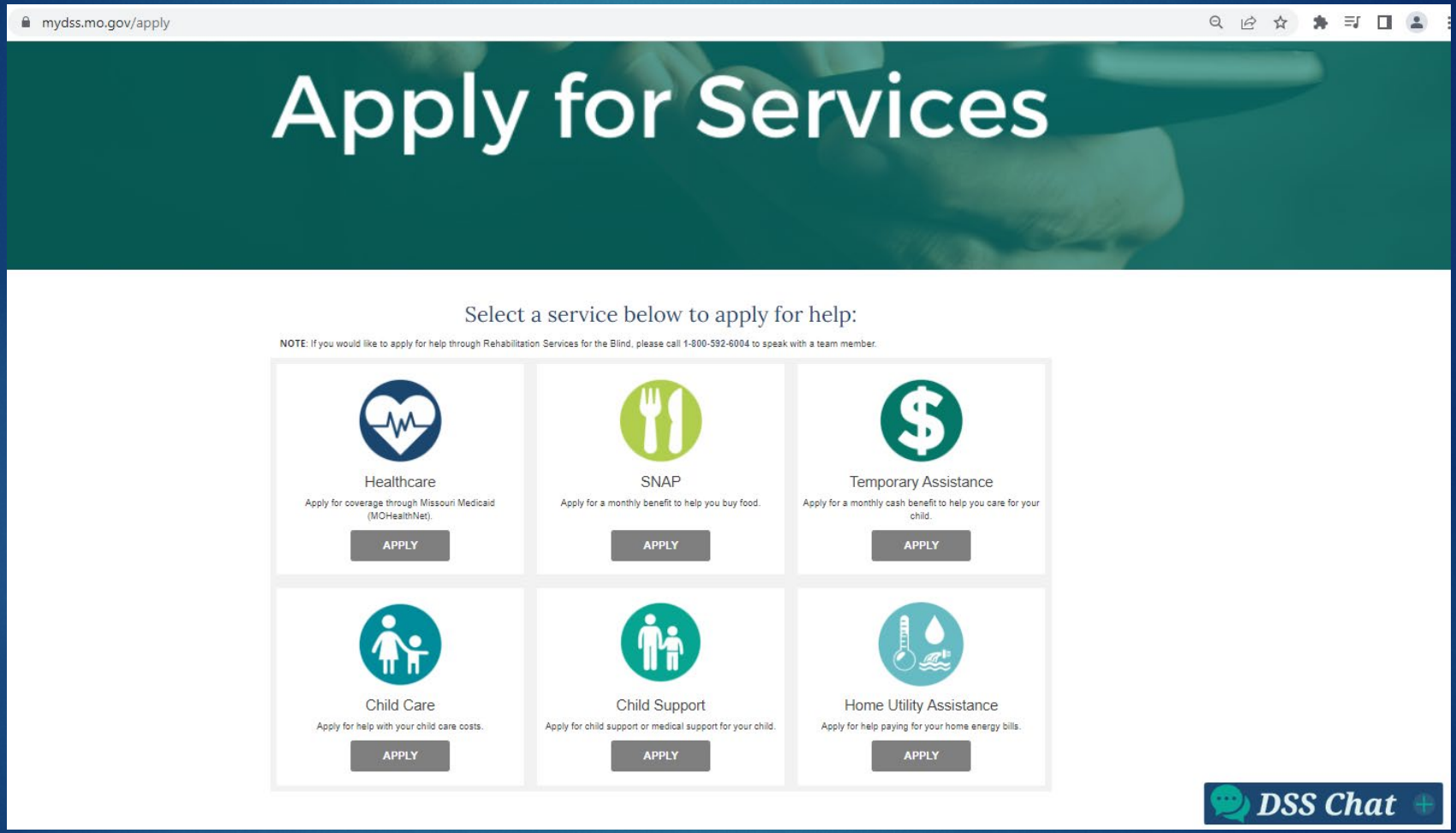
Are you or your spouse over age 63 and need in-home nursing care? ☐ No ☐ Yes, who?
Do you or your spouse pay court ordered child support or alimony? ☐ No ☐ Yes
When did you and your spouse get married? (MM/DD/YYYY)

For Blind Pension and Supplemental Aid to the Blind applicants:

If you are blind or visually impaired and applying for cash benefits:

1. Do you have a sighted spouse or parent? ☐ Yes ☐ No
2. Do you ask or beg for money from the public? ☐ Yes ☐ No
3. Have you applied or do you agree to apply for Supplemental Security Income (SSI) as a condition of eligibility? ☐ Yes ☐ No
4. Have you had eye surgery within the last 5 years? ☐ Yes ☐ No
5. If you are younger than 75, are you willing to have medical treatment or an operation to correct your blindness? ☐ Yes ☐ No
6. Would you be willing to do job training or work at a job for which you are suited? ☐ Yes ☐ No
7. Do you have an eye doctor (either an ophthalmologist or an optometrist)? ☐ Yes ☐ No

Apply Online



Apply for SNAP

What is SNAP?

The Supplemental Nutrition Assistance Program (SNAP) offers a monthly benefit to help you buy food and food products, such as seeds and plants to grow food. This monthly benefit is loaded to an Electronic Benefit Transfer (EBT) card and cannot be withdrawn as cash. Your monthly benefit amount will depend on your income and the size of your household.

Who is eligible?

You may be eligible for SNAP if you:

- Live in Missouri
- Have (or agree to apply for) a Social Security Number for all members of your household
- Do not make more than the current income limit
- Do not own more than $2,500 in resources ($3,750 if everyone in your household is over the age of 60 or disabled)
    - Resources do not include your home, vehicle(s), life insurance, burial plots or prepaid burials, personal property that does not bring in an income, savings and pension plans, Indian and Alaskan Native payments, or any resources you do not have access to

NOTE: If any member of your household was convicted after August 22, 1996 of a felony or any crime related to illegal possession, use, or distribution of a controlled substance, or is a fleeing felon and is in violation of a condition of their probation or parole, they may not be able to get SNAP benefits for themselves.

How do I apply?

Complete these three simple steps to apply for SNAP:

1

Apply

- You can apply for SNAP online or by printing and filling out a paper application:
    - Apply Online
    - Download & print, or scan application (aplicación Español) - You must use Adobe Reader

2

Submit Application

You can submit your completed form(s) in one of these ways:

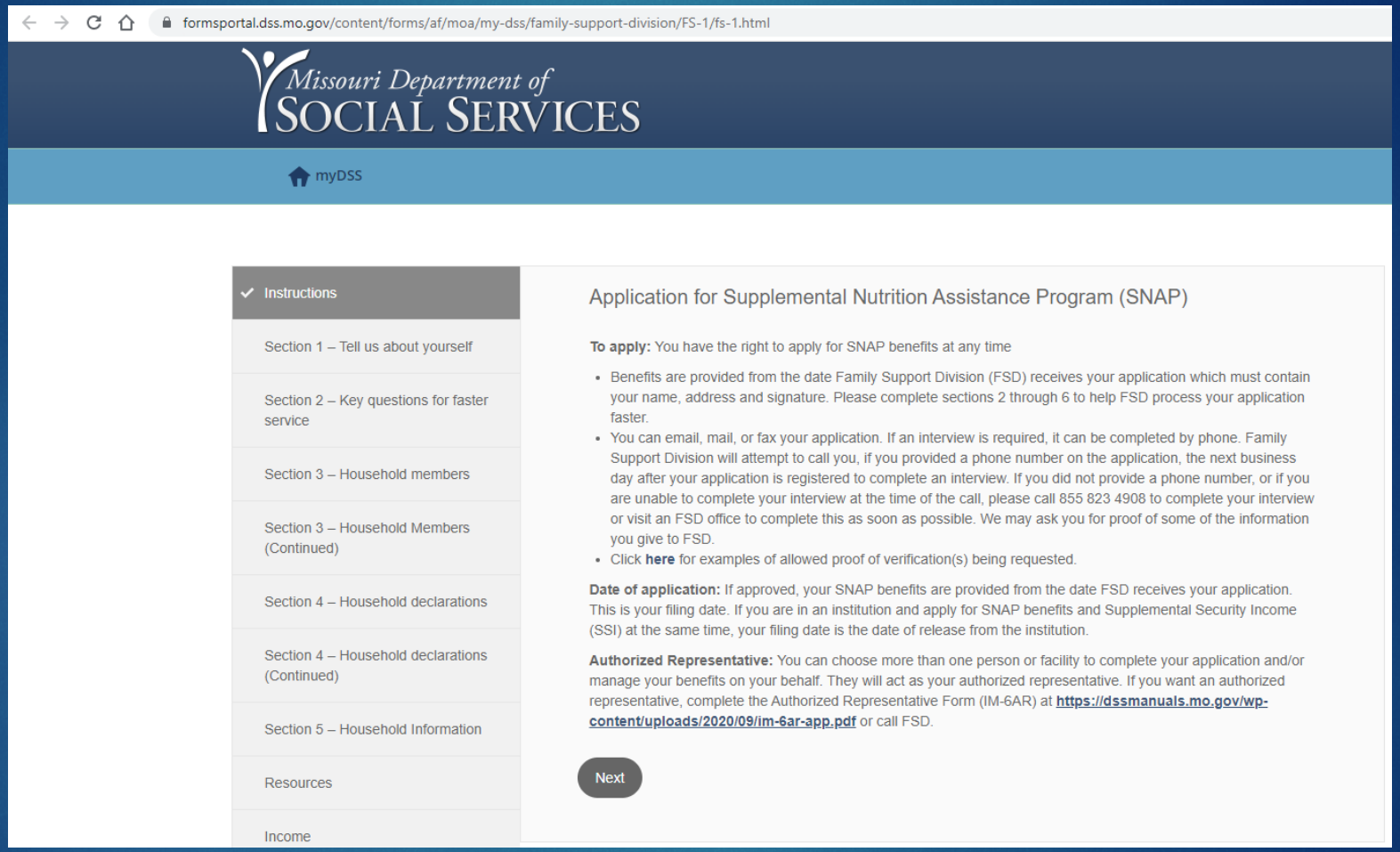
- **Online**: mydssupload.mo.gov
- **Mail**: Family Support Division
  615 E 13th St
  Kansas City, MO 64106
- **Fax**: 573-526-9400

3

Interview

- If required, we will call you to complete an interview after we get your application
- If you miss this call, you can visit your local resource center or call us back at **855-823-4908** to complete your interview
- For more information about how to complete your interview, review the **SNAP FAQs**

Apply for SNAP



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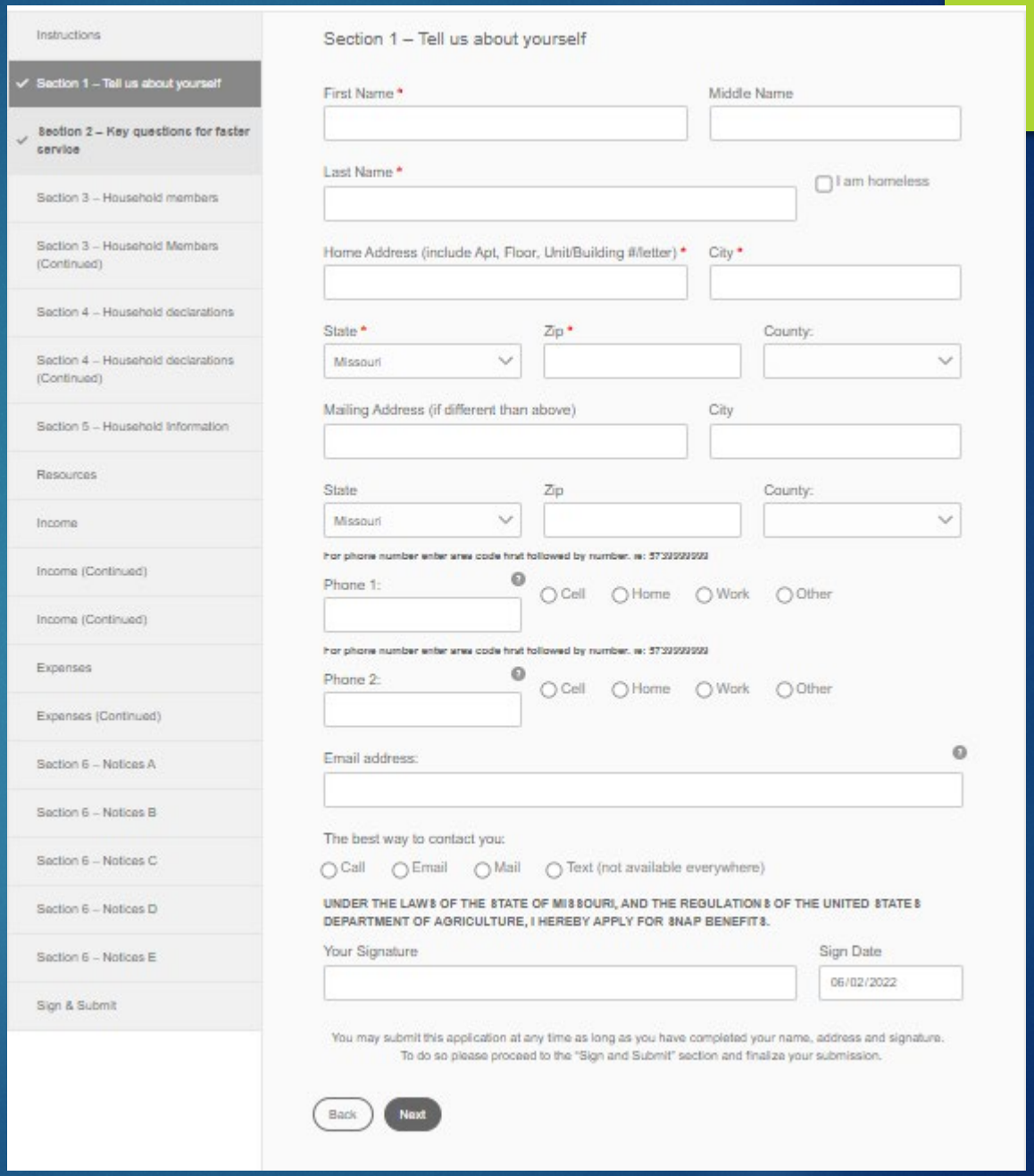

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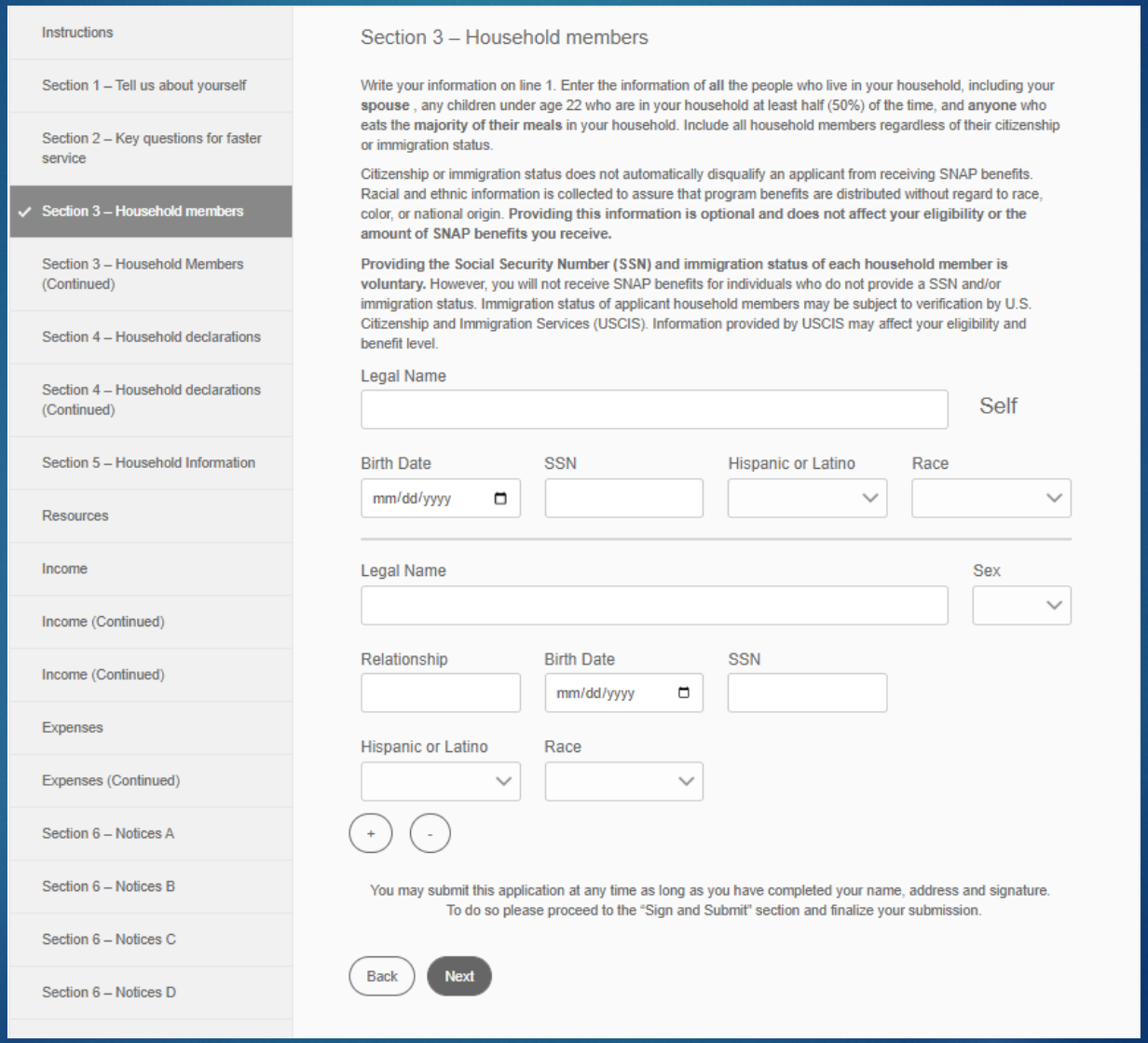

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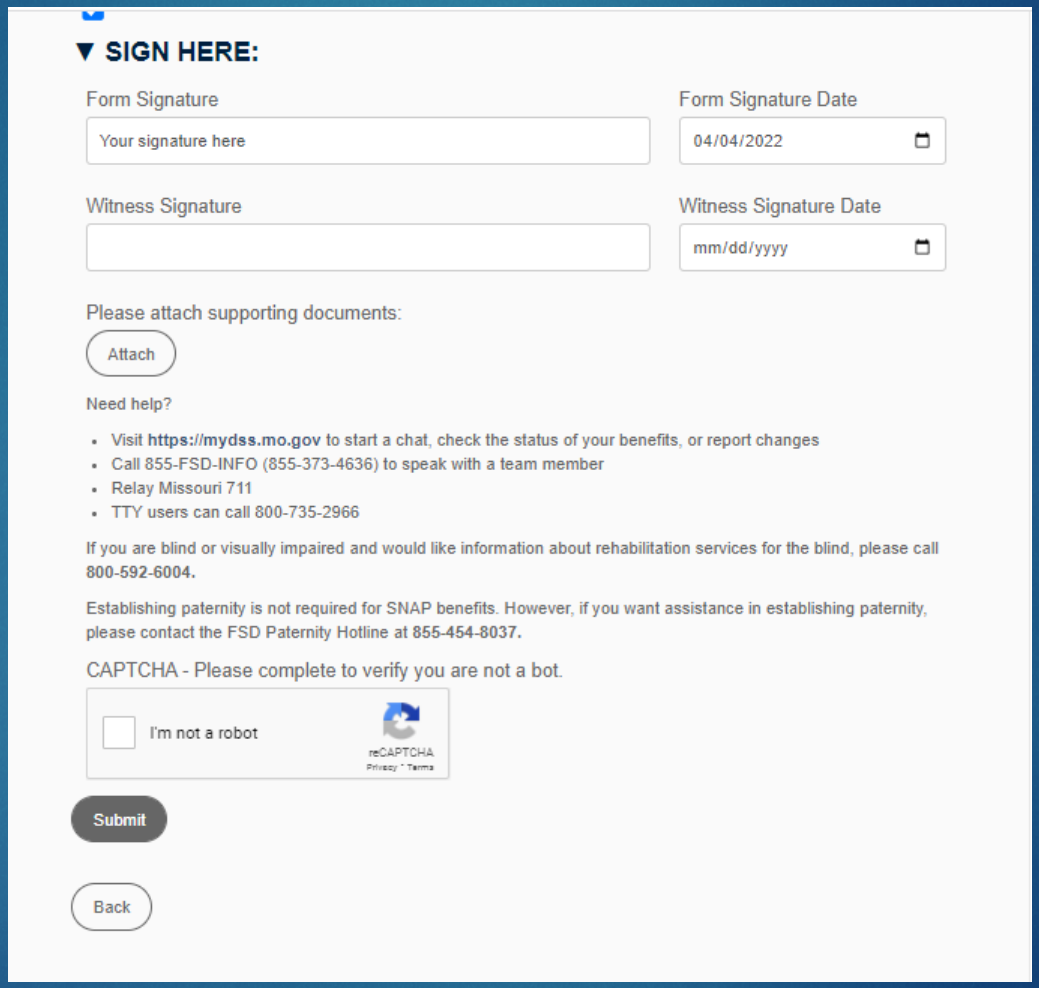


▼ SIGN HERE:

Form Signature

Your signature here

Form Signature Date

04/04/2022

Witness Signature

Witness Signature Date

mm/dd/yyyy

Please attach supporting documents:

Attach

Need help?

- Visit **https://mydss.mo.gov** to start a chat, check the status of your benefits, or report changes
- Call 855-FSD-INFO (855-373-4636) to speak with a team member
- Relay Missouri 711
- TTY users can call 800-735-2966

If you are blind or visually impaired and would like information about rehabilitation services for the blind, please call **800-592-6004.**

Establishing paternity is not required for SNAP benefits. However, if you want assistance in establishing paternity, please contact the FSD Paternity Hotline at **855-454-8037.**

CAPTCHA - Please complete to verify you are not a bot.

I'm not a robot

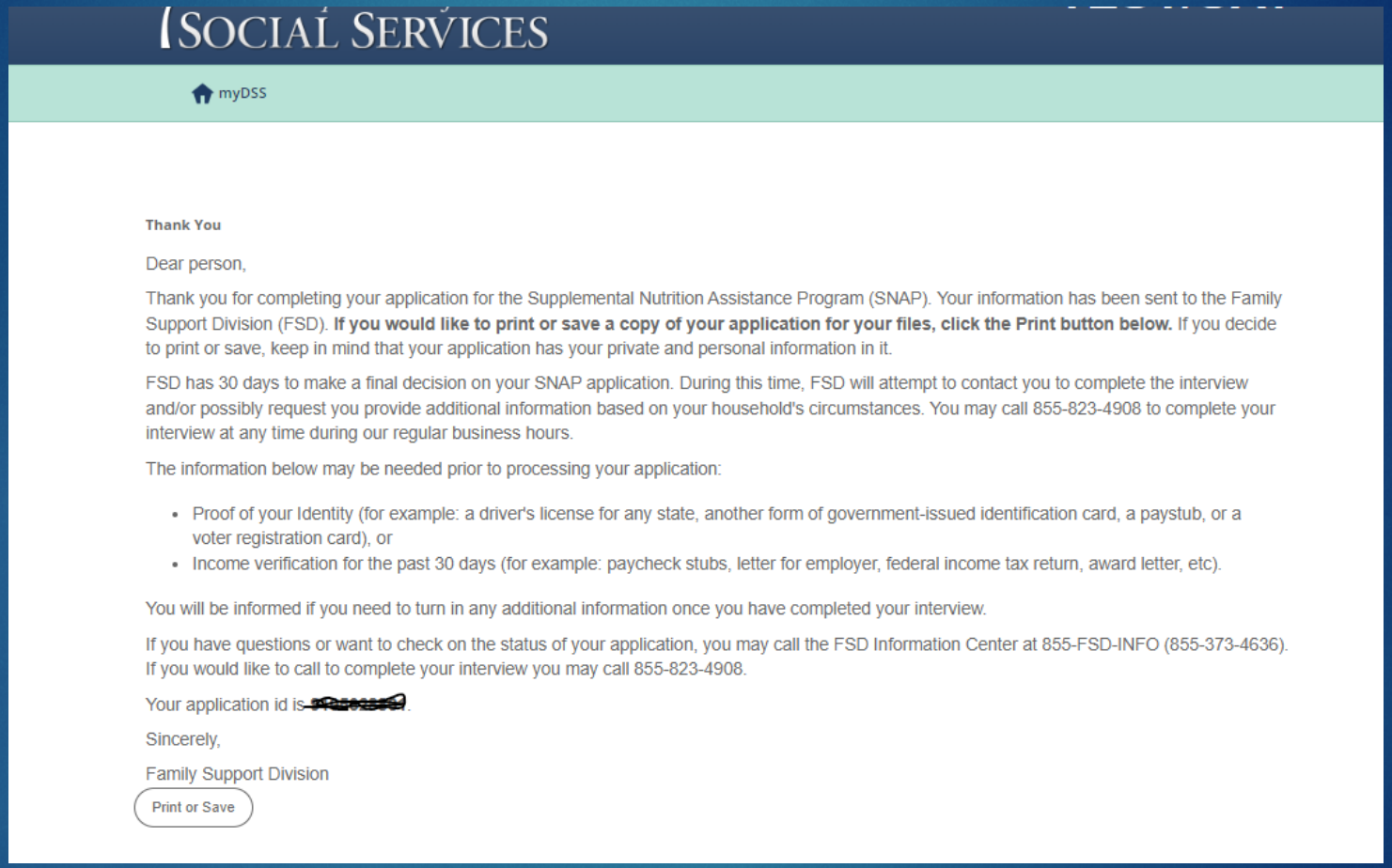
reCAPTCHA

Privacy - Terms

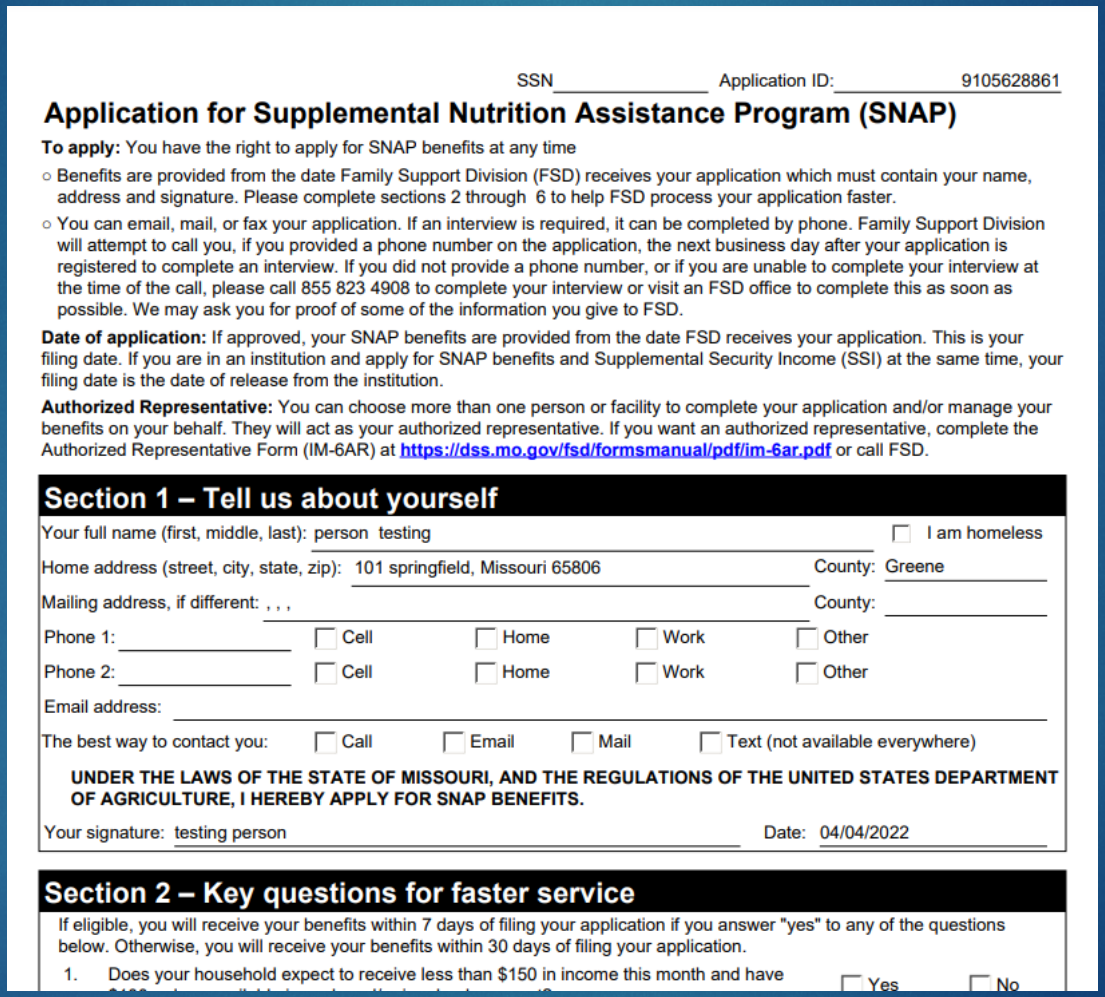
Submit

Back

Apply for SNAP



Apply for SNAP



SSN _____ Application ID: 9105628861

Application for Supplemental Nutrition Assistance Program (SNAP)

To apply: You have the right to apply for SNAP benefits at any time

- Benefits are provided from the date Family Support Division (FSD) receives your application which must contain your name, address and signature. Please complete sections 2 through 6 to help FSD process your application faster.
- You can email, mail, or fax your application. If an interview is required, it can be completed by phone. Family Support Division will attempt to call you, if you provided a phone number on the application, the next business day after your application is registered to complete an interview. If you did not provide a phone number, or if you are unable to complete your interview at the time of the call, please call 855 823 4908 to complete your interview or visit an FSD office to complete this as soon as possible. We may ask you for proof of some of the information you give to FSD.

Date of application: If approved, your SNAP benefits are provided from the date FSD receives your application. This is your filing date. If you are in an institution and apply for SNAP benefits and Supplemental Security Income (SSI) at the same time, your filing date is the date of release from the institution.

Authorized Representative: You can choose more than one person or facility to complete your application and/or manage your benefits on your behalf. They will act as your authorized representative. If you want an authorized representative, complete the Authorized Representative Form (IM-6AR) at https://dss.mo.gov/fsd/formsmanual/pdf/im-6ar.pdf or call FSD.

Section 1 – Tell us about yourself

Your full name (first, middle, last): person testing ☐ I am homeless

Home address (street, city, state, zip): 101 springfield, Missouri 65806 County: Greene

Mailing address, if different: , , , County: _____

Phone 1: _____ ☐ Cell ☐ Home ☐ Work ☐ Other

Phone 2: _____ ☐ Cell ☐ Home ☐ Work ☐ Other

Email address: _____

The best way to contact you: ☐ Call ☐ Email ☐ Mail ☐ Text (not available everywhere)

UNDER THE LAWS OF THE STATE OF MISSOURI, AND THE REGULATIONS OF THE UNITED STATES DEPARTMENT OF AGRICULTURE, I HEREBY APPLY FOR SNAP BENEFITS.

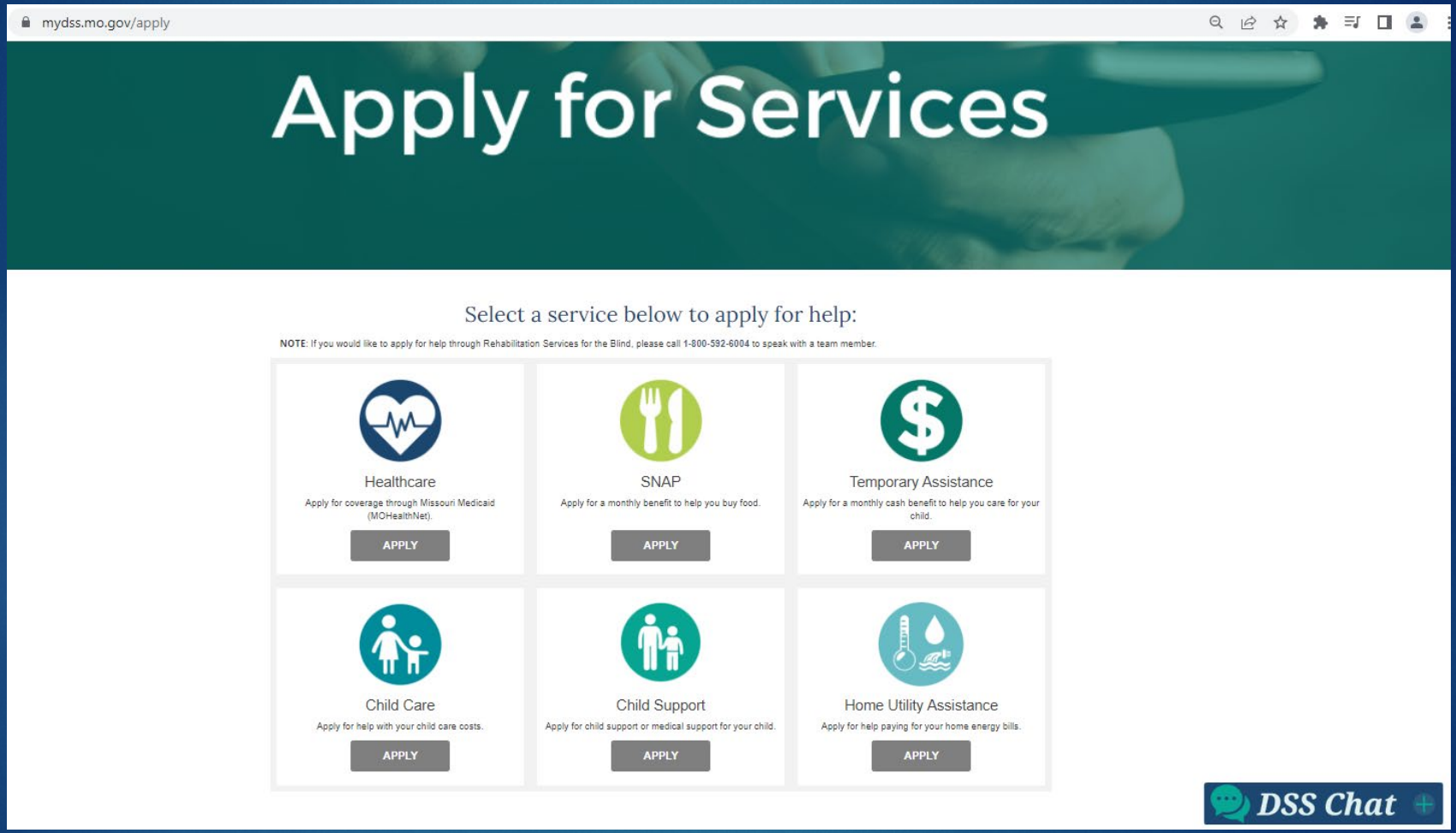
Your signature: testing person Date: 04/04/2022

Section 2 – Key questions for faster service

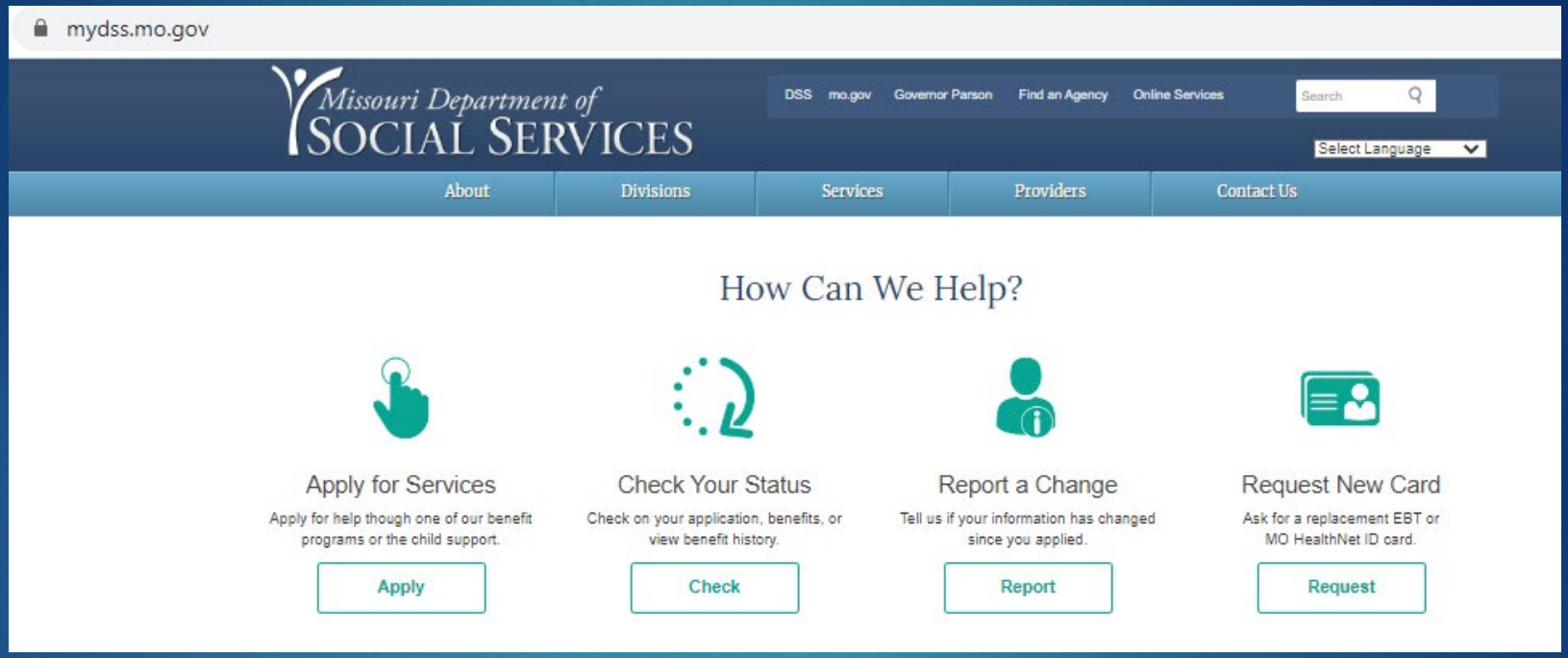
If eligible, you will receive your benefits within 7 days of filing your application if you answer "yes" to any of the questions below. Otherwise, you will receive your benefits within 30 days of filing your application.

1. Does your household expect to receive less than $150 in income this month and have ☐ Yes ☐ No

Apply Online



Check Your Status



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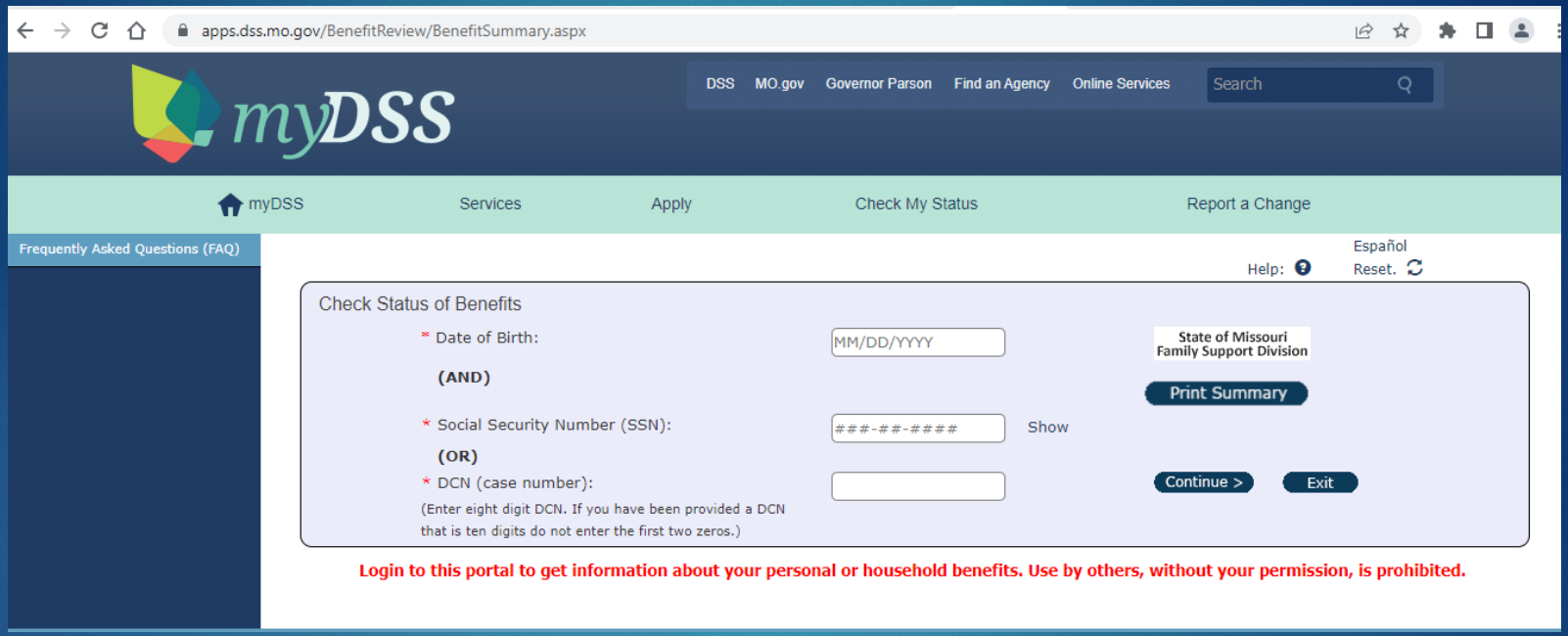


Check Your Status

Food Stamps benefit Summary

Case Information:

Case Status	Household Member(s)	Certification Begin Date	Certification End Date
ACT	[redacted]	04/01/2022	03/31/2024

Payments:

Benefit Month	Issue Date	Amount
06/2022	06/09/2022	$ 34
05/2022	05/09/2022	$ 34

Your ongoing benefit amount is $34 /month

You may call the EBT card at 800-997-7777 or login to your Edge EBT account online **here**, to confirm available benefits 24/7

Medical Assistance Benefit Summary

Case Information:

Case Status	Household Member(s)	Eligibility Review Due
ACT	[redacted]	04/30/2023

Current Benefit Information:

Customer Name	Coverage Type ⓘ	Current Coverage Start	Current Coverage End
[redacted]	QMB	04/01/2013	
[redacted]	MHSD	04/01/2013	

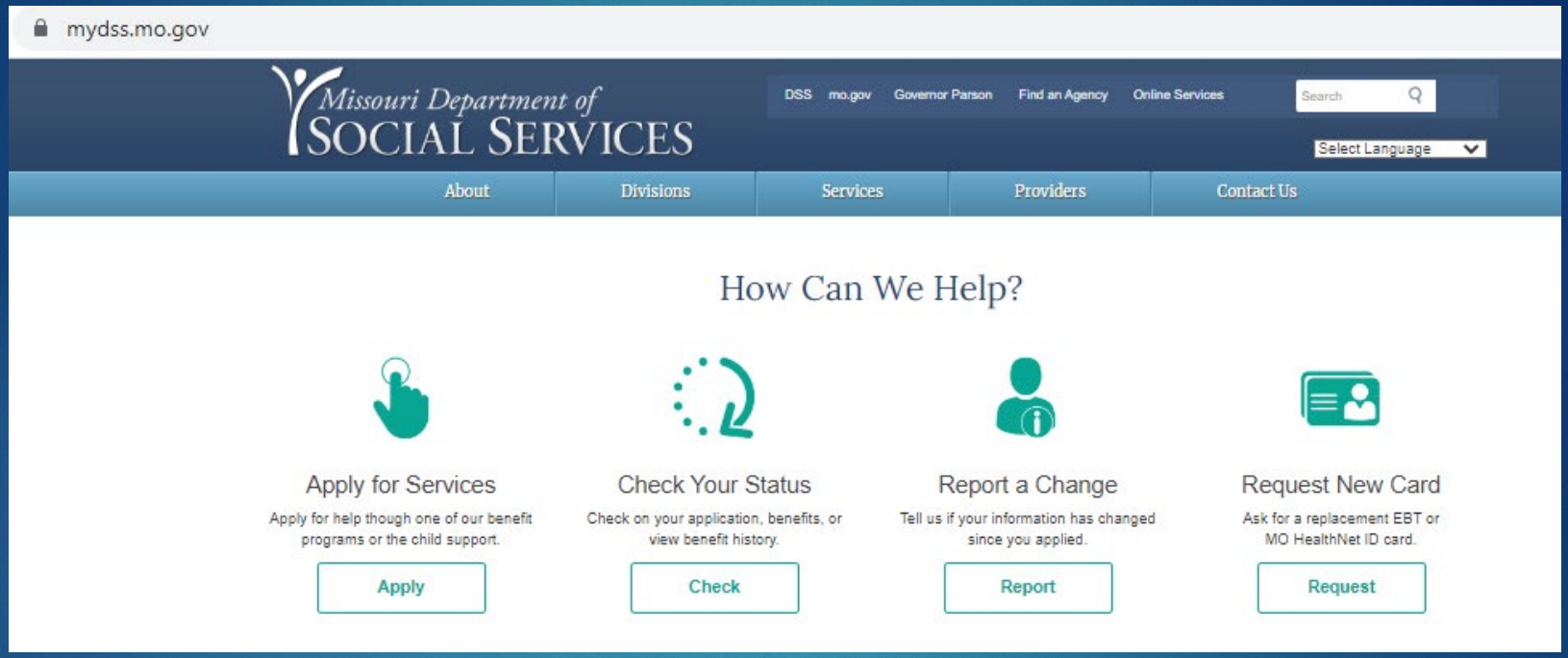
More Coverage Type Information

Premium/Spend Down Payment Information: **Note: if you recently sent your premium payment, allow 10-14 days for your coverage to show or become active**

Customer Name	Coverage Type	Monthly Amount	Amount Met	Amount Remaining	As Of Date
[redacted]	MHSD	$ 38	$ 0	$38	06/02/2022

If you feel any information is incorrect, contact the Customer Service Center at 855-373-4636.

Report Changes



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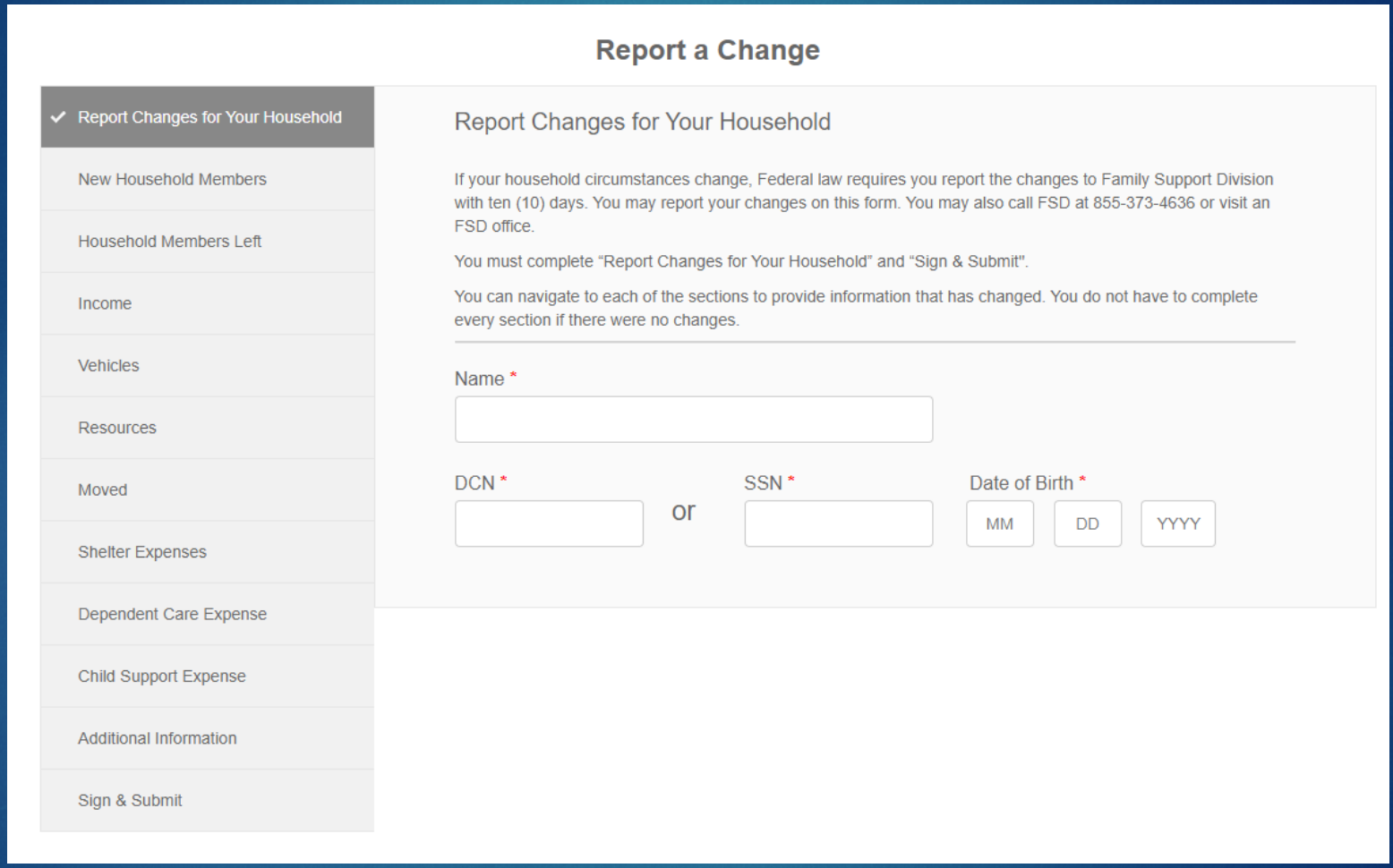

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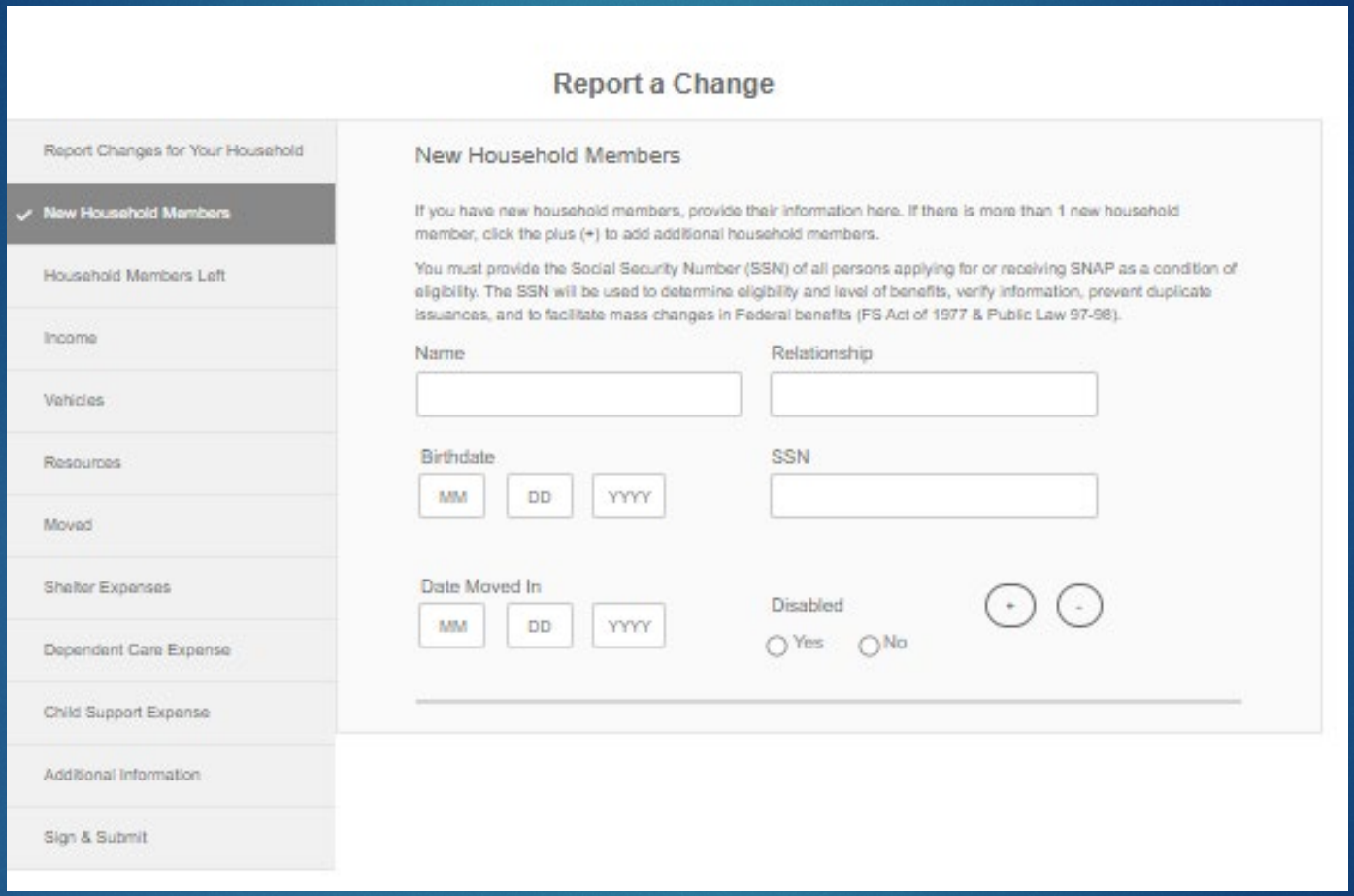
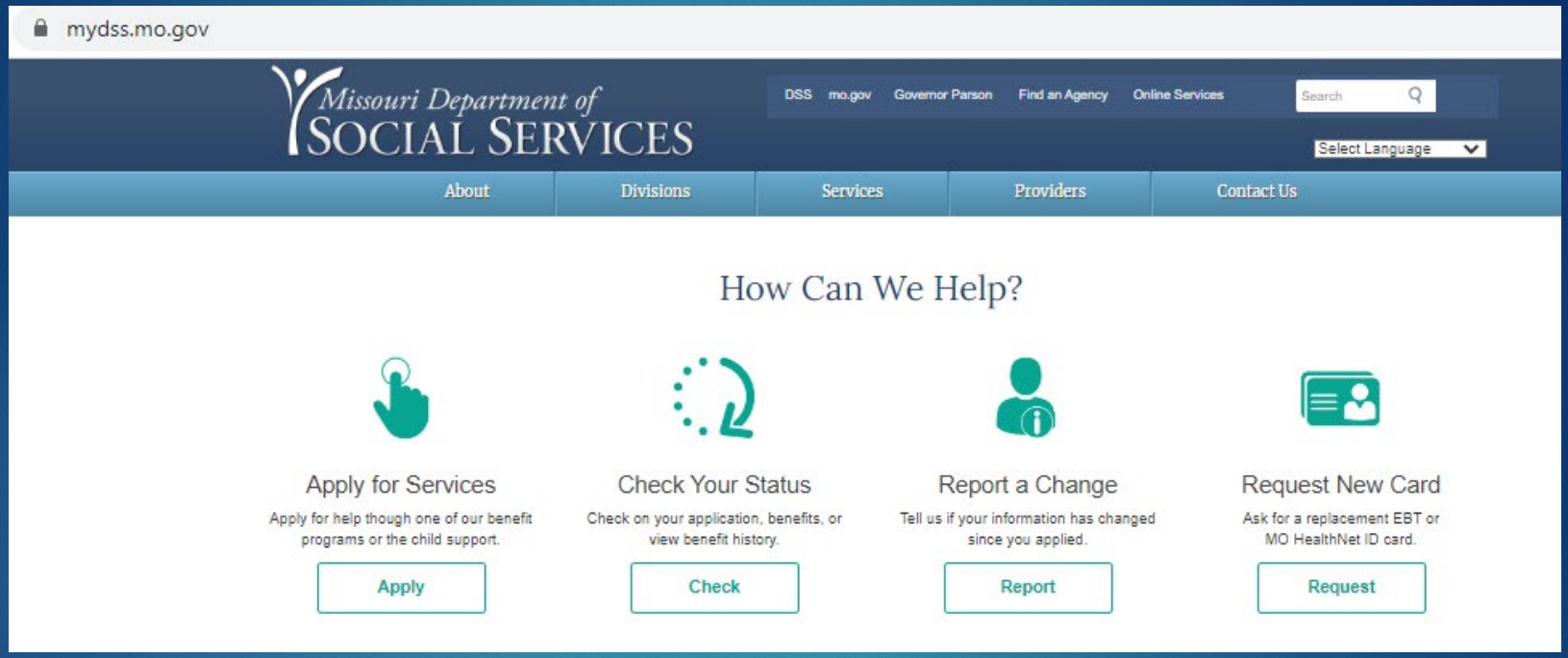


Request New Card



Request New Card

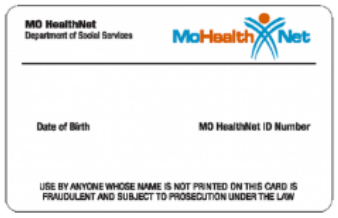
Request New Card

EBT Card

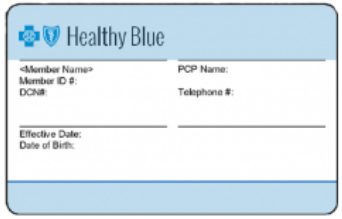
If your EBT card has been lost, stolen, or damaged, please call 800-997-7777 to ask for a replacement EBT card. You can also call the FSD Information Center at 855-FSD-INFO (855-373-4636).

Healthcare Card

If you need a new MO HealthNet ID card, please call 855-FSD-INFO (855-373-4636). If you need a new Managed Care health plan card, please reach out to your health plan directly:



MO HealthNet
855-373-4636



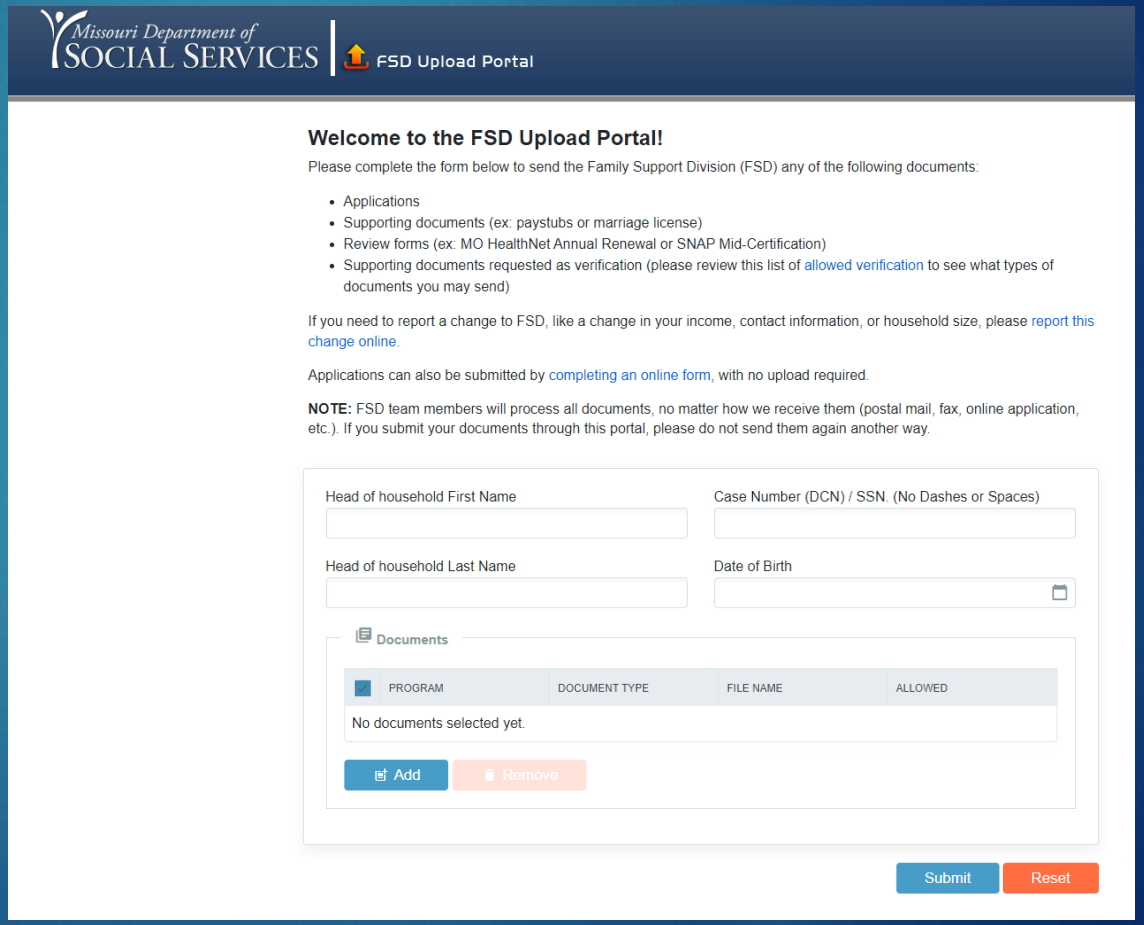
Healthy Blue
833-388-1407

United Healthcare
866-292-0359

Home State Health
855-694-4663

Upload Portal – mydssupload.mo.gov

- The new FSD Upload Portal is now available. This allows participants to submit electronic documents online without having to create an account. This will replace the existing email address.



Questions?