



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 FAMILY SUPPORT DIVISION  
**CUSTOMER SERVICE**

NAME (FIRST, MIDDLE, LAST)		TELEPHONE NUMBER	DCN/CASE NUMBER AND/OR SOCIAL SECURITY NUMBER*
MAILING ADDRESS			
CITY		STATE	ZIP CODE

\*You do not have to provide your Social Security number (SSN) on this document. However, providing your SSN may result in a more timely response to your submission.

The Family Support Division (FSD) welcomes your comments, concerns, and compliments.

Please check the box of the FSD program you are commenting about. A representative from the program indicated below will respond to your submission.

- |   |   |
|---|---|
| <input type="checkbox"/> Food Stamps            | <input type="checkbox"/> Child Care             |
| <input type="checkbox"/> MoHealthNet            | <input type="checkbox"/> Temporary Assistance   |
| <input type="checkbox"/> Services for the Blind | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Child Support*         |   |

\*FSD **cannot** resolve child support actions taken by the court, such as custody, visitation or spousal support orders. Only the court can address those issues.

Please complete and submit this form to:

Customer Relations Unit  
 Family Support Division  
 PO Box 2320  
 Jefferson City, MO 65102-2320  
 FAX: 573-526-1408

**COMMENTS SECTION** (If you need more space, you may continue on another page and attach it to this form.)

SIGNATURE	DATE SUBMITTED
-----------	----------------