



STATE OF MISSOURI  
 DEPARTMENT OF SOCIAL SERVICES  
 CHAMPION FOR CHILDREN TAX CREDIT  
**AGENCY ELIGIBILITY VERIFICATION APPLICATION**

LEGAL NAME OF ORGANIZATION		TAX IDENTIFICATION NUMBER
MAILING ADDRESS (INCLUDE ADDRESS, CITY, STATE AND ZIP CODE)		
PHYSICAL ADDRESS (INCLUDE ADDRESS, CITY, STATE AND ZIP CODE)		
TELEPHONE NUMBER	CHARTER NUMBER (ISSUED BY THE SECRETARY OF STATE)	
EXECUTIVE DIRECTOR	CONTACT PERSON AND E-MAIL ADDRESS	

**Information required to be considered as a qualified agency eligible to receive contributions that may qualify for the Champion for Children Tax Credit.**

1. A copy of the organization's certificate of incorporation;
2. Verification of Internal Revenue Services (IRS) tax exemption status (tax exemption certificate); or proof of application.
3. Brief description of the agency's primary business functions.

**Eligible agencies must certify they qualify by attesting that they meet one of the following criteria (indicate type):**

- Entities that receive funding from Court Appointed Special Advocate (CASA) fund under section 476.777, RSMo, including an association based in this state, affiliated with a national association, organized to provide support to entities receiving funding from the court appointed special advocate fund;
- Child Advocacy Centers listed under subsection 2 of section 210.001, RSMo;
- Crisis Care Center - entities contracted with this state which provide temporary care for children whose age ranges from birth through 17 years of age whose parents or guardian are experiencing an unexpected and unstable or serious condition that requires immediate action resulting in short term care, usually three to five continuous, uninterrupted days, for children who may be at risk for child abuse, neglect, or in an emergency situation.

In accordance with section 135.341 RSMo, I certify that the information provided is true and accurate.

EXECUTIVE DIRECTOR SIGNATURE	
PRINTED NAME	DATE

Remit to: Department of Social Services  
 Champion for Children Tax Credit  
 P.O. Box 842  
 Jefferson City, MO 65102-0842

***All incomplete or inaccurate applications will be returned to the Agency.***

**INSTRUCTIONS**  
**CHAMPION FOR CHILDREN TAX CREDIT**  
**AGENCY ELIGIBILITY VERIFICATION APPLICATION**

1. Provide the organization's LEGAL name.
2. Provide the agency's tax identification number.
3. Provide the organization's physical address in addition to a P.O. Box (if applicable).
4. Provide the organization's telephone.
5. The agency's Charter Number issued by the Secretary of State.
6. Provide the name of the agency's executive director and a contact person (if different from the executive director) as well as an e-mail address.
7. Indicate the type of organization.

**Supporting Documentation to be attached:**

1. A copy of certificate of incorporation.
2. Verification of Internal Revenue Service (IRS) tax exempt status, or proof of application.
3. A brief program description of the agency's primary business functions.

All information should be submitted to:

**Department of Social Services**  
**Attn: Champion for Children Tax Credit**  
**P.O. Box 842**  
**Jefferson City, MO 65102-0842**