Apply Online

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

Apply for Services

Select a service below to apply for help:

- **Healthcare**: Apply for coverage through Missouri Medicaid (MOhealthPlus)
  - [APPLY](#)

- **SNAP**: Apply for a monthly benefit to help you buy food
  - [APPLY](#)

- **Temporary Assistance**: Apply for a monthly cash benefit to help you care for your child
  - [APPLY](#)

- **Child Care**: Apply for help with your child care costs
  - [APPLY](#)

- **Child Support**: Apply for child support or medical support for your child
  - [APPLY](#)

- **Home Utility Assistance**: Apply for help paying for your home energy bills
  - [APPLY](#)
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 18-64) 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:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Apply</strong></td>
<td><strong>Complete Form</strong></td>
<td><strong>Submit</strong></td>
</tr>
<tr>
<td>There are four ways you can apply for healthcare coverage:</td>
<td>You must complete &amp; submit the Supplemental Form (Forma Español) with your application if you:</td>
<td>You can submit your completed form(s) in one of these ways:</td>
</tr>
<tr>
<td>- Apply through the online portal</td>
<td>- Are age 65 or older</td>
<td>- Online: mydssupload.mo.gov</td>
</tr>
<tr>
<td>- Apply by phone at 855-573-9994</td>
<td>- Are blind or disabled</td>
<td>- Mail: Family Support Division</td>
</tr>
<tr>
<td>- Download &amp; print or scan application (aplicación Español). You must use Adobe Reader®</td>
<td>- Get Social Security</td>
<td>615 E 13th St</td>
</tr>
<tr>
<td></td>
<td>- Live in a medical or nursing facility</td>
<td>Kansas City, MO 64106</td>
</tr>
<tr>
<td></td>
<td>- Have Medicare or VA healthcare</td>
<td>Fax: 573-526-9400</td>
</tr>
</tbody>
</table>
MO HealthNet – Application Portal

Find out if you are eligible for health benefits

Log into your Account

- Apply for Health Benefits
- My DSS

Username
Password
Log On
Forgot your password?
MO HealthNet – Application Portal

Getting Started
Before starting this process, you must create a new account or log in to an account that you already have.

To get started, please choose one of the options below.
- Create an account. Creating your own account will let you save your work and return to it later.
- Log in if you already have an account.

Create An Account
In order to set up a user account, please enter your details below. If you have questions about creating your user account, please call the Customer Service Center at (855) 373-9994.

Personal Details
First Name*
Email

User Name and Password
Your User Name must be at least 6 characters. Your Password must be at least 8 characters and contain at least one number and/or a special character.
User Name*
Password*
Re-type Password*

Password Hint
If you forget your password, you can use your security question to set a new password. Please select your question and type your answer below.
Question*
Answer*

Please check the box to let us know that you have read and agreed to the usage conditions.*
Click here to read the user agreement.

Back Next
MO HealthNet – Application Portal

Please Tell Us About Your Household Income

What is this Section About
In this section you will be asked to provide information on the income of each of the people in your household so that we can determine who is eligible for health benefits. Whenever possible, we will access other systems (for example, IRS or State Quarterly Wage Systems) and use any information we find to help you.

For this section you may need
- The last tax return made by anyone in your household
- The latest wage information for anyone in your household
- Details of any other income received by anyone in your household

Save & Exit

Next
MO HealthNet – Application Portal

Enter Income Details

From the information you have given us PandP has income, please enter PandP's income details below.

- If an individual receives income from more than one source, be sure to select "Yes" for the last question and you will be able to enter additional income records.

- Income types including child support, Veterans benefits, gifts, Supplemental Security Income, American Indian/Alaskan payments, and educational assistance do not count for certain types of MO HealthNet assistance. Only tell us about these types of income if you are applying for someone who is age 65 or older or who has a disability.

Income Type: [Please Select]  
Amount: [Please Select]  
Frequency: [Please Select]  
Start Date: MM/dd/yyyy  
End Date: MM/dd/yyyy  
Does PandP have any other income? [Please Select]  

Save & Exit  
Back  
Next
MO HealthNet – Application Portal

Household Summary

Please review the information below to ensure that it is correct.

This is a summary page that lists all of the members in the household as well as the relationship between household members. Please review this information carefully and use the 'Change' link to edit information about any household member. If you need to add additional household members, please click the 'Add' link. To remove a household member, click the 'Remove' link.

Your Personal Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Program</th>
<th>Middle Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>TESTER</td>
<td></td>
<td>01/01/1990</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Citizenship Status</th>
<th>SSN</th>
<th>Supporting Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>U.S. Citizen</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Line 1</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td>Homeless</td>
</tr>
</tbody>
</table>

Mailing Address
MO HealthNet – Application Portal

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

Sign & Submit

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 Disability or SSI
- Live in a medical or nursing facility
- Have or are eligible for Medicare

Submit your completed form by email, mail, or fax to:

- Email: FSD.Documents@dss.mo.gov
- Family Support Division
  615 E 13th St
  Kansas City, MO 64106
- Fax: 573-526-9400

If you would like to apply for Supplemental Nutrition Assistance Program, Temporary Assistance, Child Care, or other programs, click here.

Close
MO HealthNet – Aged, Blind, and Disabled Supplement

From the Application Portal Sign & Submit page
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: 573-526-9480

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

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 850 833 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 gave to FSD.
- Click here for examples of allowed proof of verification(s) being requested.

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://dssmanuals.mo.gov/wp-content/uploads/2020/09/im-6ar-app.pdf or call FSD.
Apply for SNAP
Apply for SNAP

Section 3 – Household members

Write your information on line 1. Enter the information of all the people who live in your household, including your spouse, any children under age 22 who are in your household at least half (50%) of the time, and anyone who eats the majority of their meals in your household. Include all household members regardless of their citizenship or immigration status.

Citizenship or immigration status does not automatically disqualify an applicant from receiving SNAP benefits. Racial and ethnic information is collected to assure that program benefits are distributed without regard to race, color, or national origin. Providing this information is optional and does not affect your eligibility or the amount of SNAP benefits you receive.

Providing the Social Security Number (SSN) and immigration status of each household member is voluntary. However, you will not receive SNAP benefits for individuals who do not provide a SSN and/or immigration status. Immigration status of applicant household members may be subject to verification by U.S. Citizenship and Immigration Services (USCIS). Information provided by USCIS may affect your eligibility and benefit level.

Legal Name

Birth Date

SSN

Hispanic or Latino

Race

Legal Name

Birth Date

SSN

Relationship

Sex

You may submit this application at any time as long as you have completed your name, address and signature. To do so please proceed to the “Sign and Submit” section and finalize your submission.
Apply for SNAP

SIGN HERE:

Form Signature
Your signature here

Form Signature Date
04/04/2022

Witness Signature

Witness Signature Date

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 800-735-2986

If you are blind or visually impaired and would like information about rehabilitation services for the blind, please call 800-562-6094.

Establishing paternity is not required for SNAP benefits. However, if you want assistance in establishing paternity please contact the FSD Paternity Hotline at 855-454-6037.

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

I'm not a robot

Submit

Back
Thank You

Dear person,

Thank you for completing your application for the Supplemental Nutrition Assistance Program (SNAP). Your information has been sent to the Family Support Division (FSD). If you would like to print or save a copy of your application for your files, click the Print button below. If you decide to print or save, keep in mind that your application has your private and personal information in it.

FSD has 30 days to make a final decision on your SNAP application. During this time, FSD will attempt to contact you to complete the interview and/or possibly request you provide additional information based on your household's circumstances. You may call 855-823-4908 to complete your interview at any time during our regular business hours.

The information below may be needed prior to processing your application:

- Proof of your identity (for example: a driver's license for any state, another form of government-issued identification card, a payslip, or a voter registration card), or
- Income verification for the past 30 days (for example: paycheck stubs, letter for employer, federal income tax return, award letter, etc).

You will be informed if you need to turn in any additional information once you have completed your interview.

If you have questions or want to check on the status of your application, you may call the FSD Information Center at 855-FSD-INFO (855-373-4636). If you would like to call to complete your interview you may call 855-823-4908.

Your application id is

Sincerely,

Family Support Division

Print or Save
Apply for SNAP

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 4608 to complete your interview or visit an FSD office to complete this as soon as possible. We may ask 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): [Testing]

Home address (street, city, state, zip): 101 Springfield, Missouri 65606

Mailing address, if different: [ ], County: Greene

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], 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

Apply for Services

Select a service below to apply for help:

NOTE: If you would like to apply for help through Rehabilitation Services for the Blind, please call 1-800-552-4500 to speak with a team member.

1. Healthcare
   Apply for coverage through Missouri Medicaid (MOHealthNet)
   APPLY

2. SNAP
   Apply for a monthly benefit to help you buy food.
   APPLY

3. Temporary Assistance
   Apply for a monthly cash benefit to help you care for your child.
   APPLY

4. Child Care
   Apply for help with your child care costs.
   APPLY

5. Child Support
   Apply for child support or medical support for your child.
   APPLY

6. Home Utility Assistance
   Apply for help paying for your home energy bills.
   APPLY

DSS Chat
Check Your Status
Check Your Status

Login to this portal to get information about your personal or household benefits. Use by others, without your permission, is prohibited.
### Food Stamps Benefit Summary

**Case Information:**

<table>
<thead>
<tr>
<th>Case Status</th>
<th>Household Member(s)</th>
<th>Certification Begin Date</th>
<th>Certification End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td></td>
<td>04/01/2022</td>
<td>03/31/2024</td>
</tr>
</tbody>
</table>

**Payments:**

<table>
<thead>
<tr>
<th>Benefit Month</th>
<th>Issue Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/2022</td>
<td>06/09/2022</td>
<td>$24</td>
</tr>
<tr>
<td>05/2022</td>
<td>05/09/2022</td>
<td>$14</td>
</tr>
</tbody>
</table>

*Your ongoing benefit amount is $34/month.*

---

### Medical Assistance Benefit Summary

**Case Information:**

<table>
<thead>
<tr>
<th>Case Status</th>
<th>Household Member(s)</th>
<th>Eligibility Review Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td></td>
<td>04/30/2023</td>
</tr>
</tbody>
</table>

**Current Benefit Information:**

<table>
<thead>
<tr>
<th>Customer Name</th>
<th>Coverage Type</th>
<th>Current Coverage Start</th>
<th>Current Coverage End</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>QMB</td>
<td>04/01/2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MHSD</td>
<td>04/01/2013</td>
<td></td>
</tr>
</tbody>
</table>

*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.*

<table>
<thead>
<tr>
<th>Customer Name</th>
<th>Coverage Type</th>
<th>Monthly Amount</th>
<th>Amount Met</th>
<th>Amount Remaining</th>
<th>As Of Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MHSD</td>
<td>$38</td>
<td>$0</td>
<td>$38</td>
<td>06/02/2022</td>
</tr>
</tbody>
</table>

*If you feel any information is incorrect, contact the Customer Service Center at 855-373-4636.*
Report Changes
Report Changes for Your Household

If your household circumstances change, Federal law requires you report the changes to Family Support Division within ten (10) days. You may report your changes on this form. You may also call FSD at 855-373-4636 or visit an FSD office.

You must complete "Report Changes for Your Household" and "Sign & Submit".

You can navigate to each of the sections to provide information that has changed. You do not have to complete every section if there were no changes.

Name *

DCN * or SSN *

Date of Birth *

Date MM DD YYYY
Report Changes

Report a Change

New Household Members

If you have new household members, provide their information here. If there is more than 1 new household member, click the plus (+) to add additional household members.

You must provide the Social Security Number (SSN) of all persons applying for or receiving SNAP as a condition of eligibility. The SSN will be used to determine eligibility and level of benefits, verify information, prevent duplicate issuances, and to facilitate mass changes in Federal benefits (FS Act of 1977 & Public Law 97-98).

Name

Relationship

Birthdate

MM
DD
YYYY

SSN

Date Moved In

MM
DD
YYYY

Disabled

Yes
No

Sign & Submit
Request New Card
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.