

FTP Form (Attachment H)

School District Administrative Claiming (SDAC) Contact Information

In order to maintain the privacy and confidentiality of the information we will be sharing for the School District Administrative Claiming (SDAC) program, the Department of Social Services/MO HealthNet Division (DSS/MHD) will establish a secure File Transfer Protocol (FTP) for each school district. The following information is needed to establish these accounts. (Please print.)

School District Name: _____

SDAC Contact Person's Name: _____

SDAC Contact Person's Phone Number: _____

School District E-Mail Address: _____

(We are asking for the general school district e-mail address instead of the specific address of the contact person so that the district will still be able to access the file information in case the contact person is unavailable.)

Please send the completed form to via mail, fax, or email to:

Department of Social Services
MO HealthNet Division
Program Operations Unit
P.O. Box 6500
Jefferson City, MO 65102-6500
Email: MHDSchoolPrograms@dss.mo.gov

Superintendent/Authorized Signature & Title

Date