

*****ALERT!*****

IMPORTANT NOTICE ABOUT MEDICAID

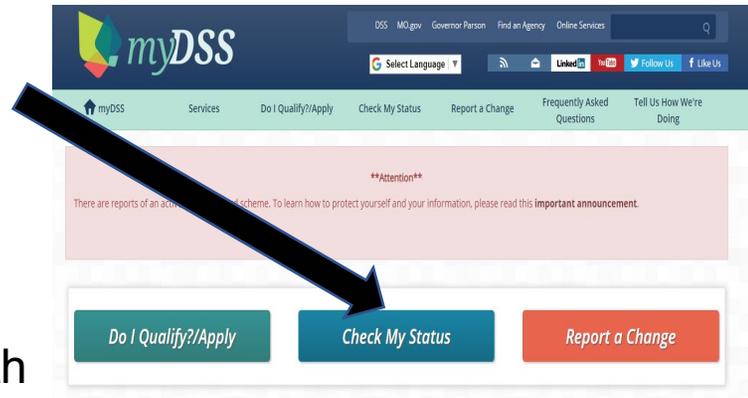
Over 80,000 children in Missouri have been dropped from Medicaid since Jan. 2018. Your child may be one of them.

Did you get the annual renewal form in the mail? Did you complete it and return it? If not, your child may not have Medicaid coverage. (See copy of renewal form below)

Go to the Department of Social Services Website to check your child's Medicaid status: <https://mydss.mo.gov/> and click on the **"Check My Status"** button

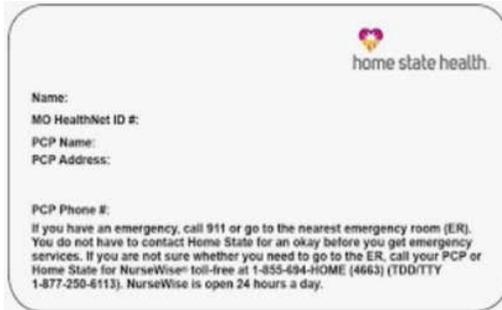
If your child has lost insurance coverage, you **MUST** reapply online at <https://mydss.mo.gov/qualify>.

Call the Family Support Division at 1-855-373-9994 if you have lost Medicaid coverage or if you need assistance with the online application.



Note that Medicaid includes the following companies – look at your child’s Medicaid Card.

Home State Health



United Healthcare



Missouri Care



MOHealthNet



The renewal form would have looked like this – the front page. It would be printed on a yellow form and the word “Time-Sensitive” would be on the envelope.

Missouri Department of SOCIAL SERVICES

Missouri Family Support Division

Date: _____
Name: _____ DCN: _____
Address: _____
City, State, Zip: _____

MO HealthNet Review Form

Family Support Division must review information for everyone who has MO HealthNet, at least once a year. We need to complete the review to determine if you or your family members still qualify for MO HealthNet. Please help us by filling out this form. When answering the questions, please answer for every member of your household. If you don't have enough room to answer all of the questions, complete section E or attach additional pages.

If you have questions or need help with this form please call the Family Support Division Contact Center at 855-373-9994.

The Social Security Number is needed only for those who have MO HealthNet or are applying for MO HealthNet. Race and ethnicity information is used in our reports. You do not have to give us that information.

After you fill out the form, please sign on the last page where it says "Signature/Affidavit/Mark." For MO HealthNet for Families, if both parents are in the home, both parents should sign this form.

Please send written proof of your household income when you return this form. Proof could include paycheck stubs for the last month or a letter from your employer. If you are self-employed, send a copy of your latest tax return or self-employment records for the past year.

IMPORTANT! Return this form by ** _____ ** to the address listed below. FSD will review it and call or send you a letter if more information is needed. Failure to return this form may result in your MO HealthNet coverage being closed.

FSD OFFICE: _____
ADDRESS: _____
CITY, STATE, ZIP: _____

Need help with your review? Call us at 1-855-373-4636. If you need help in a language other than English, call 1-855-373-4636 and tell the customer service representative the language you need. TTY users should call 1-800-735-2966.

Do you want to register to vote? If so just fill out the voter registration form included with the review form and return it to the local Family Support office. If you don't fill out the form, MO HealthNet coverage will not be affected.

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