



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 DIVISION OF FAMILY SERVICES
APPROVAL NOTICE

FROM	NAME	TELEPHONE NUMBER	DATE
	COUNTY OFFICE ADDRESS (STREET, CITY, STATE, ZIP CODE)		
TO	NAME	CASE NAME	
	ADDRESS (STREET)	CASE NUMBER	
	CITY STATE ZIP CODE		

This is to advise you the following persons are approved for **Temporary Assistance** cash benefits and **Medical Assistance for Families (MAF)** healthcare coverage.

NAME	MC+ HEALTH INSURANCE #	EFFECTIVE DATE*

Prorated benefits/retroactive benefits in the amount of \$ _____ are being issued for the month(s) of _____ and should be available within four working days.

Your regular monthly check will be \$ _____ based on income before taxes of \$ _____ per month. The **monthly benefit** amount is determined without considering child support for the above listed **child(ren)** or alimony. Therefore as of any child support or alimony received by you must be sent to the Division of Child Support Enforcement Agency at _____

Temporary Assistance benefits become available in your electronic benefit account during the first four days of each month, depending on you late of birth. Temporary assistance benefits made by direct deposit become available in your bank account the first working day of each month
 'The period of healthcare coverage includes the prior quarter. Yes No
 r'ou are not eligible for prior quarter coverage because _____

Persons listed below were determined not eligible for Temporary Assistance benefits:
 because _____

This is to advise you the following persons are approved for **Medical Assistance for Families (MAF)** healthcare benefits only. This is based on income before taxes of \$ _____ per month.

NAME	MC+ HEALTH INSURANCE #	EFFECTIVE DATE*

The period of healthcare coverage includes the prior quarter. Yes No
 ou are not eligible for prior quarter coverage because _____

Persons listed below were determined not eligible for Medical Assistance for Families benefits:
 Because _____