**SkillUP Eligibility and DCN Verification Form**

**(one client per form)**

**Send to:** to [DSS.FSD.Agreements@dss.mo.gov](mailto:DSS.FSD.Agreements@dss.mo.gov)

**Date:** Click here to enter text.

**Client Name:** Click here to enter text.

**Client Address (Street, City & Zip Code):** Click here to enter text.

**Client Date of Birth:** Click here to enter text.

**Client DCN:** Click here to enter text.

**Comments:** Click here to enter text.

**Submitted by:** Click here to enter text.

**Requesting Agency:** Click here to enter text.

**Agency Location:** Click here to enter text.

**Agency Contact Phone#:** Click here to enter text.

**E-Mail Addresses for reply:** Click here to enter text.

(please include everyone that needs the response or is cc’d)

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**Response from Howell County**

**Client DCN:** Click here to enter text.

**ABAWD/Volunteer:** Click here to enter text.

(included should be the 3 non-work months for ABAWDs and the reason they are a volunteer,

such as child under the age of 18 in the home, etc.)

**Food Stamps (FS):**

**Pending  Regain  Active**

**Comments:** Click here to enter text.

(or must regain eligibility (give the 3 non-work months) Certification period for food stamp case)

**Temporary Assistance (TANF):**

**Pending  Active**

**Comments:** Click here to enter text.