SkillUP Eligibility and DCN Verification Form

**(one client per form)**

**Send to:** DSS.FSD.Agreements@dss.mo.gov

**Date:** Enter todays date

**Client Name:** Enter first and last name

**Client Address:** Enter street, city, and zip code

**Client Date of Birth:** MM/DD/YYYY

**Client DCN:** Enter 10-digit DCN

**Comments:** Click here to enter text

**Submitted by:** Enter staff name

**Requesting Agency:** Enter Agency name

**Agency Contact Phone#:** XXX-XXX-XXXX

**E-Mail Addresses for reply:** youremail@email.com

(Include everyone that needs the response)

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# Response from Howell County

**Client DCN:** Enter 10-digit DCN

[ ]  **ABAWD:** Include 3 non-work months or reason work requirement waived

[ ]  **Volunteer:** Include the reason they are a volunteer, such as: child under the age of 18 in the home, disabled, over age 60, etc.

**SNAP (FS):**

[ ]  **Pending** [ ]  **Regain** [ ]  **Active**

**Comments:** i.e. must regain eligibility (give the 3 non-work months), indicate HOH, certification period, information pending, etc.

**Temporary Assistance (TANF):**

[ ]  **Pending** [ ]  **Active**

**Comments:** i.e. refer to MWA, included or payee only