

myDSS - Applications and Change Reports

For Family Support Division – Income Maintenance Programs

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Program Specialist
Program & Policy Unit

Apply Online

Family Support Division can be found online at myDSS.mo.gov

The screenshot displays the Missouri Department of Social Services website. At the top, the browser address bar shows 'mydss.mo.gov'. The website header includes the logo for the Missouri Department of Social Services, navigation links for 'DSS mo.gov', 'Governor Parson', 'Find an Agency', and 'Online Services', a search bar, and a language selection dropdown. A secondary navigation bar contains links for 'About', 'Divisions', 'Services', 'Providers', and 'Contact Us'. The main content area is titled 'How Can We Help?' and features four service options, each with an icon, a title, a brief description, and a button:







- Apply for Services**: Apply for help through one of our benefit programs or the child support. [Apply](#)
- Check Your Status**: Check on your application, benefits, or view benefit history. [Check](#)
- Report a Change**: Tell us if your information has changed since you applied. [Report](#)
- Request New Card**: Ask for a replacement EBT or MO HealthNet ID card. [Request](#)

Apply Online

Apply for Services

Select a service below to apply for help:

NOTE: If you would like to apply for help through Rehabilitation Services for the Blind, please call 1-800-592-6004 to speak with a team member.

 <p>Healthcare Apply for coverage through Missouri Medicaid (MOHealthNet).</p> <p>APPLY</p>	 <p>SNAP Apply for a monthly benefit to help you buy food.</p> <p>APPLY</p>	 <p>Temporary Assistance Apply for a monthly cash benefit to help you care for your child.</p> <p>APPLY</p>
 <p>Child Care Apply for help with your child care costs.</p> <p>APPLY</p>	 <p>Child Support Apply for child support or medical support for your child.</p> <p>APPLY</p>	 <p>Home Utility Assistance Apply for help paying for your home energy bills.</p> <p>APPLY</p>

Apply for MO HealthNet

What help is available?

If you do not have health insurance or you need help paying for your health care, you may be eligible for coverage through Missouri's Medicaid program, called MO HealthNet.

Who is eligible?

Eligibility for MO HealthNet depends on your income, age, health, and individual needs. You may be eligible if you are a(n):

- Senior (age 65 and older)
- Parent or caretaker with a child (under age 19)
- Child (age birth -18)
- Woman (age 18-55) with no health insurance
- Adult (age 19-64) without disabilities
- Pregnant woman (including unborn child)
- Woman (under age 65) with breast or cervical cancer
- Person with disabilities
- Blind or visually impaired adult


How do I apply?

You can apply for healthcare coverage by completing these simple steps:

1

Apply

There are four ways you can apply for healthcare coverage:

- Apply through the online portal
- Apply by phone at 855-373-9994
- Download & print, or scan application (aplicación Español) - You must use Adobe Reader 

2

Complete Form

You must complete & submit the Supplemental Form (Forma Español) with your application if you:

- Are age 65 or older
- Are blind or disabled
- Get Social Security
- Live in a medical or nursing facility
- Have Medicare or VA healthcare

3

Submit


You can submit your completed form(s) in one of these ways:

- **Online:** mydssupload.mo.gov
- **Mail:** Family Support Division
615 E 13th St
Kansas City, MO 64106
- **Fax:** 573-526-9400

MO HealthNet – Application Portal

The screenshot shows a web browser window with the URL `mysapp.mo.gov/CitizenPortal/application.do`. The page header includes the Missouri Department of Social Services logo and navigation icons. The main content area features the myDSS logo and a call to action: "Find out if you are eligible for health benefits". On the right side, there are two menu items: "Apply for Health Benefits" and "My DSS". Below these is a "Log into your Account" section with input fields for "Username" and "Password", a "Log On" button, and a link for "Forgot your password?".

Missouri Department of
Social Services



**Find out if you are eligible
for health benefits**

- Apply for Health Benefits
- My DSS

Log into your Account

Username

Password

Log On

[Forgot your password?](#)

MO HealthNet – Application Portal

Getting Started

Before starting this process, you must create a new account or log in to an account that you already have.

To get started, please choose one of the options below.

[Help](#)

- Create an account.** Creating your own account will let you save your work and return to it later.
- Log in** if you already have an account.

[Back](#)

[Next](#)

Create An Account

In order to set up a user account, please enter your details below. If you have questions about creating your user account, please call the Customer Service Center at (855) 373-9994.

Personal Details

* Indicates a required field

First Name* Last Name*

Email

User Name and Password

Your User Name must be at least 6 characters. Your Password must be at least 8 characters and contain at least one number and/or a special character.

User Name*

Password*

Re-type Password*

Password Hint

If you forget your password, you can use your security question to set a new password. Please select your question and type your answer below.

Question*

Answer*

Please check the box to let us know that you have read and agreed to the usage conditions.*

[Click here to read the user agreement.](#)

[Back](#)

[Next](#)

MO HealthNet – Application Portal

The screenshot displays the MO HealthNet Application Portal interface. At the top left, the logo for the Missouri Department of Social Services is visible. The top right corner shows a user greeting: 'Welcome, PandP Testing', along with navigation icons for home, search, and user profile, and a 'Log out' link. The main content area is titled 'Income Section' and features a blue header with the text 'Please Tell Us About Your Household Income'. Below this header, there is an illustration of a document with various icons representing a house, a dollar sign, a coin, and a bank card. To the right of the illustration, the text explains the purpose of the section: 'What is this Section About' and 'For this section you may need'. The 'For this section you may need' section contains a bulleted list of requirements. On the left side of the page, a vertical navigation menu lists several steps: 'Getting Started', 'Applicant Details', 'Household Information', 'Prior Quarter Information', 'Household Income' (which is currently selected and highlighted), 'Additional Household Information', and 'Summary'. At the bottom of the main content area, there are two buttons: 'Save & Exit' on the left and 'Next' on the right.

Missouri Department of
Social Services

Welcome, PandP Testing

Log out

Income Section Print

Please Tell Us About Your Household Income

What is this Section About

In this section you will be asked to provide information on the income of each of the people in your household so that we can determine who is eligible for health benefits. Whenever possible, we will access other systems (for example, IRS or State Quarterly Wage Systems) and use any information we find to help you.

For this section you may need

- The last tax return made by anyone in your household
- The latest wage information for anyone in your household
- Details of any other income received by anyone in your household

Save & Exit Next

MO HealthNet – Application Portal

Missouri Department of Social Services


Welcome, PandP Testing

Log out

Enter Income Details

Print







From the information you have given us PandP has income, please enter PandP's income details below.

 PandP

i If an individual receives income from more than one source, be sure to select 'Yes' for the last question and you will be able to enter additional income records.

i Income types including child support, Veterans benefits, gifts, Supplemental Security Income, American Indian/Alaskan payments, and educational assistance do not count for certain types of MO HealthNet assistance. Only tell us about these types of income if you are applying for someone who is age 65 or older or who has a disability.

* Indicates a required item

Income Type*	<input type="text" value="--Please Select--"/>	
Amount*	<input type="text"/>	
Frequency*	<input type="text" value="--Please Select--"/>	
Start Date*	<input type="text" value="MM/dd/yyyy"/>	
End Date	<input type="text" value="MM/dd/yyyy"/>	
Does PandP have any other income?	<input type="text" value="--Please Select--"/>	

MO HealthNet – Application Portal

Household Summary Print

Please review the information below to ensure that it is correct.

i This is a summary page that lists all of the members in the household as well as the relationship between household members. Please review this information carefully and use the 'Change' link to edit information about any household member. If you need to add additional household members, please click the 'Add' link. To remove a household member, click the 'Remove' link.

Your Personal Information ▼

First Name	PROGRAM	Middle Name	
Last Name	TESTER	Date of Birth	01/01/1990
Gender	Female	SSN	
Citizenship Status	U.S. Citizen	Supporting Document	

Home Address ▼

Address Line 1	Address Line 2	City	County	State	Zip Code
Homeless		SPRRINGFIELD	Butler	Missouri	65802

Mailing Address ▼

- Getting Started ✓
- Applicant Details ✓
- Household Information** +
- Prior Quarter Information ●
- Household Income ●
- Additional Household Information ●
- Summary ●

MO HealthNet – Application Portal

Sign & Submit

Please read the following terms and conditions, indicate consent and sign. If you disagree with a statement additional questions may appear or your eligibility for programs may be impacted. A signature is required to complete the application process and submit your application to the agency.

Rights and Responsibilities

You and/or your household authorize the director of the Family Support Division or his/her appointee to investigate the statements contained in this application for benefits. Any information provided on the application is subject to verification by Federal, State, and local officials.

It is against the law to obtain or attempt to obtain public assistance benefits to which you are not entitled, or obtain or attempt to obtain public assistance benefits in an amount greater than you are entitled to receive. You may be denied benefits and/or be subject to criminal prosecution for knowingly providing false information.

The crime of stealing or attempting to steal public assistance benefits of a value of seven hundred fifty dollars (\$750.00), or more upon conviction, is punishable by imprisonment for a period not to exceed five years; or by confinement in the county jail for a period not to exceed one year; or by a fine not to exceed ten thousand dollars (\$10,000.00), or both. If the value of the unlawfully obtained benefits is less than seven hundred fifty dollars (\$750.00), the crime is a misdemeanor.

* Check after you have read and agreed to MO HealthNet Rights and Responsibilities. Click here for Family Support Division Non-Discrimination Notice -[English](#) / [Spanish](#)

* I have agreed to submit this application by electronic means. By signing this application electronically, I certify under penalty of perjury that all declarations made in this eligibility statement are true, accurate, and complete, to the best of my knowledge. I authorize insurers or employers to release any information on myself or my dependent(s) needed to determine eligibility for the HIPP program. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

* First Name

Middle Initial

* Last Name

Date

04/04/2022

Submit

Cancel

MO HealthNet – Application Portal

Sign & Submit

You must complete & submit the [Supplemental Form \(Forma Español\)](#) with your application if you:

- Are age 65 or older
- Are blind or disable
- Get Social Security Disability or SSI
- Live in a medical or nursing facility
- Have or are eligible for Medicare

Submit your completed form by email, mail, or fax to:

- Email: FSD.Documents@dss.mo.gov
- Family Support Division
615 E 13th St
Kansas City, MO 64106
- Fax: 573-526-9400

If you would like to apply for Supplemental Nutrition Assistance Program, Temporary Assistance, Child Care, or other programs, [click here](#).

[Close](#)

MO HealthNet – Aged, Blind, and Disabled Supplement

- ▶ From the Application Portal Sign & Submit page

Name: _____
Date of Birth: _____

SUPPLEMENT – AGED, BLIND, AND DISABLED SUPPLEMENT

Complete this supplement if you are requesting health coverage for anyone through the aged, disabled, blind, or long-term care programs. This is to be completed in addition to the Application for Health Coverage & Help Paying Costs (IM-1SSL) application.
This supplement does NOT meet the requirements of an application without the IM-1SSL.

STEP 1: To explore MO HealthNet for the Aged, Blind, and Disabled health care for you and/or your spouse.

I/We are disabled and get Social Security Disability or SSI. Yes No
I/We are disabled and **do NOT** get Social Security Disability or SSI. Yes No
Is anyone in your household blind or visually impaired? No Yes, who? _____

I/We need help paying for Medicare premiums and co-insurance costs. Yes No
I/We have a conservator, guardian, attorney-in-fact, or someone who represents me/us. Yes No
If yes, provide proof or complete Appendix C.
I/We agree to apply for other benefits I/we may be able to get (RSDI, SSI, VA, etc.). Yes No
Are you or your spouse currently serving or have you ever served in the military? Yes No
Do you plan to continue living in Missouri? Yes No

For Home and Community Based Services, Vendor (nursing home), and Supplemental Nursing Care applicants:
Do you or your spouse live in, or plan to live in, a nursing home or residential care facility? No Yes
If Yes, who? _____ Where? _____ Date? _____

My spouse and I pay for shelter expenses:
 Mortgage Rent Utilities Phone Homeowner's Insurance Real Estate Taxes Condo Fees

Are you or your spouse over age 63 and need in-home nursing care? No Yes, who? _____

Do you or your spouse pay court ordered child support or alimony? No Yes

When did you and your spouse get married? (MM/DD/YYYY) _____

For Blind Pension and Supplemental Aid to the Blind applicants:
If you are blind or visually impaired and applying for cash benefits:

1. Do you have a sighted spouse or parent? Yes No
2. Do you ask or beg for money from the public? Yes No
3. Have you applied or do you agree to apply for Supplemental Security Income (SSI) as a condition of eligibility? Yes No
4. Have you had eye surgery within the last 5 years? Yes No
5. If you are younger than 75, are you willing to have medical treatment or an operation to correct your blindness? Yes No
6. Would you be willing to do job training or work at a job for which you are suited? Yes No
7. Do you have an eye doctor (either an ophthalmologist or an optometrist)? Yes No

Page | 1 of 3 IM-1ABD5 (7/2021)

Apply Online

mydss.mo.gov/apply



Apply for Services

Select a service below to apply for help:

NOTE: If you would like to apply for help through Rehabilitation Services for the Blind, please call 1-800-592-6004 to speak with a team member.



Healthcare

Apply for coverage through Missouri Medicaid (MOHealthNet).

APPLY



SNAP

Apply for a monthly benefit to help you buy food.

APPLY



Temporary Assistance

Apply for a monthly cash benefit to help you care for your child.

APPLY



Child Care

Apply for help with your child care costs.

APPLY



Child Support

Apply for child support or medical support for your child.

APPLY



Home Utility Assistance

Apply for help paying for your home energy bills.

APPLY



Apply for SNAP

What is SNAP?

The Supplemental Nutrition Assistance Program (SNAP) offers a monthly benefit to help you buy food and food products, such as seeds and plants to grow food. This monthly benefit is loaded to an Electronic Benefit Transfer (EBT) card and cannot be withdrawn as cash. Your monthly benefit amount will depend on your income and the size of your household.

Who is eligible?

You may be eligible for SNAP if you:

- Live in Missouri
- Have (or agree to apply for) a Social Security Number for all members of your household
- Do not make more than the current income limit
- Do not own more than \$2,500 in resources (\$3,750 if everyone in your household is over the age of 60 or disabled)
 - Resources do not include your home, vehicle(s), life insurance, burial plots or prepaid burials, personal property that does not bring in an income, savings and pension plans, Indian and Alaskan Native payments, or any resources you do not have access to

NOTE: If any member of your household was convicted after August 22, 1996 of a felony or any crime related to illegal possession, use, or distribution of a controlled substance, or is a fleeing felon and is in violation of a condition of their probation or parole, they may not be able to get SNAP benefits for themselves.

How do I apply?

Complete these three simple steps to apply for SNAP:

1

Apply

- You can apply for SNAP online or by printing and filling out a paper application:
 - **Apply Online**
 - **Download & print, or scan application (aplicación Español) - You must use Adobe Reader**

2

Submit Application

You can submit your completed form(s) in one of these ways:

- **Online:** mydssupload.mo.gov
- **Mail:** Family Support Division
615 E 13th St
Kansas City, MO 64106
- **Fax:** 573-526-9400


3


Interview

- If required, we will call you to complete an interview after we get your application
- If you miss this call, you can visit your local resource center or call us back at **855-823-4908** to complete your interview
- For more information about how to complete your interview, review the **SNAP FAQs**

Apply for SNAP

formsportal.dss.mo.gov/content/forms/af/moa/my-dss/family-support-division/FS-1/fs-1.html





✓ Instructions
Section 1 – Tell us about yourself
Section 2 – Key questions for faster service
Section 3 – Household members
Section 3 – Household Members (Continued)
Section 4 – Household declarations
Section 4 – Household declarations (Continued)
Section 5 – Household Information
Resources
Income

Application for Supplemental Nutrition Assistance Program (SNAP)

To apply: You have the right to apply for SNAP benefits at any time

- Benefits are provided from the date Family Support Division (FSD) receives your application which must contain your name, address and signature. Please complete sections 2 through 6 to help FSD process your application faster.
- You can email, mail, or fax your application. If an interview is required, it can be completed by phone. Family Support Division will attempt to call you, if you provided a phone number on the application, the next business day after your application is registered to complete an interview. If you did not provide a phone number, or if you are unable to complete your interview at the time of the call, please call 855 823 4908 to complete your interview or visit an FSD office to complete this as soon as possible. We may ask you for proof of some of the information you give to FSD.
- Click [here](#) for examples of allowed proof of verification(s) being requested.

Date of application: If approved, your SNAP benefits are provided from the date FSD receives your application. This is your filing date. If you are in an institution and apply for SNAP benefits and Supplemental Security Income (SSI) at the same time, your filing date is the date of release from the institution.

Authorized Representative: You can choose more than one person or facility to complete your application and/or manage your benefits on your behalf. They will act as your authorized representative. If you want an authorized representative, complete the Authorized Representative Form (IM-6AR) at <https://dssmanuals.mo.gov/wp-content/uploads/2020/09/im-6ar-app.pdf> or call FSD.

[Next](#)

Apply for SNAP

Instructions
✓ Section 1 – Tell us about yourself
✓ Section 2 – Key questions for faster service
Section 3 – Household members
Section 3 – Household Members (Continued)
Section 4 – Household declarations
Section 4 – Household declarations (Continued)
Section 5 – Household information
Resources
Income
Income (Continued)
Income (Continued)
Expenses
Expenses (Continued)
Section 6 – Notices A
Section 6 – Notices B
Section 6 – Notices C
Section 6 – Notices D
Section 6 – Notices E
Sign & Submit

Section 1 – Tell us about yourself

First Name * Middle Name

Last Name * I am homeless

Home Address (include Apt, Floor, Unit/Building #/letter) * City *

State * Zip * County:

Mailing Address (if different than above) City

State Zip County:

For phone number enter area code first followed by number. ex: 5739999999

Phone 1: Cell Home Work Other

For phone number enter area code first followed by number. ex: 5739999999

Phone 2: Cell Home Work Other

Email address:

The best way to contact you:
 Call Email Mail Text (not available everywhere)

UNDER THE LAW OF THE STATE OF MISSOURI, AND THE REGULATION OF THE UNITED STATES DEPARTMENT OF AGRICULTURE, I HEREBY APPLY FOR SNAP BENEFITS.

Your Signature Sign Date

You may submit this application at any time as long as you have completed your name, address and signature. To do so please proceed to the "Sign and Submit" section and finalize your submission.

Apply for SNAP

Instructions	
Section 1 – Tell us about yourself	
Section 2 – Key questions for faster service	
✓ Section 3 – Household members	
Section 3 – Household Members (Continued)	
Section 4 – Household declarations	
Section 4 – Household declarations (Continued)	
Section 5 – Household Information	
Resources	
Income	
Income (Continued)	
Income (Continued)	
Expenses	
Expenses (Continued)	
Section 6 – Notices A	
Section 6 – Notices B	
Section 6 – Notices C	
Section 6 – Notices D	

Section 3 – Household members

Write your information on line 1. Enter the information of all the people who live in your household, including your spouse, any children under age 22 who are in your household at least half (50%) of the time, and anyone who eats the majority of their meals in your household. Include all household members regardless of their citizenship or immigration status.

Citizenship or immigration status does not automatically disqualify an applicant from receiving SNAP benefits. Racial and ethnic information is collected to assure that program benefits are distributed without regard to race, color, or national origin. Providing this information is optional and does not affect your eligibility or the amount of SNAP benefits you receive.

Providing the Social Security Number (SSN) and immigration status of each household member is voluntary. However, you will not receive SNAP benefits for individuals who do not provide a SSN and/or immigration status. Immigration status of applicant household members may be subject to verification by U.S. Citizenship and Immigration Services (USCIS). Information provided by USCIS may affect your eligibility and benefit level.

Legal Name Self

Birth Date SSN Hispanic or Latino Race

Legal Name Sex

Relationship Birth Date SSN

Hispanic or Latino Race

You may submit this application at any time as long as you have completed your name, address and signature. To do so please proceed to the "Sign and Submit" section and finalize your submission.

Apply for SNAP

▼ SIGN HERE:

Form Signature	Form Signature Date
<input type="text" value="Your signature here"/>	<input type="text" value="04/04/2022"/>
Witness Signature	Witness Signature Date
<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>

Please attach supporting documents:


Need help?

- Visit <https://mydss.mo.gov> to start a chat, check the status of your benefits, or report changes
- Call 855-FSD-INFO (855-373-4636) to speak with a team member
- Relay Missouri 711
- TTY users can call 800-735-2966

If you are blind or visually impaired and would like information about rehabilitation services for the blind, please call 800-592-6004.

Establishing paternity is not required for SNAP benefits. However, if you want assistance in establishing paternity, please contact the FSD Paternity Hotline at 855-454-8037.

CAPTCHA - Please complete to verify you are not a bot.

I'm not a robot 

Apply for SNAP

SOCIAL SERVICES

 myDSS

Thank You

Dear person,

Thank you for completing your application for the Supplemental Nutrition Assistance Program (SNAP). Your information has been sent to the Family Support Division (FSD). **If you would like to print or save a copy of your application for your files, click the Print button below.** If you decide to print or save, keep in mind that your application has your private and personal information in it.

FSD has 30 days to make a final decision on your SNAP application. During this time, FSD will attempt to contact you to complete the interview and/or possibly request you provide additional information based on your household's circumstances. You may call 855-823-4908 to complete your interview at any time during our regular business hours.

The information below may be needed prior to processing your application:

- Proof of your Identity (for example: a driver's license for any state, another form of government-issued identification card, a paystub, or a voter registration card), or
- Income verification for the past 30 days (for example: paycheck stubs, letter for employer, federal income tax return, award letter, etc).

You will be informed if you need to turn in any additional information once you have completed your interview.

If you have questions or want to check on the status of your application, you may call the FSD Information Center at 855-FSD-INFO (855-373-4636). If you would like to call to complete your interview you may call 855-823-4908.

Your application id is ~~XXXXXXXXXX~~.

Sincerely,

Family Support Division

[Print or Save](#)

Apply for SNAP

SSN _____ Application ID: 9105628861

Application for Supplemental Nutrition Assistance Program (SNAP)

To apply: You have the right to apply for SNAP benefits at any time

- Benefits are provided from the date Family Support Division (FSD) receives your application which must contain your name, address and signature. Please complete sections 2 through 6 to help FSD process your application faster.
- You can email, mail, or fax your application. If an interview is required, it can be completed by phone. Family Support Division will attempt to call you, if you provided a phone number on the application, the next business day after your application is registered to complete an interview. If you did not provide a phone number, or if you are unable to complete your interview at the time of the call, please call 855 823 4908 to complete your interview or visit an FSD office to complete this as soon as possible. We may ask you for proof of some of the information you give to FSD.

Date of application: If approved, your SNAP benefits are provided from the date FSD receives your application. This is your filing date. If you are in an institution and apply for SNAP benefits and Supplemental Security Income (SSI) at the same time, your filing date is the date of release from the institution.

Authorized Representative: You can choose more than one person or facility to complete your application and/or manage your benefits on your behalf. They will act as your authorized representative. If you want an authorized representative, complete the Authorized Representative Form (IM-6AR) at <https://dss.mo.gov/fsd/formsmanual/pdf/im-6ar.pdf> or call FSD.

Section 1 – Tell us about yourself

Your full name (first, middle, last): person testing I am homeless

Home address (street, city, state, zip): 101 springfield, Missouri 65806 County: Greene

Mailing address, if different: , , , County: _____

Phone 1: _____ Cell Home Work Other

Phone 2: _____ Cell Home Work Other

Email address: _____

The best way to contact you: Call Email Mail Text (not available everywhere)

UNDER THE LAWS OF THE STATE OF MISSOURI, AND THE REGULATIONS OF THE UNITED STATES DEPARTMENT OF AGRICULTURE, I HEREBY APPLY FOR SNAP BENEFITS.

Your signature: testing person Date: 04/04/2022

Section 2 – Key questions for faster service

If eligible, you will receive your benefits within 7 days of filing your application if you answer "yes" to any of the questions below. Otherwise, you will receive your benefits within 30 days of filing your application.

1. Does your household expect to receive less than \$150 in income this month and have Yes No

Apply Online

mydss.mo.gov/apply



Apply for Services

Select a service below to apply for help:

NOTE: If you would like to apply for help through Rehabilitation Services for the Blind, please call 1-800-592-6004 to speak with a team member.



Healthcare

Apply for coverage through Missouri Medicaid (MOHealthNet).

APPLY



SNAP

Apply for a monthly benefit to help you buy food.

APPLY



Temporary Assistance

Apply for a monthly cash benefit to help you care for your child.

APPLY



Child Care

Apply for help with your child care costs.

APPLY



Child Support

Apply for child support or medical support for your child.

APPLY



Home Utility Assistance

Apply for help paying for your home energy bills.

APPLY



Check Your Status






mydss.mo.gov

Missouri Department of SOCIAL SERVICES

DSS mo.gov Governor Parson Find an Agency Online Services Search Select Language

About Divisions Services Providers Contact Us

How Can We Help?

			
Apply for Services	Check Your Status	Report a Change	Request New Card
Apply for help through one of our benefit programs or the child support.	Check on your application, benefits, or view benefit history.	Tell us if your information has changed since you applied.	Ask for a replacement EBT or MO HealthNet ID card.
Apply	Check	Report	Request

Check Your Status

The screenshot shows a web browser window with the URL `apps.dss.mo.gov/BenefitReview/BenefitSummary.aspx`. The page features the **myDSS** logo and a navigation menu with options: **myDSS**, **Services**, **Apply**, **Check My Status**, and **Report a Change**. A search bar is located in the top right corner. Below the navigation, there are links for **Frequently Asked Questions (FAQ)**, **Help**, **Español**, and **Reset**.

The main content area is titled **Check Status of Benefits** and contains the following form fields and buttons:

- Date of Birth:** A text input field with the placeholder `MM/DD/YYYY`.
- (AND)**
- Social Security Number (SSN):** A text input field with the placeholder `###-##-####` and a **Show** button.
- (OR)**
- DCN (case number):** A text input field with a note: *(Enter eight digit DCN. If you have been provided a DCN that is ten digits do not enter the first two zeros.)*
- Print Summary** button
- Continue >** button
- Exit** button

At the bottom of the page, a red warning message states: **Login to this portal to get information about your personal or household benefits. Use by others, without your permission, is prohibited.**

Check Your Status

Food Stamps benefit Summary

Case Information:

Case Status	Household Member(s)	Certification Begin Date	Certification End Date
ACT	[REDACTED]	04/01/2022	03/31/2024

Payments:

Benefit Month	Issue Date	Amount
06/2022	06/09/2022	\$ 34
05/2022	05/09/2022	\$ 34

Your ongoing benefit amount is \$34 /month

You may call the EBT card at 800-997-7777 or login to your Edge EBT account online [here](#), to confirm available benefits 24/7

Medical Assistance Benefit Summary

Case Information:

Case Status	Household Member(s)	Eligibility Review Due
ACT	[REDACTED]	04/30/2023

Current Benefit Information:

Customer Name	Coverage Type ⓘ	Current Coverage Start	Current Coverage End
[REDACTED]	QMB	04/01/2013	
[REDACTED]	MHSD	04/01/2013	

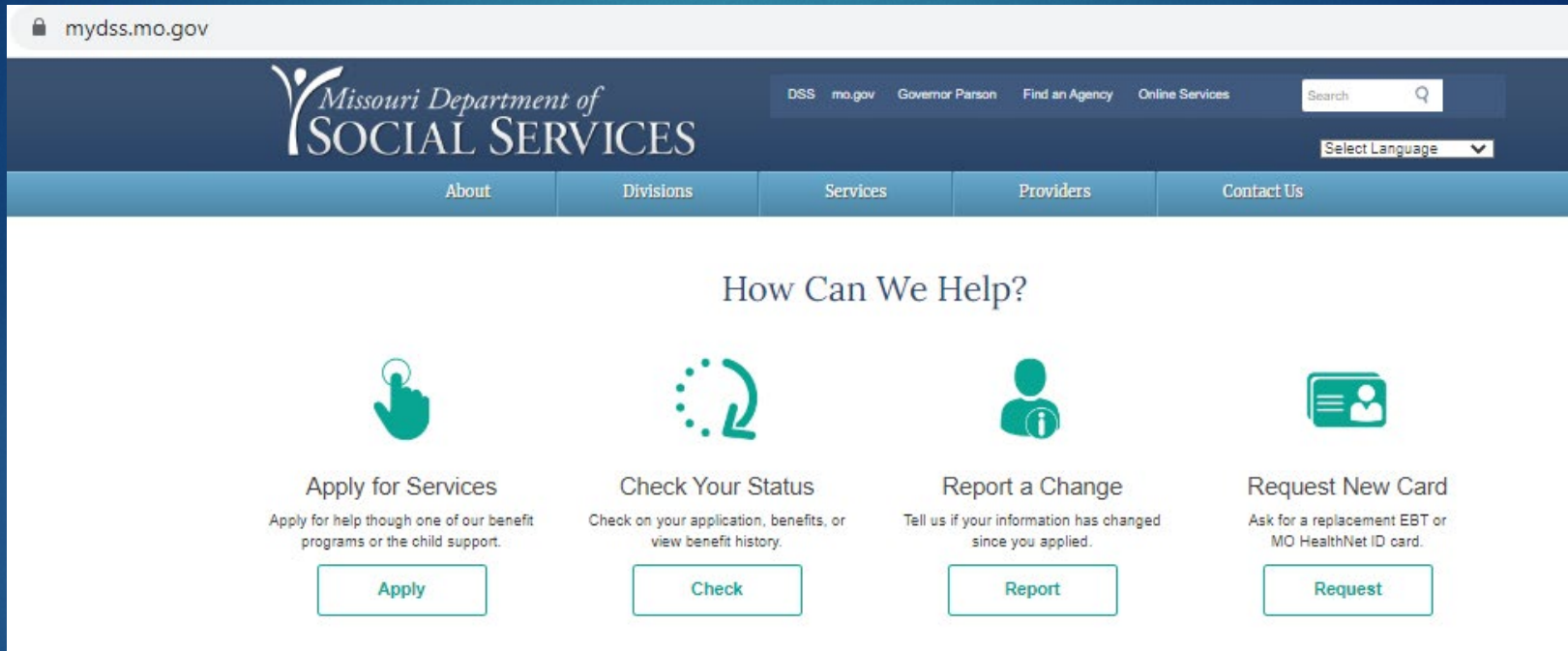
[More Coverage Type Information](#)

Premium/Spend Down Payment Information: Note: if you recently sent your premium payment, allow 10-14 days for your coverage to show or become active

Customer Name	Coverage Type	Monthly Amount	Amount Met	Amount Remaining	As Of Date
[REDACTED]	MHSD	\$ 38	\$ 0	\$38	06/02/2022

If you feel any information is incorrect, contact the Customer Service Center at 855-373-4636.

Report Changes



The screenshot shows the Missouri Department of Social Services website. The browser address bar displays 'mydss.mo.gov'. The website header includes the logo 'Missouri Department of SOCIAL SERVICES' and navigation links for 'DSS mo.gov', 'Governor Parson', 'Find an Agency', and 'Online Services'. A search bar and a language selection dropdown are also present. A horizontal menu contains 'About', 'Divisions', 'Services', 'Providers', and 'Contact Us'. The main content area is titled 'How Can We Help?' and features four service options, each with an icon, a title, a description, and a button:

- Apply for Services**: Apply for help through one of our benefit programs or the child support. Button: [Apply](#)
- Check Your Status**: Check on your application, benefits, or view benefit history. Button: [Check](#)
- Report a Change**: Tell us if your information has changed since you applied. Button: [Report](#)
- Request New Card**: Ask for a replacement EBT or MO HealthNet ID card. Button: [Request](#)

Report Changes

Report a Change

✓ Report Changes for Your Household

New Household Members

Household Members Left

Income

Vehicles

Resources

Moved

Shelter Expenses

Dependent Care Expense

Child Support Expense

Additional Information

Sign & Submit

Report Changes for Your Household

If your household circumstances change, Federal law requires you report the changes to Family Support Division with ten (10) days. You may report your changes on this form. You may also call FSD at 855-373-4636 or visit an FSD office.

You must complete "Report Changes for Your Household" and "Sign & Submit".

You can navigate to each of the sections to provide information that has changed. You do not have to complete every section if there were no changes.

Name *

DCN *

OR

SSN *

Date of Birth *

Report Changes

Report a Change

- Report Changes for Your Household
- ✓ New Household Members**
- Household Members Left
- Income
- Vehicles
- Resources
- Moved
- Shelter Expenses
- Dependent Care Expense
- Child Support Expense
- Additional Information
- Sign & Submit

New Household Members

If you have new household members, provide their information here. If there is more than 1 new household member, click the plus (+) to add additional household members.

You must provide the Social Security Number (SSN) of all persons applying for or receiving SNAP as a condition of eligibility. The SSN will be used to determine eligibility and level of benefits, verify information, prevent duplicate issuances, and to facilitate mass changes in Federal benefits (FS Act of 1977 & Public Law 97-98).

Name	Relationship
<input type="text"/>	<input type="text"/>
Birthdate	SSN
<input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="YYYY"/>	<input type="text"/>
Date Moved In	Disabled
<input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="YYYY"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="button" value="+"/> <input type="button" value="-"/>

Request New Card







mydss.mo.gov

Missouri Department of SOCIAL SERVICES

DSS mo.gov Governor Parson Find an Agency Online Services Search Select Language

About Divisions Services Providers Contact Us

How Can We Help?

			
Apply for Services	Check Your Status	Report a Change	Request New Card
Apply for help through one of our benefit programs or the child support.	Check on your application, benefits, or view benefit history.	Tell us if your information has changed since you applied.	Ask for a replacement EBT or MO HealthNet ID card.
Apply	Check	Report	Request

Request New Card

Request New Card

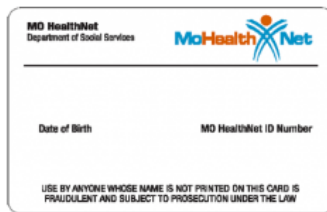
EBT Card

If your EBT card has been lost, stolen, or damaged, please call 800-997-7777 to ask for a replacement EBT card. You can also call the FSD Information Center at 855-FSD-INFO (855-373-4636).

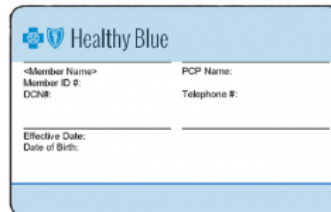


Healthcare Card

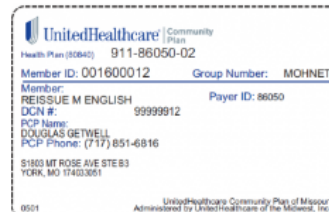
If you need a new MO HealthNet ID card, please call 855-FSD-INFO (855-373-4636). If you need a new Managed Care health plan card, please reach out to your health plan directly:



MO HealthNet
855-373-4636



Healthy Blue
833-388-1407





United Healthcare
866-292-0359



Home State Health
855-694-4663

Upload Portal – mydssupload.mo.gov

- ▶ The new FSD Upload Portal is now available. This allows participants to submit electronic documents online without having to create an account. This will replace the existing email address.

  FSD Upload Portal

Welcome to the FSD Upload Portal!

Please complete the form below to send the Family Support Division (FSD) any of the following documents:

- Applications
- Supporting documents (ex: paystubs or marriage license)
- Review forms (ex: MO HealthNet Annual Renewal or SNAP Mid-Certification)
- Supporting documents requested as verification (please review this list of [allowed verification](#) to see what types of documents you may send)

If you need to report a change to FSD, like a change in your income, contact information, or household size, please [report this change online](#).

Applications can also be submitted by [completing an online form](#), with no upload required.


NOTE: FSD team members will process all documents, no matter how we receive them (postal mail, fax, online application, etc.). If you submit your documents through this portal, please do not send them again another way.

Head of household First Name

Case Number (DCN) / SSN. (No Dashes or Spaces)

Head of household Last Name

Date of Birth

 Documents

PROGRAM	DOCUMENT TYPE	FILE NAME	ALLOWED
No documents selected yet.			



Questions?