



**MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION**

Dear Parent,

Have you had problems with your current or past spouse or significant other? Are you afraid that person will hurt you or your children if you receive services from the Family Support Division (FSD)?

If the answer to one of the above questions is "Yes," FSD may have information that will help you.

If you would like more information about domestic violence services, please check the appropriate box(es) below and return this form with your completed application for services or contact your local FSD office.

It is safe for you to call me during the day at:

\_\_\_\_\_.

You can leave a message for me at:

\_\_\_\_\_.

It is not safe for you to call me. I will contact you within **seven** days.

I understand that if I do not contact you within seven days, you will enter the address shown on the *Referral/Information for Services* into your system and use it as my contact address. However, FSD will also take action to prevent this address from being released to the other parent.

Other: \_\_\_\_\_

\_\_\_\_\_

My name is (please print) \_\_\_\_\_

My Social Security Number is \_\_\_\_\_

We need your Social Security number in order to identify you properly in our records. You do not have to provide this information, but failure to do so may prevent us from promptly or properly identifying you.

**If domestic violence is not an issue for you and/or your child(ren), do not return this form.**