



MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION
CLIENT INCOME AND DISBURSEMENT SYSTEM
INCOME WITHDRAWAL DOCUMENT

CLIENT INFORMATION

1. CLIENT NAME (LAST, FIRST, MIDDLE)

2. CLIENT DCN

3. REF. NO.

4. AMOUNT

PAYEE INFORMATION

5. NAME

6. TELEPHONE

7. ADDRESS LINE 1

8. CITY

9. STATE

10. ZIP CODE

APPROVAL INFORMATION

11. PREPARED BY

12. WORK. ID. NO.

13. DATE

14. FIPS CO. NO.

15. DIR/DESIGNEE

16. WORK. ID. NO.

17. DATE

REMARKS