

# RUSH

DATE: \_\_\_/\_\_\_/\_\_\_

TO: FSD Greene County Office  
101 Park Central Square  
Springfield MO 65806  
[FSD.Hospitalapplications@dss.mo.gov](mailto:FSD.Hospitalapplications@dss.mo.gov)  
Fax: 417-895-6080

**MRT Packet and/or Medical Records ONLY**  
[MRT.Personnel@dss.mo.gov](mailto:MRT.Personnel@dss.mo.gov)  
Fax: 417-895-6152

Re: Department of Mental Health (DMH) consumer:

Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

DCN: 0 0 \_\_\_\_\_

GAF score: \_\_\_\_\_

From DMH Agency/Provider:

Agency/Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Documents Included:

- Application (<http://dss.mo.gov/fsd/health-care/mo-healthnet-for-people-with-disabilities.htm>)
- Authorized Representative Form
- Complete MRT Packet including all of the below documents:  
If a consumer is receiving SSDI and/or SSI the MRT Packet is not needed.
  - IM-61B – Disability Questionnaire
  - IM-61C – Work History
  - IM-61D – Doctor/Medical Facility List
  - MO 650-2616 – Authorization for Disclosure
- Medical / Behavioral Health Records  
If a consumer is receiving SSDI and/or SSI the Medical/Behavioral Health Records are not needed.
  - Being sent separately (*send to the same address as above*)
  - No records available/accessible on this client at this DMH Agency/Provider
  - Optional: IM-60A – Medical Report including Physician’s Certification/Disability Evaluation*
- Notes \_\_\_\_\_

**Only to be completed by Agency/Provider Representative.**

**Do not submit without completing all sections of this form. Do not distribute this to consumers.  
Use this form for applications that need to be processed quickly for the wellbeing of the consumer.**