

Español

Reset. 

## Check Status of Benefits

\* Date of Birth:

(AND)

\* Social Security Number (SSN):

Show

(OR)

\* DCN (case number):

(Enter eight digit DCN. If you have been provided a DCN that is ten digits do not enter the first two zeros.)

Continue &gt;

Exit

State of Missouri  
Family Support Division

Print Summary

**Login to this portal to get information about your personal or household benefits. Use by others, without your permission, is prohibited.**

## Child Care Subsidy Benefit Summary

## Case Information:

Case Status	Household Member(s)	Certification Begin Date	Certification End Date
ACT	IRVING D WILLIAM A SAMUEL D VICTORIA E	11/01/2023	11/30/2024

## Child Care Provider Authorization:

Child Name	Units Authorized	Begin Date	End Date
IRVING D	Daytime(FT - 12, HT - 0, PT - 0, Total12) Evening/Weekend(FT - 0, HT - 0, PT - 0, Total0)	11/01/2023	11/30/2024



Units of Care for Daytime, Evening or Weekend

FT - Full-Time = 5-10 hours in calendar day  
HT - Half-Time = 3-5 hours in calendar day  
PT - Part-Time = 1/2 - 3 hours in calendar day

### Food Stamps benefit Summary

#### Case Information:

Case Status	Household Member(s)	Certification Begin Date	Certification End Date
ACT	IRVING D WILLIAM A SAMUEL D VICTORIA E	09/01/2023	08/31/2024

#### Payments:

Benefit Month	Issue Date	Amount
12/2023	12/05/2023	\$ 208
11/2023	11/05/2023	\$ 208
10/2023	10/05/2023	\$ 208

Your ongoing benefit amount is \$208 /month

You may call the EBT card at 800-997-7777 or login to your Edge EBT account online **here** (<https://www.ebtedge.com/gov/portal/PortalHome.do>), to confirm available benefits 24/7

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