



**MISSOURI DEPARTMENT OF SOCIAL SERVICES  
CHILDREN'S DIVISION  
Resource Parent Acknowledgment and Assurances Form**

Name:	Date:
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Name:	DVN:
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My initial beside each item listed below and signing this form, affirms that I (we) received copies of the documents listed and understand the information:

Parent 1	Parent 2	Acknowledgement of Item Received
		Missouri Resource Parent Handbook and/or internet link
		Foster Parent Bill of Rights
		Foster Care Bill of Rights
		Licensing of Foster Family Homes Rules
		Informed Consent Flyer

My initial beside each statement below and signing this form, affirms that I (we) understand and assure I (we) will comply:

Parent 1	Parent 2	Assurances
		I understand I must complete pre-service training to be licensed.
		I understand that the individuals on the license must complete 30 hours of in-service training for the license to be renewed.
		I understand that I must be compliant with the policies and laws set forth for a foster home license to continue to be licensed as a resource parent for the State of Missouri.
		I agree to report when there is a discovery of a child missing and to notify the child's legal custodian immediately. Within two hours of discovering that the child is missing, I shall also file a missing child complaint with the law enforcement agency having jurisdiction and inform the National Center for Missing and Exploited Children (1-800-843-5678).
		I understand and will adhere to the Reasonable and Prudent Parent Standard per section 472(c)(1)(A)(ii)(I) of the Act.
		I will not use any illegal substance, abuse alcohol by consuming it in excess amounts, or abuse legal prescription and nonprescription drugs by consuming them in excess amounts or using them contrary to as indicated.
		I will not smoke in the foster family home, in any vehicle used to transport the child, or in the presence of the child in foster care. Nor will I allow any guest in my home or vehicle to smoke, or to smoke in the presence of the child in foster care.
		I have received, read and understand my privacy rights regarding my criminal history check and that I have the right to challenge the accuracy of the criminal check report with the FBI.

Resource Parent (print)	Signature	Date
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Resource Parent (print)	Signature	Date
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Resource Worker (print)	Signature	Date
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