



MICHAEL L. PARSON, GOVERNOR • ROBERT J. KNODELL, DIRECTOR
DARRELL MISSEY, DIRECTOR
CHILDREN'S DIVISION

P.O. BOX 88 • JEFFERSON CITY, MO 65103-0088
WWW.DSS.MO.GOV • 573-522-8448 • 573-526-3971 FAX

Date: _____
Name: _____
Address: _____
Case #: _____
Child's Name: _____

You are receiving this letter because you have been identified as a relative to the above-named child that has been removed from their parent's custody. The Children's Division is required by law to provide notice, explore relatives and determine your ability and willingness to provide care and placement for the child.

Please be advised of the following:

1. If you wish to be considered for placement of the child in your home, consideration for placement will involve an assessment of your home and background screenings for child abuse/neglect and criminal history for you and all individuals living in your home. A home visit will also be conducted to ensure the safety of your home.
2. Relatives are encouraged to become licensed resource parents. Licensure requires additional assessment and training and provides financial assistance to help with the cost of caring for the child. Should you receive placement of the child, you would receive financial assistance in the interim for up to 90 days while the licensing process is being completed by you. Assistance may include: monthly maintenance payments, a clothing allowance, services through Missouri HealthNet, and childcare. If approved for licensure, you would continue to receive this assistance for as long as the child remains placed in your home and licensing standards are met.
3. As a relative placement provider you would be notified of and encouraged to participate in court hearings. You would be a member of the Family Support Team for the child and involved in making decisions and attending meetings pertaining to the child.
4. Should permanent care for the child become necessary there may be opportunities for guardianship or adoption which may also include ongoing financial assistance.

Please contact the Children's Division immediately to advise if you are interested in placement of the child, to obtain further information about this process or to learn how you can be of support to the child even if you cannot be a placement option. If you know of other family members we may contact, please notify us with their contact information.

Please also be advised that failure to respond to this notice within thirty (30) calendar days, or responding but declining to provide placement for the child, may result in not being considered for placement in the future.

Thank you for your consideration and we look forward to hearing from you. Please consider using the attached Relative Response Form to reply.

Sincerely,

_____, Case Manager	_____, Supervisor
Phone: _____	Phone: _____
Email: _____	Email: _____
Address: _____	Address: _____

AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES
TDD / TTY: 800-735-2966
RELAY MISSOURI: 711

Missouri Department of Social Services is an Equal Opportunity Employer/Program.



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Relative Response Form

As a relative, you may be a valuable support for the child. The Missouri Department of Social Services, Children's Division invites you to have contact with or provide support to this child. That connection or support may happen in a variety of ways. Please complete and return this form to inform us of your wishes.

I, _____, understand that _____ is currently in foster care in the custody of the MO DSS/Children's Division.

My relationship to this child is _____. I am a [] maternal [] paternal relative.
What does this child call you? _____.

1. I would like additional information about the child from the caseworker before making my decision.
[] Yes [] No

2. I would like to be considered for placement of this child in my home.
[] Yes [] No

Please provide the reasons you would or would not like to be considered for placement of the child in your home:

3. I am willing to provide the following connection and support to this child (check all that apply):
[] Letters [] Phone Contact [] Visitation [] Email [] Video Call [] Special holiday visits
[] Provide supervised visitation for parenting time between parents(s) and child
[] Provide transportation for visitation for parenting time with the child's parent(s)
[] Arrange family gatherings that involve the child and siblings (if applicable)
[] Provide family history information
[] Provide contact information for other relatives
[] Other involvement: _____
Participate in safety and stability planning:
[] Serve as a permanent connection
[] Provide short-term, temporary care for stabilization and support, if needed.

4. I have knowledge of or reason to believe this child has Native American or Alaskan Native Heritage.
[] Yes [] No

Please provide your contact information:

Phone: _____ Email: _____

Other method of contact: _____

(Relative's signature)

(Date)

Please return this form to the Case Manager at the address indicated on the cover letter within 30 calendar days from the date of this letter. If your level of interest is not made known to Children's Division in a timely manner, or if we are unable to contact you, it may be more difficult for you to become involved at a later time.