MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES

ALTERNATIVE CARE GRIEVANCE REVIEW REQUEST

SEE INSTRUCTIONS ON REVERSE SIDE

SECTION I. GRIEVANCE REVIEW REQUEST

TO	ALTERNATIVE CARE REVIEW BOARD LIAISON	ADDRESS
FROM	ALTERNATE CARE PARENT NAME	DVN (IF KNOWN)
	ADDRESS	TELEPHONE NUMBER

CHILD MANAGEMENT COMPLAINT (PLEASE DESCRIBE IN DETAIL - USE ADDITIONAL PAPER IF NEEDED)

☐ ADDITIONAL PAGES ATTACHED	ALTERNATIVE CARE PARENT SIGNATURE	DECISION DATE

☐ **PLEASE ATTACH THE AREA DIRECTOR'S WRITTEN DECISION.**

If you are dissatisfied with the Area Director decision you may submit this form to the Alternative Care Review Board Liaison within five (5) working days of the decision date. (See address on reverse side.)

☐ I WISH TO APPEAL THE ABOVE DECISION	ALTERNATIVE CARE PARENT SIGNATURE	DECISION DATE

SECTION II. ALTERNATIVE CARE REVIEW BOARD DECISION

☐ ADDITIONAL PAGES ATTACHED

☐ UPHOLD ☐ REVERSE	ACRB CHAIRPERSON SIGNATURE	DECISION DATE

SECTION III. DIVISION DIRECTOR DECISION

☐ ADDITIONAL PAGES ATTACHED

☐ UPHOLD ☐ REVERSE	DIRECTOR, DFS SIGNATURE	DECISION DATE

INSTRUCTIONS

1. Please type or print.
2. Complete Section I, Grievance Review Request. Attach additional pages if needed (please indicate with a ✓ if pages attached). This section is to be completed by the Alternative Care Parent to clearly describe the issue(s) being aggrieved.
3. Once Section I is completed, the Alternative Care Parent must submit the white, canary and pink copies to the Area Alternative Care Review Board Liaison. The goldenrod copy is kept by the Alternative Care Parent.
4. The Alternative Care Parent must attach the written decision of the Area Director.
5. The form must be sent to the Area Alternative Care Board Liaison c/o the respective Area Office. (See below.)
6. After Sections II and III have been completed, the form will be returned to the Alternative Care Parent with the final decision indicated by the Director of DFS.

AREA OFFICES

Area 1 Family Services Office
St. Joseph State Office Building
525 Jules Street, #202
St. Joseph, MO 64501

Area 2 Family Services Office
106 North Hospital Drive
P.O. Box 607
Fulton, MO 65251-0607

Area 3AB Family Services Office
130 South Frederick
P.O. Box 1059
Cape Girardeau, MO 63702-1059

Area 4D Family Services Office
1721 West Elfindale, Suite 205
Springfield, MO 65807

Area 5 Jackson County DFS
Kansas City State Office Building
615 East 13th Street
Kansas City, MO 64106

Area 6 St. Louis City DFS
111 North 7th Street
St. Louis, MO 63101

Area 7 St. Louis County DFS
9900 Page Avenue
St. Louis, MO 63132