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| --- | --- | --- |
|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’S DIVISION |  |
|  | **OUT OF COUNTY HOME ASSESSMENT REQUEST** | **Case Number:** |  |
| **Section I– Identifying Information** |
| **To:**(Name and Address of Circuit Manager in Receiving County) | **From:** (Name and Address of Circuit Manager or Case Management Agency in Sending County) |
|       |       |
| Name of Child | DCN | Sex | DOB | Ethnic Group | Already Placed | Date Placed |
|       |       |   |       |       | [ ]  |       |
|       |       |   |       |       | [ ]  |       |
|       |       |   |       |       | [ ]  |       |
|       |       |   |       |       | [ ]  |       |
|       |       |   |       |       | [ ]  |       |
|       |       |   |       |       | [ ]  |       |
| Parent #1      | Parent #2      |
| Address      | Address      |
| **Section II – Placement Information** |
| Name of Prospective Placement Resource and All Household Members | DOB | SSN | Telephone |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
| Placement Address:       |
| Legal Status: |  |
| [ ]  CD Custody | [ ]  Parental Rights Terminated |
| [ ]  Court Jurisdiction Only | [ ]  Other ⏵       |
| **Section III – Services Requested** |
| [ ]  Relative Home Assessment Relationship ⏵ |       |  |
| [ ]  Biological Parent Assessment[ ]  Adoptive Family Assessment[ ]  Foster Family Assessment | [ ]  Kinship Family Assessment [ ]  Independent Living Arrangement (ILA) [ ]  Transitional Living Arrangement (TLA) | [ ]  Divorce Custody Study[ ]  Family Requests Maintenance[ ]  CS-45 |
| **Section IV – Attachments (Mandatory Documentation)** |
| [ ]  Child’s Social History[ ]  Family Assessment (CD-14)[ ]  Initial Child Abuse/Neglect Background Information on adults in the potential resource home | [ ]  Court Order (Custody order/Most Recent)[ ]  Preliminary Criminal Background Screening[ ] Summary of case history/ family involvement with CD |
| [ ]  Other ⏵ |       |  |
|  |  |
| **Name of Sending Worker****⏵**      | **Email:**       | **Work #:**      |
| **Name of Supervisor****⏵**      | **Email:**       | **Work #:**      |
| **Section V – Action By Receiving County** |
| [ ]  Placement is Recommended | [ ]  Interview Completed |
| [ ]  Placement is Not Recommended | [ ]  Protective Service Case Opened |
| **Attach Copy of Family Assessment and All Other Appropriate Material** |
| **Signature of Receiving Worker⏵** |  |
| **Signature of Supervisor⏵** |  |