



Missouri Department of Social Services

P.O. Box 88 • Jefferson City, MO 65103-0088 • Phone: 573-522-8448 • Fax: 573-526-3971
www.dss.mo.gov • TDD/TTY: 800-735-2966 Relay Missouri: 711



Date: _____

Case #: _____

To: _____

Address: _____

Child's Name: _____

You are receiving this letter because you have been identified as a relative to the above-named child who 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 providers. 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.

Sincerely,

_____, Case Manager

Phone: _____

Email: _____

Address: _____

_____, Supervisor

Phone: _____

Email: _____

Address: _____