



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 CHILDREN'S DIVISION
CHILD TO PROVIDER RELATION

IMPORTANT: This form is to be completed and signed by the parent(s) and related child care provider. This form must be filed in the case record.

IDENTIFYING INFORMATION

CHILD'S NAME	DATE OF BIRTH	DATE ENROLLED
HEAD OF HOUSEHOLD and DCN		CONTACT NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)		WORK TELEPHONE

CHILD CARE PROVIDER IF MULTIPLE PROVIDERS, ONE FORM FOR EACH PROVIDER TO BE COMPLETED

NAME	DVN	CONTACT NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

RELATIONSHIP

DEGREE OF RELATIONSHIP BETWEEN THE CHILD CARE PROVIDER AND THE CHILD, EXPLAIN FULLY.

Note: This form must be completed and signed by the parent of the child(ren) in care and the related child care provider. The form is to be filed in the Family Support Division case file or the Children's Division file for the family. This form will serve as verification of relationship between the child(ren) and the chosen child care provider. Parents will be responsible for providing other forms of verification (birth certificates, marriage certificates, divorce decrees, etc.) if requested.

SIGNATURE(S) OF HEAD OF HOUSEHOLD	DATE
SIGNATURE(S) OF RELATED CHILD CARE PROVIDER	DATE