

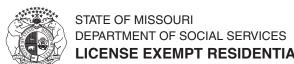
DEPARTMENT OF SOCIAL SER	☐ New ☐ Supplemental Update						
LICENSE EXEMPT RESID	DATE	REASON FOR U	IPDATE				
CARE FACILITY NOTIFICA							
RESIDENTIAL CARE FACILITY INFORMATION FACILITY NAME	ON	STREET ADDRESS					
PACILITY NAIVIE		STREET ADDRESS					
MAILING ADDRESS	PHONE NUMBER	DDRESS					
RESIDENTIAL CARE FACILITY STAFF INFO	RMATION						
DIRECTOR NAME	DIRECTOR PHONE	OWNER NAME		OWNER PHONE			
OPERATOR NAME	OPERATOR PHONE	DIRECTOR EMAIL ADDRESS		FACILITY CONTACT Director			
OF ENATOR NAME	OF ENATOR FRIONE	DIRECTOR EMAIL ADDRESS		FACILITY CONTACT Director Owner Operator			
TYPE OF AGENCY License exempt fo	ster home						
Boarding School Congregate Care		(describe)					
OPERATING AGENCY OR ORGANIZATION		<u> </u>					
NAME							
DESCRIPTION, INCLUDING A STATEMENT AS TO WHET CORPORATE (ATTACH ADDITIONAL PAGES IF NECESSA		ANIZATION IS INCORPORATE	O TO INCLUDE STATI	E OF INCORPORATION AND			
OOTH OTHER (ATMOTTABBITIONAL TAGEOTI NEOLOGA	arri).						
SPONSORING ORGANIZATION INFORMATI	ION						
NAME		ADDRESS					
LIST SCHOOL(S) AND ADDRESS ATTENDED BY THE CH	HILDREN SERVED BY THE RI	ESIDENTIAL CARE FACILITY (ATTACH ADDITIONAL	L PAGES IF NECESSARY):			

RPU-36 MO 886-4711 (12-2021)

LICENSE EXEMPT RESIDENTIAL CARE FACILITY NOTIFICATION

MDCCCXX							
SUPPLEMENTAL DOCUMEN	TS - If No or Not I	Required, please prov	vide detailed statement regarding reas	son certificates not provided	YES	NO	NOT REQUIRED
Fire and safety inspection cert	re and safety inspection certificate(s):						
Health & Sanitation inspection	certificate(s):						
Agency policy demonstrating that medical records are maintained for the children served:							
List of all staff members, vo	unteers, and	any individual ei	ghteen (18) years or older w	ho reside at or on the	prope	rty o	f the
residential care facility (attac	ch additional p	pages if necessa	ary) at the time of this Notifica				
	1	T	T	FOR DSS USE ONLY			
Full Legal Name	Last 4 of SSN	Date of Birth	Job Title/Role	Date Fingerprints Receiv			ligible
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MO 886-4711 (12-2021) RPU-36



LICENSE EXEMPT RESIDENTIAL CARE FACILITY NOTIFICATION

SUBMITTED BY
DATE
I hereby attest and affirm, subject to the penalties of perjury, that I am the Director of the facility or the Director's designee, and that I am authorized to execute this Notification Supplemental Notification and attestation on behalf of the notifying entity and that the information contained in the Notice and the supporting materials are true, accurate, and complete. I hereby further attest and affirm that the facility actually maintains medical records for each child served by the facility according to the written policy of the facility, a copy of which is submitted as supporting materials to this Notification.
I further certify, under oath and subject to penalty of perjury, that all individuals who are required to successfully complete background checks pursuant to section 210.493 RSMo and 13 CSR 35-71.015, 13 CSR 35-71.300, have completed background checks or will have completed background checks by the end of the phase in period, unless an extension has been granted by the Division, and are eligible as provided by law.
SIGNATURE
DATE

MO 886-4711 (12-2021) RPU-36