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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’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 | | |
|  | | | | | | |  | | |  |  | | | |  | | |  | |  | | |
|  | | | | | | |  | | |  |  | | | |  | | |  | |  | | |
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| Parent #1 | | | | | | | | | Parent #2 | | | | | | | | | | | | | |
| Address | | | | | | | | | Address | | | | | | | | | | | | | |
| **Section II – Placement Information** | | | | | | | | | | | | | | | | | | | | | | |
| Name of Prospective Placement Resource | | | | | | | | | 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 | | | | | | | | | |
| **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 (PCX date):  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⏵** | | |  | | | | | | | | | | | | | | | | | | | |