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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’S DIVISION**PARENT RESPONSE FORM** |
| **Name** | **Date of Birth**      |
| **Address** |
|  | **Social Security Number** |
| **Have you or an immediate family member ever served in the U.S. Armed Forces?** **[ ]  Yes** **[ ]  No****If yes, would you like information about military-related services in Missouri? [ ]  Yes [ ]  No** |
| **My Children Are:**  |
| **My Intentions Are: (Check all that apply)**[ ]  I expect to be released on      .[ ]  I want to provide a home for my child(ren) when I am released.[ ]  I am unable to provide a home for my child(ren).[ ]  I want to maintain a relationship with my child(ren).[ ]  I would like information about voluntarily relinquishing my parental rights.[ ]  I would like the following person(s) contacted to see if they would be willing to provide a home for my child(ren): |

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| NAME | ADDRESS | RELATIONSHIP |
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| **Signature** | **Date**      |