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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION  **Waiver of Two Week’s Notice** |

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| Authorization | | |
| I (we) the undersigned person(s) providing foster care to the child named below placed in my (our) home by the Children’s Division on the date indicated, hereby waive the requirement of two (2) weeks advance notice before the named child can be removed from my (our) foster home by the Children’s Division. | | |
| Foster Youth Information | | |
| Name of Foster Youth | | Original Placement Date |
| Resource Parent Information | | |
| Resource Parent Signature | | Date |
| Resource Parent Signature | | Date |
| Resource Parent Address | | |
| Resource Parent Telephone Number | | |
| Children’s Division Information | | |
| Children’s Service Worker Name (Print) | | |
| Children’s Service Worker Signature | | Date |
| Circuit | County | |