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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION  **APPLICATION TO PROVIDE RESPITE CARE** | | | | | | | |
| Name | | | | | Date of Birth | SSN | | |
|  | | | | |  |  | | |
| Spouse | | | | | Date of Birth | SSN | | |
|  | | | | |  |  | | |
| Home address: | | | | | | | | |
| Telephone number: | | | | | | | | |
| Email address: | | | | | | | | |
| **Please list other persons residing in the home, date of birth, relationship to head of household, and Social Security Number. Attach additional pages, if necessary.** | | | | | | | | |
| Name | | Date of Birth | | Relationship to Head of Household | | | SSN | |
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| **Please respond to the following questions:** | | | | | | | | |
| **1. What is your understanding of the Children’s Division Respite Care program?** | | | | | | | | |
|  | | | | | | | | |
| **2. What motivated you to become a Children’s Division Respite Care provider?** | | | | | | | | |
|  | | | | | | | | |
| **3. What child care experience do you have?** | | | | | | | | |
|  | | | | | | | | |
| **4. Are you currently providing care for other unrelated children? If yes, how many unrelated children are you providing care for in your home/facility?** | | | | | | | | |
|  | | | | | | | | |
| **5. What is your understanding of Children’s Division regulations regarding corporal punishment?** | | | | | | | | |
|  | | | | | | | | |
| **6. What is your understanding of the laws governing confidentiality of foster children placed in your home?** | | | | | | | | |
|  | | | | | | | | |
| **I (We), the undersigned, certify that I (we) have received an explanation of the Respite Care program as provided through the Children's Division and understand the terms as stated in this application.** | | | | | | | | |
| **Signature** | | | **Date** | | **Signature** | | | **Date** |
|  | | |  | |  | | |  |
| **This is to certify that I have completed the walk through of the applicant’s home and completed the Respite Care Provider Checklist, CS-RC-2.** | | | | | | | | |
| **Children's Service Worker Signature** | | | | | **Date** | | | |
| **This is to certify that I have provided an explanation of the Respite Care Program as provided through the Children's Division to the Respite Care applicant.** | | | | | | | | |
| **Children's Service Worker Signature** | | | | | **Date** | | | |