

**MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION**

**ADOPTION EXCHANGE OF MISSOURI
CONSENT FOR SPECIAL RECRUITMENT EFFORTS**

DATE: _____

Consent is hereby given for the Adoption Exchange of Missouri to pursue special family resource recruitment efforts on behalf of _____
(Child's Given Name and Surname)

Birthdate

County of Jurisdiction

Authorized representative of agency or
court having jurisdiction of the child

Case No.: _____

Please note any restrictions on use in specific geographic areas.

Original to AEM
Copy in Case File