|  |  |  |  |
| --- | --- | --- | --- |
|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION  **FOSTER FAMILY PROFILE** | | |
| **HOUSEHOLD COMPOSITION As Specified 13 CSR-35-60.030** | | | |
| **FULL NAME ( USE INITIALS FOR BIOLOGICAL AND ADOPTED CHILDREN)** | | **SEX** | **AGE** |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| **LIST ANY PETS IN THE HOUSEHOLD** | | | |
| **Describe how you structure your environment so that it is safe and healthy for a child. As required by 13 CSR 35-60.040 and As required by 13 CSR 35-60.050** | | | |
| **Describe how you express positive feelings toward a child both verbally and physically. As required by 13 CSR 35-60.030** | | | |
| **Describe how you recognize and respond appropriately to a child’s verbal and physical expressions of needs and wants. As required by 13 CSR 35-60.050** | | | |
| **Describe how you consistently use appropriate techniques to discipline a child and refrain from using corporal punishment on any child in the custody of the Children’s Division. As required by 13 CSR 35-60.050** | | | |

|  |  |  |
| --- | --- | --- |
| **FOSTER FAMILY PROFILE CONTINUED** | | |
| **Describe how you guide a child towards independence. As required by 13 CSR 35-60.050** | | |
| **Describe how your family works with a child(ren) and their birth family, including parents and siblings. As required by 13 CSR 35-60.030** | | |
| **Describe your family's educational practices (i.e. home schooling, public/ private school). As required by 13 CSR 35-60.030** | | |
| **This is a**  **smoking**  **non-smoking household.** | | |
| **FOSTER PARENT ETHNIC AND RACIAL BACKGROUND As required by 13 CSR 35-60.030** | | |
| **FOSTER PARENT 1** | **FOSTER PARENT 2** | |
| **FOSTER PARENT LIFESTYLE (i.e. RELIGIOUS PREFERENCES, SEXUAL ORIENTATION, FAMILY ACTIVITIES, etc) As required by 13 CSR 35-60.030** | | |
| **FOSTER PARENT 1** | **FOSTER PARENT 2** | |
| **FOSTER PARENT EMPLOYMENT (List Occupation)As required by 13 CSR 35-60.030** | | |
| **FOSTER PARENT 1** | **FOSTER PARENT 2** | |
| **Additional comments** | | |
|  | | |
| FOSTER PARENT 1 SIGNATURE | | DATE SIGNED |
| FOSTER PARENT 2 SIGNATURE | | DATE SIGNED |
| **THANK YOU FOR YOUR TIME.** | | |

If you are a Veteran in the state of Missouri and are interested in learning more about benefits and resources available to you and your dependents, visit [https://mvc.dps.mo.gov/MoVeteransInformation/Survey/DSS](https://urldefense.com/v3/__https:/links-1.govdelivery.com/CL0/https:*2F*2Fmvc.dps.mo.gov*2FMoVeteransInformation*2FSurvey*2FDSS/1/01000193218a84d0-8f198a3b-c422-4f00-8742-000348342f9e-000000/fec4DKiy5orO1fZfF_kT5FUoneXJe0utfDBEVH0TDeU=379__;JSUlJSU!!EErPFA7f--AJOw!CWnF7jPI_CIrBk9YG0heJ87akjNcW2Ie1zvraoFh8tnzaGcGLAbvBbhVQO6210Frx99RsLGhw_3RyAph9WRtC5juzBRpNwWTdl5viy_Khiky$).