|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION  **RESOURCE HOME ADVERSE ACTION REPORT** | | | | | | | | | | | | | | | | | | |
| SECTION I | | | | | | | | | | | | | | | | | | | | |
| TO | | |  | CIRCUIT MANAGER OR DESIGNEE | | | | | | | | | | | COUNTY | | | | | |
| FROM | | |  | CHILDREN’S SERVICES WORKER | | | | | | | | | | | DATE | | | | | |
| SECTION II | | | | | | | | | | | | | | | | | | | | |
| RESOURCE HOME | | | | | | | | | | | | | | | TELEPHONE NO | | | | | |
| ADDRESS | | | | | | | | | | | | | | | | | | | | |
| SECTION III | | | | | | | | | | | | | | | | | | | | |
| RECOMMENDATION SUMMARY: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| SECTION IV | | | | | | | | | | | | | | | | | | | | |
| VOLUNTARY withdrawal OF LICENSE | | | | | | | | | | | | | | | | | | | | |
| WAS LICENSE VOLUNTARILY withdrawn? | | | | | | | | |  | YES | |  | NO | | | | DATE: |  | | |
| IF YES, REASON FOR RELINQUISHMENT: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **I RECOMMEND THE FOLLOWING ACTION TO BE TAKEN**: | | | | | | | | | | | CS WORKER SIGNATURE | | | | | | | | DATE | |
|  | Voluntary withdrawal | | | |  | DENIAL |  | REVOCATION | | |  | | | | | | | |  | |
| SECTION V | | | | | | | | | | | RECOMMENDATION STATUS | | | | | | | | | DATE |
| COMMENTS: | | | | | | | | | | |  | AGREE | |  | | DISAGREE | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | IMMEDIATE SUPERVISOR | | | | | | | | | |
| SECTION VI | | | | | | | | | | | RECOMMENDATION STATUS | | | | | | | | | DATE |
| COMMENTS: | | | | | | | | | | |  | AGREE | |  | | DISAGREE | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | CIRCUIT MANAGER (OR DESIGNEE) | | | | | | | | | |
| SECTION VI | | | | | | | | | | | RECOMMENDATION STATUS | | | | | | | | | DATE |
| COMMENTS: | | | | | | | | | | |  | AGREE | |  | | DISAGREE | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | REGION DIRECTOR (OR DESIGNEE) | | | | | | | | | |

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$).