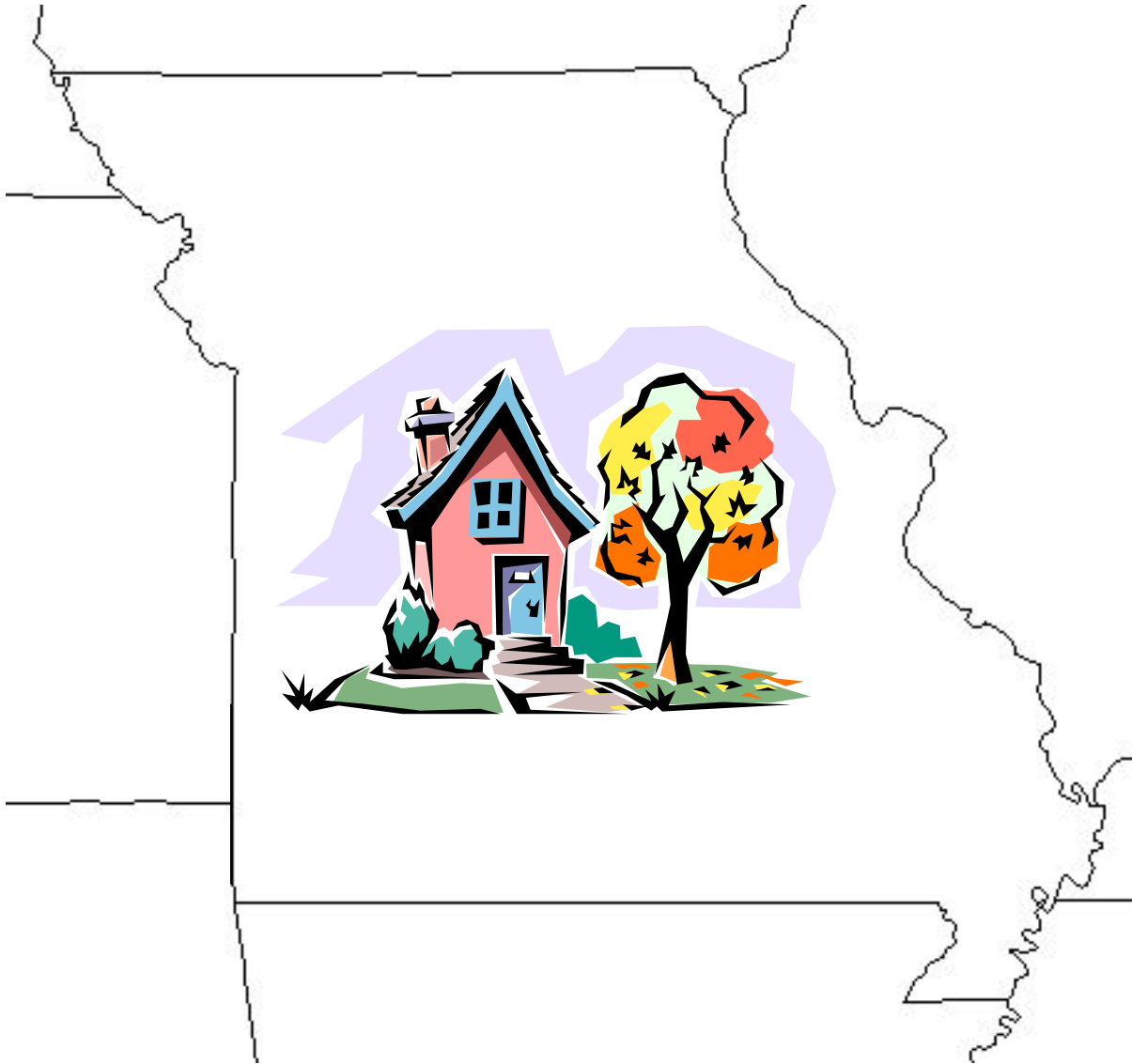


# **Missouri Resource Parent Handbook**



*Department of Social Services Children's Division*

The Children's Division and the State Foster Care Advisory Committee  
would like to express their deep appreciation to

St. Louis City staff,  
Renee Farmar-Nowlin  
and  
Libby Eversgerd,

for their hard work and time involved in developing the original version of this Handbook.

Updated June 2020  
by Elizabeth Tattershall

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# PURPOSE

Resource parents are foster parents, relatives and/or kinship care providers who are licensed by the Missouri Children's Division to provide 24-hour care for children in the legal custody of the state.

This handbook is available to resource parents to provide quick and easy access to important information.

We have made an attempt to provide you with a great deal of information, but we are certain this book does not contain the answers for every situation. **Please note that policy is subject to change and you should contact your local office for any clarification.**



The Missouri Children's Division (CD) and the Missouri State Foster Care and Adoption Board (MSFCAB) are committed to improving communication. If at any time you have questions or concerns, feel free to contact your licensing worker, child's case manager, or another resource parent.

During the course of your foster parenting, you will become part of a team comprised of caseworkers, resource parents, law enforcement agencies, court officials, therapists, doctors, schools, biological families and, of course, children. Your participation in team meetings is vital in assuring quality child welfare services to Missouri's children. With so many people involved, there will be times when not everyone agrees. Please keep in mind your opinion does matter and speak up! Together we can provide the safety, permanency and well-being that every child deserves.

# MISSION

The mission of the Missouri Department of Social Services (DSS) Children's Division is to protect Missouri children from abuse and neglect; assuring their safety and well begin by partnering with families, communities and government in an ethically, culturally and socially responsible manner. (Revised September 9, 2010.)

## TEAM APPROACH/TEAM MEETINGS

As a resource parent you are a vital member of the Family Support Team (FST) and the Permanency Planning Review Team (PPRT) which meet regularly to make recommendations for children placed in your home. The FST and PPRT each have different intents and required timeframes.

Upon a child entering the state's custody the worker should be meeting with the family within 24 hours of initial placement. Your participation may be necessary to provide or gather information about the child. A Family Support Team meeting will be held within the first 72 hours, and 30 days of initial placement to establish a visitation plan for the parents and children to visit each other and to develop a case plan. FSTs are then held every 30 days until court adjudication and as needed, or required, thereafter.

The intent of the FST is to determine service and treatment needs; determine the need for the appropriate placement of the child, and to develop a reunification plan or other permanency option. Evaluating case progress and revising the case plan as needed are discussed at FSTs. FSTs are also held prior to or within 72 hours of a change in a child's placement.

The Permanency Planning Review (PPR) Team has different timeframes than the FST. PPRTs are to be conducted prior to the date of the child's sixth month in care and every six months thereafter. At least one person not responsible for the case management of or delivery of services, to either the child or the parents must participate in the PPR. The intent of a PPR is to determine:

- The safety of the child

- The continuing necessity for and appropriateness of the placement
- The extent of compliance with the case plan
- The extent and progress which has been made in alleviating or mitigating the causes necessitating placement in foster care; and
- To project a likely date by which the child may be returned to and safely maintained in the home or placed for adoption or legal guardianship.

Working as a member of a professional team can be challenging for various reasons. The issues we are working with are emotionally charged. There are many parties and factors involved - different agencies, the legal system and birth family. Sometimes there is conflict between the legal responsibility and the attachment the child has with resource families. Different team members come not only with their expertise, but also with their own perspective, and teamwork may be a new idea for some which can be overwhelming. Foster youth age 13 and older are an invited member to the meeting. Foster youth less than 13 years of age may attend with supervisor approval. Information about who is a member of the team is located in policy, [Section 4 Chapter 7 Subsection 2](#).

While teamwork is definitely challenging, there are some guidelines or concepts to help the team better achieve their goals. Team members need to share child welfare values and respect for child welfare laws. When team members value the child's relationships, it is easier for the team to work together toward supporting those relationships. Likewise, when there is an understanding of the legal issues in child welfare it helps team members to better understand the mandate and responsibility of the agency. In issues as emotionally charged as attachment, separation and loss, and child abuse, there will not always be shared values.

Different members of the team have different expertise to offer. The use of complementary skills is one of the greatest values of teamwork. But members, by virtue of their differing roles and skills, also come to the team with different perspectives. Perspectives do not need to be judged right or wrong, but rather need to be considered as part of the overall decision making. If the team does not value its members' perspectives, valuable information may be lost and the child will suffer from that loss.



Team members need to have a clear understanding of the goals and objectives in working with children and families and ensure these are shared among team members. When you are a team member, you cannot base your actions on your own assessment of a situation. The team needs to share information and ensure there is a common understanding of the goal and the work to be done to achieve that goal.

There is a common misperception that teamwork is a natural occurrence instead of a process that takes practice.

**Let's take the challenge and practice teamwork for our kids!**

## **FOSTER PARENT BILL OF RIGHTS AND RESPONSIBILITIES (Per RSMO 210.566, 2002)**

1. (1) The Children's Division and its contractors, recognizing that foster parents are not clients but rather are colleagues in the child welfare team, shall treat foster parents in a manner consistent with the National Association of Social Workers' ethical standards of conduct as described in its Social Workers' Ethical Responsibilities to Colleagues. Foster parents shall treat the children in their care, the child's birth family and members of the child welfare team in a manner consistent with their ethical responsibilities as professional team members.

(2) The Children's Division and its contractors shall provide written notification of the rights enumerated in this section at the time of initial licensure and at the time of each licensure renewal following the initial licensure period.

2. (1) The Children's Division and its contractors shall provide foster parents with regularly scheduled opportunities for pre-service training, and regularly scheduled opportunities for pertinent in-service training, as determined by the Missouri State Foster Care and Adoption Advisory Board.

(2) The Children's Division and its contractors shall provide to foster parents and potential adoptive parents, prior to placement, all pertinent information, including but not limited to full disclosure of all medical, psychological, and

psychiatric conditions of the child, as well as information from previous placements that would indicate that the child or children may have a propensity to cause violence to any member of the foster family home. The foster parents shall be provided with any information regarding the child or the child's family, including but not limited to the case plan, any family history of mental or physical illness, sexual abuse of the child or sexual abuse perpetrated by the child, criminal background of the child or the child's family, fire-setting or other destructive behavior by the child, substance abuse by the child or child's family, or any other information which is pertinent to the care and needs of the child and to protect the foster or adoptive family. Knowingly providing false or misleading information to foster parents in order to secure placement shall be denoted in the caseworker's personnel file and shall be kept on record by the division.

(3) The Children's Division and its contractors shall arrange preplacement visits, except in emergencies.

(4) The foster parents may ask questions about the child's case plan, encourage a placement or refuse a placement without reprisal from the caseworker or agency. After a placement, the Children's Division and its contractors shall update the foster parents as new information about the child is gathered.

(5) Foster parents shall be informed in a timely manner by the Children's Division and its contractors of all team meetings and staffings concerning their licensure status or children placed in their homes, and shall be allowed to participate, consistent with section 210.761.

(6) The Children's Division and its contractors shall establish reasonably accessible respite care for children in foster care for short periods of time, jointly determined by foster parents and the child's caseworker pursuant to section 210.545. Foster parents shall follow all procedures established by the Children's Division and its contractors for requesting and using respite care.

(7) Foster parents shall treat all information received from the Children's Division and its contractors about the child and the child's family as confidential. Information necessary for the medical or psychiatric care of the child may be provided to the appropriate practitioners. Foster parents may share information necessary with school personnel in order to secure a safe and appropriate education for the child. Additionally, foster parents shall share information they may learn about the child and the child's family, and concerns that arise in the

care of the child, with the caseworker and other members of the child welfare team. Recognizing that placement changes are difficult for children, foster parents shall seek all necessary information, and participate in pre-placement visits whenever possible, before deciding whether to accept a child for placement.

3. (1) Foster parents shall make decisions about the daily living concerns of the child, and shall be permitted to continue the practice of their own family values and routines while respecting the child's cultural heritage. All discipline shall be consistent with state laws and regulations. The Children's Division shall allow foster parents to help plan visitation between the child and the child's siblings or biological family. Visitations should be scheduled at a time that meets the needs of the child, the biological family members, and the foster family whenever possible. Recognizing that visitation with family members is an important right of children in foster care, foster parents shall be flexible and cooperative with regard to family visits.

(2) Foster parents shall provide care that is respectful of the child's cultural identity and needs. Recognizing that cultural competence can be learned, the Children's Division and their contractors shall provide foster parents with training that specifically addresses cultural needs of children, including but not limited to, information on skin and hair care, information on any specific religious or cultural practices of the child's biological family, and referrals to community resources for ongoing education and support.

(3) Foster parents shall recognize that the purpose of discipline is to teach and direct the behavior of the child, and ensure that it is administered in a humane and sensitive manner. Foster parents shall use discipline methods which are consistent with Children's Division policy.

4. (1) Consistent with state laws and regulations, the Children's Division and its contractors shall provide, upon request by the foster parents, information about a child's progress after the child leaves foster care.

(2) Except in emergencies, foster parents shall be given two weeks advance notice and a written statement of the reasons before a child is removed from their care. When requesting removal of a child from their home, foster parents shall give two weeks advance notice, consistent with division policy, to the child's caseworker, except in emergency situations.

(3) Recognizing the critical nature of attachment for children, if a child reenters the foster care system and is not placed in a relative home, the child's former foster parents shall be given first consideration for placement of the child.

(4) If a child becomes free for adoption while in foster care, the child's foster family shall be given preferential consideration as adoptive parents consistent with section 453.070, RSMo.

(5) If a foster child becomes free for adoption and the foster parents desire to adopt the child, they shall inform the caseworker within sixty days of the caseworker's initial query. If they do not choose to pursue adoption, foster parents shall make every effort to support and encourage the child's placement in a permanent home, including but not limited to providing information on the history and care needs of the child and accommodating transitional visitation.

5. Foster parents shall be informed by the court no later than two weeks prior to all court hearings pertaining to a child in their care, and informed of their right to attend and participate, consistent with section 211.464, RSMo.

6. The Children's Division and their contractors shall provide access to a fair and impartial grievance process to address licensure, case management decisions, and delivery of service issues. Foster parents shall have timely access to the child placement agency's appeals process, and shall be free from acts of retaliation when exercising the right to appeal.

7. The Children's Division and their contractors shall provide training to foster parents on the policies and procedures governing the licensure of foster homes, the provision of foster care, and the adoption process. Foster parents shall, upon request, be provided with written documentation of the policies of the Children's Division and their contractors. Per licensure requirements, foster parents shall comply with the policies of the child placement agency.

8. For purposes of this section, "foster parent" means a resource family providing care of children in state custody.

## **Foster Care Bill of Rights (from RSMo 210.564, 2017)**

In all circumstances, the best interests of the child shall be the first priority of the Children's Division

Recognizing the importance of familial stability in foster care and adoption placement, it shall be the practice of the children's division, when appropriate, to support a child's return to the custody and care of the parents or guardians with whom the child resided immediately prior to state custody

When restoration of care and custody is not appropriate or possible, the Children's Division shall attempt to place the child with suitable relatives in accordance with section 210.565

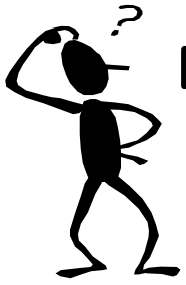
The Children's Division shall further support familial stability by ensuring continuity of foster placement, except in instances where cause for a change in a child's placement is reasonably found

The Children's Division shall work with each child in state custody to develop both a permanency plan and a case plan. These plans shall be developed within twelve months of a child's entrance into state custody. The permanency plan shall include the child's immediate and long-term placement goals, while the case plan shall address a child's specific medical and emotional needs

Recognizing the value of familial relationships in foster care and adoption settings, it shall be the practice of the Children's Division to place siblings in the same foster care, kinship, guardianship, or adoptive placement, unless doing so would be contrary to the safety or well-being of any of the siblings. If siblings are not placed together, it shall be the practice of the children's division to support regular visitation and communication between siblings in state custody, and between children in state custody and their parents and relatives, where not otherwise prohibited or against a child's best interests

The Children's Division shall support all children twelve years of age or older in state custody to attend any hearings pertaining to the child's placement, custody,

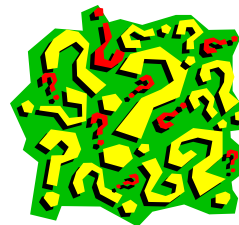
or care, provided that the child is willing and able to attend such hearings, and that attending such hearings is in the best interests of the child.



## FREQUENTLY ASKED QUESTIONS

There are some questions that are asked quite often. This is a short list of questions pooled from resource parents like you. The page numbers following the questions will help you find the answers.

1. How can resource families practice teamwork? (7)
2. When and how does the child visit with his/her family? (46)
3. When can I give permission for a foster child to do something? (18)
4. What is a placement packet? (17)
5. How am I involved in the child's education? (9,18,50)
6. Can a foster child join us on our family vacations and trips? (46)
7. What is appropriate discipline? (9,11,41)
8. What is a lifebook? (42)
9. What is respite? (62)
10. Who consents to routine and emergency medical care? (30)
11. What if the child requires mental health services? (36)
12. Who is eligible for WIC? (35)
13. How do I receive mileage reimbursements and clothing vouchers?(26,28)
14. If I work, can a foster child be in child care? (23)



15. Are there any local supports for resource parents? (64)
16. Can a child receive mail and phone calls from the parent? (49)
17. When does a child have to ride in a car safety seat? (44)
18. How do I receive the maintenance payment? (22)

## WORKING WITH YOU IN PROTECTING MISSOURI'S CHILDREN



### OUR GUIDING PRINCIPLES:

**PROTECTION**—Children have a right to be safe and live free from abuse and neglect.

**PERMANENCY**—Children are entitled to enduring, nurturing relationships that provide a sense of family, stability and belonging.

**PARTNERSHIP**—Families, communities and government share the responsibility to create safe, nurturing environments for families to raise their children—only through working together can better outcomes be achieved.

**PRACTICE**—The family is the basic building block of society and is irreplaceable. Building on their strengths, families are empowered to identify and access services that support, preserve and strengthen their functioning.

**PREVENTION**—Families are supported through proactive, intentional activities that promote positive child development and prevent abuse and neglect.

**PROFESSIONALISM**—Staff are valued, respected and supported throughout their career and in turn provide excellent service that values, respects and supports families.



# PLACEMENT INFORMATION

How and why do children get placed into foster care?

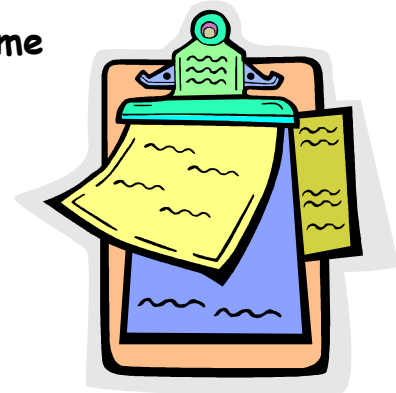
Children are placed into foster care based on an initial report of child abuse and neglect. If the child has been abused and/or neglected and the safety of the child cannot be assured while the child remains in his home, the Juvenile/Family Court will grant the Missouri Children's Division temporary legal custody of the child for appropriate placement.

The placement of siblings together is a priority. When a child is placed in the care and custody of the Children's Division, whether separately or as a part of a sibling group, efforts are made to reunite the sibling group whenever possible. Siblings should be reunited in a placement, at the earliest time possible, unless determined not to be in the best interest of the child.

Once an appropriate placement is found, the child is physically placed in the resource home by a worker. At this time, you have physical custody of the child, while the Missouri Children's Division has legal custody of the same child.

The child's case manager will provide you with some paperwork which is very important. Some of the forms provided to the resource family will include:

- **A letter stating that the child has been placed in your home by the Missouri Children's Division.**
- **Permission to obtain regular medical and dental care.**
- **Child/Family Health and Developmental Assessment Form-general background information (CW-103).**
- **A MO HealthNet card or Title XIX Verification Letter, IM-29.**



It's a good idea to keep  
Some resource parents  
binder for each child and



this packet handy in case of emergencies.  
find it convenient to start a folder or  
keep all of their information in this folder.

You should receive contact information for the child's case manager and their supervisor at the time of placement. This is for you to use should there be an after-hours emergency.

## WHAT CAN YOU CONSENT TO AS A RESOURCE PARENT?

The Missouri Children's Division has legal custody of the child. Administrative rules and policy stipulate who can authorize and/or sign for certain activities for foster children. Missouri Statute 210.660-210.665 defines what reasonable and prudent parents of foster youth looks like to provide normalcy for foster youth. A required training in the form of a PowerPoint is located on the Internet for your review. <https://dss.mo.gov/cd/fostercare/pdf/reasonable-prudent-parenting.pdf>

You may consent to:

- Public school registration
- Initial evaluation and placement for special education and related services
- Making/changing class schedule
- Absence from school
- Participation in extracurricular activities
- School meal programs
- Routine medical/dental checkups
- Short-term inter-county travel
- Application for worker's permit and releases



- Initiate screening test for developmental disabilities
- Mental health assessments

You must discuss the following with the child's worker before proceeding:

- Release of school or mental health records to a third party
- Psychiatric/psychological evaluation or outpatient treatment
- Photographs taken for publicity purposes or media promotions
- Emergency routine surgery or major medical testing/procedures
- Enlistment in armed forces or Job Corps
- Marriage
- Registration in special schools
- Application for driver's training permit and license
- Interstate/international travel
- Examination by law enforcement or
- Religious ceremonies (i.e., baptism, confirmation)



Some of the above will require birth parent approval, Family Support Team approval or a court order. If you have questions, please contact your worker.

Tip: Sign all forms as follows: Your name, resource parent for CD. Do not sign any forms promising to pay any bills or pay for any medical care, as CD cannot guarantee reimbursement to you.

# QUESTIONS TO ASK AT THE TIME OF PLACEMENT

1. What is the child's name? Birth date? MO HealthNet number?
2. What is the worker's name? Phone number at work? Home number?
3. What is the Supervisor's name? Phone number at work? Home number?
4. Do you have a placement packet?
5. What happened to the child today?
6. What is the family situation? Where are the parents? Are there brothers and sisters? Where are they? What community are they from?
7. Why is this child being placed? Has the child been placed before? Can we contact the previous provider?
8. Where did the child attend school/preschool?
9. When is the first Family Support Team Meeting?
10. What is the child's legal status?
11. Is there a court date scheduled?
12. What was the nature of the abuse/neglect?
13. Does the child have a therapist?
14. Is the child on a special diet? Are there any food allergies? If the child is on formula, what kind?
15. Has the child had a physical? What is the child's physician's name?
16. Is the family visiting? When is the next parent/child/sibling visit? Is there extended family?
17. Are there any behaviors that this child is exhibiting?
18. Does this child wet the bed? If so, what steps have been taken?
19. When is the best time to reach the child's case manager? When will they be contacting you next?
21. Are there any precautions which should be taken regarding the safety of the child?



**Please keep in mind that the child's worker will probably not have the answers to all of these questions at the time of placement, but should provide you with the information as soon as it becomes available to them.**

There are some instances when the child's worker doesn't have any of this information. In cases where children are abandoned, even the most basic information, like the child's name, may not be known. As information becomes

available it should be shared with you, or vice versa. Don't hesitate to call the child's worker when you have questions.

## **POLICY CLARIFICATION PROTOCOL**

When a policy question or procedure clarification is needed please follow the below protocol:

First—Check with the child's case manager. They may need to seek assistance to answer the question so you may not get an answer right away.

Second—Go to the supervisor. This step should be used only after you have approached your worker. Reasons to seek the supervisor would be no answer from the worker or you do not feel confident that the answer given is correct.

Third—Contact the next level supervisor as identified by your worker.

Fourth—Contact your Regional Field Support Manager as identified by your worker.

Fifth—You can contact Central Office staff who are available to provide technical assistance.

It is our hope that if you are following the chain of command, it would rarely reach the point where you would need to contact Central Office directly as someone along the line will either answer your question or will be contacting Central Office for clarification themselves. This is the same protocol that staff should follow when they need clarification. Central Office staff will notify the Regional Field Support Manager or Circuit Manager/Program Manager and local office staff of any policy clarifications made to resource parents. Regional Managers and Circuit Managers will do the same in those situations where they provide clarification to resource parents.

The Missouri State Foster Care and Adoption Board (MSFCAB) is also available for assistance if needed. You can contact your local foster/adoption advisory group as needed.



## MAINTENANCE REIMBURSEMENTS

The maintenance reimbursement is a monthly payment which assists in the cost of room and board, incidentals and clothing for the child. If a child is not in your home for the entire month, all of the following payments will be prorated (you will only be paid for the number of nights the child spends in your home).

You may find the current standard reimbursement rate in the Child Welfare Manual at:

<https://dssmanuals.mo.gov/child-welfare-manual/section-4-chapter-12-financial-considerations-subsection-8-payments-for-children/>

Direct deposit is available to avoid delays in receiving payments.

The form, CD-122, is located at Children's Division E-Forms

<http://dssweb/cs/forms/> .

## INFANT ALLOWANCE

A child between the ages of 0-36 months, in qualifying placement types, is eligible for an additional \$50 per month to help meet the specialized needs of infants, such as diapers, formula, clothing and supplies.

## OVERPAYMENT/UNDERPAYMENT OF MAINTENANCE COSTS

If at any time an overpayment or underpayment occurs, it is important you notify your local CD office **immediately** so the problem can be corrected. Any overpayments must be recovered by the agency. Please review your check each month for accuracy as we realize that an unexpected reduction in your check could cause a hardship.

# CHILD CARE SERVICES

Resource parents may request child care services for children in their care, if the resource parent has a valid need for child care. Child care is also available if it is in support of a child's case plan and/or agreement.



care services for parent has a valid available if it is in written service

The expectation is for Protective Services (PS) children to attend licensed/contracted child care providers. Child care facilities used for children in foster care must be licensed by the Department of Health and Senior Services, Section for Child Care Regulation, and must have a valid contract with DSS.

Occasionally, there will be situations when a licensed child care provider may not be available, due to the lack of availability, accessibility or appropriateness of care. In these situations, the child's case manager must enter a waiver request (for PS children) to use a registered child care provider (DHSS license exempt child care provider or a DSS license exempt child care provider). If the selected provider is not currently registered with DSS, the provider must apply and be approved for registration before care can be provided and payment can be issued for care provided.

**Children's Division staff must authorize a child for child care to a DSS compliant child care provider.** Child care must be authorized for one full year. Both the resource parent and child care provider will receive an Authorization Notice when the child has been authorized for child care. If you do not receive an authorization notice, notify your worker immediately. Both the waiver and the authorization must be approved before the child can be authorized for child care services. The provider must be registered before care can be provided and payment can be made to the child care provider.

**NOTE:** Convenience and/or personal preference does not justify a waiver from using licensed/contracted child care.

Resource parents are encouraged to participate in the selection of the child care provider. When contacting child care providers, it is important that the provider

understand that it is Protective Services child care. Child care providers receive a rate enhancement of 25% above their base rate for Protective Services children. The rate enhancement is child specific. **Child care must be authorized by the child's case manager prior to the child attending.**

Payment for child care services is made directly to the child care provider with a Child Care Vendor Invoice.

Child care providers are **prohibited** from charging Protective Services families additional fees above the reimbursement paid by the Children's Division. Protective Services families and children include, but are not limited to, families or children receiving Adoption Subsidy, Family-Centered Out-of-Home Care (Foster Care), Family-Centered Services, Legal Guardianship Subsidy and Intensive In-Home Services. Additional fees could include registration fees, co-payments, field trip fees, transportation fees, etc. Mileage costs related to transportation to and from child care by the Resource Parent are not reimbursable. **Fees for late pick up of a child are the responsibility of the Resource Parent.**

Your local Resource and Referral agency can provide you with a list of licensed providers in your area to meet your specific needs. You may locate the agency in your area through Missouri Child Care Aware at their toll free number, 1-800-200-9017 or on the internet at <http://mo.childcareaware.org/>.

The child's case manager is to monitor the parent/child use of child care. Communication regarding the need for child care should occur continuously between the worker, child care provider and the family.

Children's Division staff is to refer child care provider issues or concerns to the appropriate Child Care Provider Relations Unit.

A resource parent may not be the child care provider or the owner of a child care facility providing care for the foster youth placed in their home. If child care is needed, and the resource parent is a child care provider, the foster youth's worker will assist the resource parent in locating a different licensed/contracted



child care provider to provide child care services. Additional information about resource parents who are also licensed to provide child care is located in the Child Welfare Manual Section 6 Chapter 3 Subsection 4

## TEMPORARY SHORT-TERM BABYSITTING

Babysitting expenses incurred while a resource parent is attending in-service training as required to maintain the resource parent license is reimbursable at the rate of \$2.00 per hour per child. Contact the worker who maintains your license regarding this reimbursement. This also covers the cost for babysitting services for the resource parent's biological children. The rate is the same (\$2.00 per hour per child).



## MILEAGE REIMBURSEMENT

Resource providers may receive mileage reimbursement for transportation costs as outlined in the CD's Child Welfare Manual, Section 4 Chapter 12 subsection 8. The Travel Expense Log, CD-106 must be completed and submitted to the local CD staff for approval **within thirty (30) days** of the month that the trip occurred. Transportation costs will be paid at the current state mileage as of the date of the trip.

### Round Trip

Most transportation reimbursement is based on a round trip. A round trip is leaving from point "A", traveling to point "B", and returning to point "A" again. Some round trips may not include the foster child being in the vehicle on the return trip, as the youth is being dropped off to be picked up at a later time. The trip to pick the youth up and return to the starting point will be considered a second trip.



## Child Specific Costs

1. Allowable child specific transportation costs for Alternative Care (AC) contracts, Professional Parent (PP) contracts, and those who are elevated needs level A, and/or medical providers to transport the child include transportation to and from:

- Medical care
- Counseling
- Visits with parent(s)
- Court
- FST and PPRT meetings
- Respite
- Keeping foster Youth in same school as at removal

For these transportation needs, providers may be reimbursed the current state mileage rate for all miles traveled.

**The first 10 miles of any trip not listed above will not be reimbursed.**

2. Allowable child specific transportation also includes trips that are child specific to support the foster youth's development as approved by the Family Support Team and/or case manager and supervisor. Reimbursement for these transportation needs shall be at a per mile rate for each mile over a 10-mile round trip. This applies to traditional level placements, which includes providers with AC contracts, PP contracts, or who are elevated needs level A and/or medical providers.

3. Acceptable child specific transportation also includes education related transportation needs to maintain the child in the school enrolled in at the time of placement in foster care. Resource providers may receive mileage reimbursement at the current state mileage rate for each mile round trip per day.

5. Transportation costs for any level of care for child care services is not an allowable cost, even if such services are part of the child's case plan.

## Youth with Elevated Needs-Level B Reimbursement

In compliance with the Cooperative Agreement for the Purchase of Elevated Needs Level B Foster Care Services, CM-8, the elevated needs level B placement provider shall provide ordinary travel which is reasonable and customary including counseling, medical, dental, daily activities and family visits. Trips over a 200-mile round trip can be reimbursed at a per mile rate for each mile over a 200-mile round trip with Regional Director approval only. For cases that require frequent approval, the determination can be made at a Family Support Team meeting that a standing approval is granted for that frequent child specific trip. The written approval from the Circuit Manager or in the metro areas the Circuit Manager Designee is identified by their signature on the CD-107. The PR with the CD-107 attached is submitted to the FACES Payment Unit to process for reimbursement.

### Non Child Specific Costs

Transportation reimbursement will be paid to resource providers for round trip for pre-service (after the license is approved and granted) and in-service training. Transportation reimbursement will be paid to resource providers for any round trip to attend Foster Parent Advisory Board Meeting. **If a child's placement provider is unable to provide the transportation, a vendor with a transportation contract must be used.**

Contact your child's case manager for policy requirements when transporting a child in AC via airplane, bus or train

It generally takes 20-60 days for you to receive the mileage check. Mileage is reimbursed to resource parents at the same rate as it is to agency staff. The reimbursement rate per mile is established each year.

Direct deposit is available to avoid delays in receiving payments.

The form is located at:

[https://oa.mo.gov/sites/default/files/vendor\\_input\\_ach\\_eftd.pdf](https://oa.mo.gov/sites/default/files/vendor_input_ach_eftd.pdf)

# CLOTHING ALLOWANCE

Part of your monthly maintenance payment is intended to cover the regular purchase of clothing. In addition, children will receive a yearly clothing allowance. Clothes for foster children should be purchased on an "as needed" basis. When a child enters foster care he/she may need a new supply of clothing.

The chart providing the amount children receive annually for clothing is located in the Child Welfare Manual in Section 4 Chapter 12, Subsection 8:

<https://dssmanuals.mo.gov/child-welfare-manual/section-4-chapter-12-financial-considerations-subsection-8-payments-for-children/>

The annual allowance refers to the anniversary date of the child's placement in foster care. **The clothing purchased will stay with the child if moved or returned home.**



To use a clothing voucher, call the child's case manager to see how much money is available to the child. If the child has lived elsewhere during the year, part or all of the allowance may have already been used. There are two ways to utilize the clothing allowance:

- 1) You can purchase the child's clothing at any retail outlet (retail store, thrift store or garage sale), and then submit the receipts to your child's case manager for reimbursement.
- 2) You can use the agency charge account at participating stores. Check with your local CD office to find out which stores are participating in your area. These accounts were opened to spare you the inconvenience of out-of-pocket expenditures for clothing. To use the charge account, you will need to contact the child's case manager and request a clothing voucher. Take the voucher to the store that is indicated and inform the customer service representative that you are using the voucher. Present the form and your resource parent identification card to the clerk. The voucher cannot be used for lay-away. Let the store manager fill out the form. Do not write anything else on the form. Vouchers must be used for **clothing** for the specified child only. You cannot buy diapers, school supplies, etc. The store

will retain the paperwork. A copy of the receipt should be given to the case manager.

## PROPERTY DAMAGE

If a foster child damages your or anyone else's property, notify the child's case manager immediately. You may want to discuss with the case manager filing an incident report with local law enforcement. Also, check with your insurance agent on homeowner's coverage.



## TAXES

Many resource parents are eligible for tax benefits worth, in some cases, several thousand dollars. Certain tax benefits primarily affect lower income families; others can affect middle and even upper income families. **Resource families should meet with a tax advisor or the IRS to discuss which tax benefits may apply.**

Monthly Maintenance Payments you receive for providing care to children in foster care are not included in your income.

Food Stamps are reportable income.

## MEDICAL INFORMATION

All children should receive an initial health examination within 24 hours of a child's entry into care. A full Healthy Children and Youth (HCY) assessment, drug and alcohol screenings, developmental screening, and mental health screening must be completed within 30 days of custody. In addition, children under ten years of age must receive a broad physical, developmental, behavioral and emotional screening within 30 days of entry into custody and every six months thereafter as



long as the child remains in care per RSMo 210.110. Children, 10 years and older who enter CD custody shall be screened within 30 days, and any identified areas of need shall be addressed as soon as possible, with continued follow up as recommended.

All available medical history should be entered on the Child/Family Health and Developmental Assessment form, CW-103, which includes general background information and should be in the placement packet given to you when the child is placed in your home. We cannot promise a clear health record because the child's history of illness, immunizations, allergies and accidents isn't always known. The child's case manager should share additional medical information as it becomes available. The child's worker should provide the resource parent with the CD-264, Health Care Information Summary.

It is your responsibility to make medical appointments and take the child to these, as you can best describe the child's symptoms. You are also responsible for updating the Child/Family Health and Developmental Assessment form, CW-103. Annual dental exams are required for all children in alternative care. Please contact the child's MO HealthNet (MH) or MO HealthNet Managed Care (MHMC) provider to obtain these services. If a special medical need arises, contact your child's case manager or MH or MHMC provider.

When a child is placed in your home, you will receive a letter authorizing you to seek routine medical care for the child. You are encouraged to handle minor illnesses and accidents as you would for your own children. For emergencies, call the doctor and follow his/her directions or if unavailable, take the child to the nearest hospital for emergency care. Notify the child's case manager or supervisor as soon as possible. It is good practice to also keep a written record of the incident. Resource parents are not responsible for medical costs, including doctors, dentists, hospital, emergency room bills or prescriptions, provided they use a MH or MHMC provider.



Children's Division has created forms to assist the resource provider in documenting health related needs and appointments regarding the child, CD-265 (Monthly Medical Log) and CD-264 (Healthcare Information Summary). The

forms are to be maintained and supplemented by the resource provider throughout the child's placement and are to be submitted to the case manager monthly, primarily during worker home visits.

Refer to the information sheet regarding Informed Consent,  
<https://dss.mo.gov/cd/foster-care/information-for-foster-parents.htm>

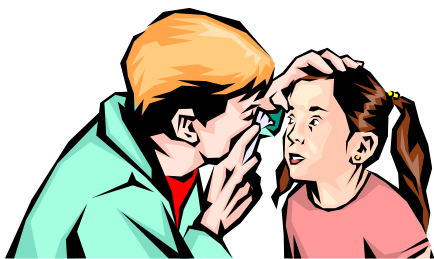
**\*TIP: Sign all forms as follows: Your name, Resource Parent for the Missouri Children's Division. Do not sign any forms promising to pay any bills or pay for any medical care, as CD cannot reimburse you.**

## **MO HEALTHNET (MHN) & MHN MANAGED CARE**

All children in the state's foster care system are eligible for physical and behavioral healthcare services. The child's physical healthcare will be provided through a Managed Care plan( unless they are opted out of Managed Care into the Fee-for-Service program) and their behavioral healthcare will be provided through MO HealthNet. Other services may be available through community resources (i.e. the Health Department).

Listed below are some benefits and services available through MO HealthNet or MO HealthNet Managed Care.

\*Healthy Children and Youth (HCY) Services including: physicals, developmental, and mental health screenings (also called EPSDT), Vaccinations, laboratory tests, lead tests, etc.



\*Prescriptions (drugs)

\*Vision and Dental Services

\*Hearing screens and related services

\*Emergency Services

\*Mental Health and Substance Abuse Services

MO HealthNet approved facilities and providers are available to all alternative care children. Most children receive their physical health services through a managed care plan. Children covered under MOHealthNet Managed Care choose a Primary Care Physician (PCP). The PCP may be a doctor, nurse practitioner or a

clinic in your MHN Managed Care health plan. If the child has a chronic illness, their PCP may be a specialist. Resource parents are encouraged to use the child's current PCP if possible, to provide continuity of care.

If your child gets sick, you are encouraged to call your PCP unless it is a true emergency. In an emergency, you do not need to call your PCP first. Go to the nearest hospital or call 911. If the child needs a specialist, the PCP may provide a referral for you.

A packet of Managed Care healthcare information will be sent to your home by the MHN. The packet will include information on the three Managed Care healthcare plans the MHN offers. After choosing a healthcare plan, call the MHN Managed Care Enrollment Helpline at 1-800-348-6627 to enroll in your chosen health plan. After the child is enrolled in a MHN Managed Care plan, that plan will send a member card and handbook which will inform you all about their benefits. Please read it carefully and keep it in a safe place. If you have questions about their benefits, call the health plan directly.

If the child placed in your home does not have Managed Care, please call MO HealthNet Participant Services at 800-392-2161 for answers to your healthcare questions.

MO HealthNet Division provides two instructional flyers; one which gives instructions for selecting a managed care program and the other for how to opt out of the managed care plan and use Medicaid Fee for Service:

- [Changing Managed Care Health Plans](#)
- [Opting Out of Managed Care Program](#)



**AIDS/HIV**

**TESTING**



Children should be screened for HIV/AIDS if it is determined they may have been exposed to the virus. The request for HIV/AIDS screening shall be handled in a discreet, confidential manner. If there is a positive screening result, the child's case manager and placement resource shall be notified. Decisions regarding who else will be notified will be made by the child's case manager and the placement provider. **As few people as possible should be notified, depending on the circumstances of the case as HIPAA (Health Insurance Portability and Accountability Act) regulations apply.**

Children who are known to be HIV positive and their placement provider should receive specialized counseling services and support to help them manage the illness and to make plans for any necessary medical treatment.

### **ADDITIONAL NOTES ON AIDS/HIV**

#### **AIDS IS NOT SPREAD BY CASUAL CONTACT.**

**YOU CAN SAFELY CARE FOR A CHILD WITH AIDS.** HIV/AIDS virus is fragile outside the human body and is not spread through casual contact. It is easily killed with common household disinfectants, such as chlorine bleach.

If you are caring for a child with HIV/AIDS you can:

- Hug them
- Hold their hands
- Give them a kiss
- Dry their tears



Children who are HIV positive or who have AIDS can:

- Eat at the same table
- Be served from a common dish family style
- Use the same dishes, glasses and utensils

Used dishes should be washed with hot water and soap and rinsed with hot water. The child's clothing may be washed with the family wash, unless soaked with blood or other body fluids.

## **UNIVERSAL PRECAUTIONS/INFECTION CONTROL**

Providing complete infection control information is beyond the scope of this handbook. To obtain more information consult your physician, local health department or Centers for Disease Control and Prevention at: <http://www.cdc.gov/> if anyone in the household has been exposed to a communicable disease/blood or other potentially infectious materials. Meanwhile, here are some common sense ways to help prevent the spread of colds and other infections.

**Washing your hands is the single most important factor in preventing the spread of infections.** The second most important factor is teaching a child to wash his/her hands. You must teach the child to wash his/her hands after toileting, before handling food and after playing outside in the dirt.



Other common sense approaches to prevent infections include:

- Cover your mouth when you sneeze (with a tissue when possible).
- Keep open wounds covered.
- Don't share clothing, combs, hair ties, hats or other personal items.
- Wear disposable gloves when changing diarrhea diapers and/or contaminated clothing.
- Wash your hands between diapering different toddlers/infants.

According to Infection Control, in order to prevent exposure to blood borne pathogens during the cleaning process, it is recommended that gloves be worn. If the spill occurs on a nonporous surface, absorbing the spill and then using a 1 to 100 dilution of household bleach to water is a highly effective disinfectant.

For porous surfaces it is recommended that a 1 to 10 dilution of household bleach to water be used. Wiping the area of the spill with a cloth or paper towel moderately wet with the disinfectant and allowing the surface to dry will disinfect the area that the spill occurred.

## BITES

Wash the area with soap and water right away. Since a human bite is serious, seek medical attention and report the bite to your child's caseworker. Be aware that the biter is also at risk.



## WIC: Women, Infants and Children

WIC is a nutritional education program that also provides supplemental foods to promote good health. It is administered through the Missouri Department of Health. **Most foster children under the age of five automatically qualify for WIC services.** When you have a child placed with you who is under the age of five, contact your local WIC office as soon as possible to schedule an appointment.



You can receive free vouchers for baby formula, cereal, eggs, milk, peanut butter, juice and other nutritional foods to meet a child's individual needs.

WIC will weigh and measure your child, check for low iron in his/her blood, make referrals for medical care as needed and provide a dietitian to help with any nutritional concerns.



## BIRTH CONTROL AND PREGNANCY

The child's case manager shall ensure children receive sexual health education including information on sexually transmitted diseases and birth control appropriate to their individual age and physical and emotional maturity. The worker should make extensive efforts to involve the physician in sexual health decisions and encourage the child to discuss these matters with his/her parent/s when circumstances allow. All efforts to comply with this policy must be clearly documented in the record. Directives given by the Court to handle birth control consent or sexual health decisions contrary to this policy should be followed and documented in the record.

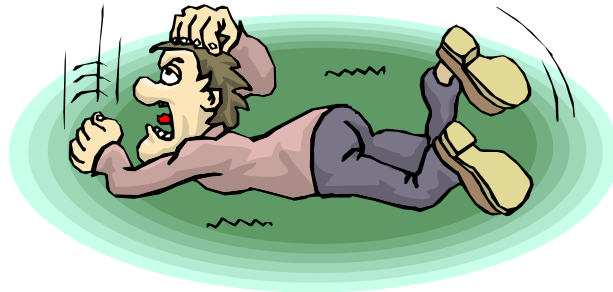
Should a young adult become pregnant while in foster care, all efforts should be made to ensure complete prenatal care is received. In addition, the court of jurisdiction will be notified by the case manager. The child's case manager should refer the young adult to the appropriate persons for information and resources needed to explore her options. The young adult should make an informed decision without undue influence and/or coercion by the Missouri Children's Division, the resource parent, or biological parents. If the young adult elects to give birth and care for the infant, every effort must be made to keep the young adult and infant together.

## DRUG AND ALCOHOL USE/ABUSE

Adolescents often experiment with the use of drugs and/or alcohol and should be provided with education regarding the consequences of such behavior, especially if the child comes from an alcohol/drug addicted family environment. Consult with the child's case manager regarding appropriate services. Alateen is a teen group similar to Al-Anon. These support groups help teens manage their relationship with a parent who has problems with alcohol.

# EMOTIONAL AND BEHAVIORAL PROBLEMS

Children with serious emotional and behavioral disturbances should receive appropriate counseling, therapy and medication if necessary. State law requires children 10 and under to have a physical, developmental and mental health screening within 30 days of entry into custody and every 6 months thereafter as long as the child remains in care. Contact the child's case manager regarding the appropriate services. It is recommended you purchase a notebook to document the child's daily behavior.



## THE ASSESSMENT

Mental health assessments are done through interviews, observation and testing. As a resource parent with experience with the child, you have valuable information to share. If the child is in counseling, you will need to be involved. Be sure to keep your child's case manager advised of the child's progress.

## PSYCHOLOGICAL EVALUATION

If a more extensive evaluation is needed to determine cognitive/intellectual, academic, personality and neurological functioning, a psychological evaluation may be necessary. Results may obligate schools to provide more specialized services.



## MEDICATION MANAGEMENT

Medication management is one of the most important aspects of caring for a child who requires medication to control medical and/or psychological conditions. This includes:

- Ensuring the medication is taken on time and in the exact amounts prescribed.

- Understanding the expected effects and potential side effects of the medications.

**Do not withhold a medication or change the dose without the doctor's approval.**

## **PSYCHOTROPIC MEDICATIONS**

Psychotropic medications are often prescribed for ADHD, depression, psychotic episodes and other psychological and/or behavioral disorders. **Psychotropic medications may NOT be given "PRN" (as needed). They must be given on a regular basis as prescribed.** These are powerful medications that can build up in the blood stream. Some of them need to be monitored with frequent blood level tests to ensure a therapeutic level and prevent overdose/under dose. **As with all medications, psychotropic medications must be stored in a secure place.**

## **PURPOSE AND MISSION OF THE JUVENILE/FAMILY COURT**

As designated by the Juvenile Code, the purpose of the Juvenile/Family Court is to "facilitate the care, protection and discipline of children who come within the jurisdiction of the Juvenile Court." The mission of the court is to ensure that "each child coming within the jurisdiction of the Juvenile Court shall receive such care, guidance and control, preferably in his own home, as will conduce to the child's welfare and the best interests of the state...." The Juvenile/Family Court, in most cases, does not initiate actions; rather, its role is to wait until another agency or individual refers a case of possible child abuse or neglect to it for action.

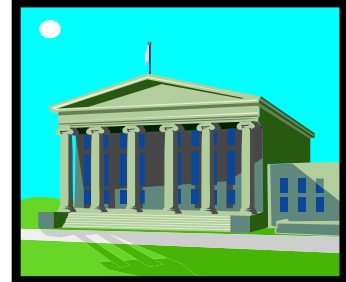


The Juvenile Court has exclusive jurisdiction over children less than 17 years of age. In cases where a child has been determined to be abused or neglected, jurisdiction can be extended to children over 18 years of age. Once the Juvenile Court has asserted jurisdiction, the court may retain jurisdiction until the child has reached the age of 21.

Another exception is when a child between the ages of 14 and 17 has committed an offense which would be considered a felony if committed by an adult. The child may then be certified as an adult and tried in the Circuit Court.

Its authority over adults is limited to the following circumstances:

- The court may order parents to financially support their children in placement;
- The court may order physical, psychiatric, or psychological examinations of parents or guardians;
- Any person who interferes with a court order, or contributes to the delinquency of a child under court's jurisdiction may be held in contempt;
- The termination of parental rights, and
- Adoptions



Any other punitive action against the parent or other custodian must be addressed by the Circuit Court.

Once a case has been initiated in the Juvenile/Family Court by the filing of a petition, the court will hold a hearing. There are several different types of hearings that are conducted by the Juvenile/Family Court. These would include:

### **Detention or Protective Custody Hearing**

Within 24 hours of a juvenile being taken into custody, the court must order a Detention Hearing. The purpose is to determine if the court has grounds to hold the child until the Adjudicatory Hearing. The Detention Hearing must be held within 72 hours, excluding weekends and holidays.

### **Adjudication and Permanency Hearing** (formerly known as Dispositional)

Once the juvenile officer files a petition, the case enters hearing phase. There are two phases of the initial hearing procedure. These may be addressed consecutively or separately.



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The ADJUDICATORY phase is conducted to determine if the juvenile or his parents have committed acts alleged in the petition which allow the court to take jurisdiction over the child.

If the allegations are found to be true, the hearing enters phase two, the DISPOSITIONAL phase. In the dispositional phase, the court decides the most appropriate means to address, or dispose of the problem. This may include commitment to a public or private agency, supervision, examination by a psychiatrist or psychologist, participation in counseling, or any number of other dispositions.

Once the initial disposition is completed, the court is required to have a DISPOSITIONAL REVIEW every 90-120 days for the first year. This hearing allows the court to monitor the progress of the case and ensure that the services and placement continue to meet the needs of the family.

### **Permanency Review**

These are yearly judicial reviews which are conducted to determine the continuing appropriateness of a child's placement, a child's progress while in care toward the short and long range goals, and a child's need for continued care. Before this Permanency Review, the child's case manager should meet with you to assess the child's situation.

### **Post-Permanency Review**

These are informal judicial reviews which provide the court with the opportunity to review the case progress and to evaluate the continued need and appropriateness of services. They are held every 90-120 days after the Permanency Hearings.

### **Caregiver Court Information Form**

Per statute, foster, relative, and kinship providers have the right to receive notice of court hearings held with respect to children in their care. In addition, the caregiver has a right to be heard in any such proceeding.

The Missouri Juvenile Court Improvement Project formed a sub-committee to develop a form to elicit factual, first-hand information on the child from the child's caregiver that might not be available otherwise prior to scheduled court hearings. The completion of this form by the caregiver is optional.



Although this is not a Children's Division form, it is available through E-forms under Reference Documents and Resources at the following link:

<http://www.dss.mo.gov/cd/info/forms/index.htm>.

Caregivers can access the form electronically on the DSS website or they may contact the local Children's Division office for a copy. Caregivers should send the completed form to the juvenile officer in the county where the hearing will occur. The Juvenile Office will distribute the completed form to all parties in accordance with local procedures.

### **Concurrent Permanency Planning**

Concurrent permanency planning involves working toward reunification while at the same time considering and working toward an alternative permanency plan.

### **Termination of Parental Rights Hearing**

This is a legal proceeding which considers the need to sever the legal ties of a child from his/her parents, adoptive parents or guardian.

### **Adoption Hearing**



This is a legal proceeding that considers a petition to adopt a child, determines the suitability of the prospective adoptive family, and grants temporary or final legal custody of a child for the purpose of adoption.

At the first hearing on a case, the judge must make a finding as to whether or not CD showed reasonable efforts to maintain a child in the home of his natural parents. This is a requirement of the Federal Adoption Assistance and Child Welfare Act of 1980. The major focus of this law is to ensure that children are reared in a safe, stable environment and that agencies such as CD provide assistance to families to maintain family unity.

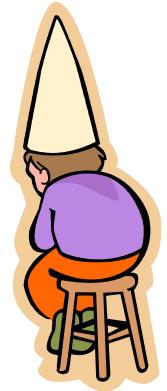
Judges are the final arbiters of the court. The judge maintains order and guarantees that everyone follows proper legal procedures. The judge interprets and applies the law to a particular case. Often, the judge also weighs the

testimony, determines the truth and decides the outcome of the case. The judge performs all these functions based on the evidence that is presented in court.

A document written for foster youth and available on the Internet, [What's It All About](#), has additional information about court. It is important to go over the document with the foster youth so they know what to expect when they attend court.

## DISCIPLINE

Rules regarding discipline are clearly outlined in the Rules and Regulations dealing with foster children (13CSR 40-60.050 Care of Foster Children). The policy is as follows:



- Discipline shall be used in a constructive, fair and consistent manner.
- Resource parents shall not use corporal punishment against foster children.
- No foster child shall be subjected to verbal abuse or derogatory remarks about himself or members of his family or to threats to expel him from the resource family home.
- No foster child shall be subjected to abuse or neglect in a resource family home. (Missouri child abuse and neglect law, 210.165, RSMo (Supp. 1975).
- No child shall be permitted to discipline another child in a resource family home.
- No foster child shall be deprived of mail, or family visits as a form of discipline.

There is training available on alternative methods of discipline in the STARS Pre-Service Curriculum, STARS for the Caregiver Who Knows the Child Curriculum and Module 2 of the STARS In-Service Curriculum. Call the worker who maintains your license for more information regarding training in your area.

All resource providers, whether licensed or not, are required to review, agree to, and sign the Resource Parent Discipline Agreement, CD-119. All licensed resource providers are to sign the form at the initial licensure and at the licensure renewal.

# SAFE SLEEP PRACTICES

Unintentional suffocation is a leading cause of injury and death in infants and toddlers. Most infant deaths due to suffocation are directly related to unsafe sleep practices.

The Children's Division adopted the Safe Sleep recommendations as identified by the American Academy of Pediatrics. Children's Division staff will discuss Sleep information that is listed on the Safe Sleep Practices form, CD-117, with resource parents during the initial home visit with the resource parent applicants. All resource parents, including respite providers, will be asked to review and sign the Safe Sleep Practices form at each license/approval renewal.

# LIFEBOOKS

A lifebook should be started for each child within thirty days of out-of-home placement. The book shall accompany the child throughout his/her placements in CD custody and is the property of the child.



A lifebook is form a link to of historical

lifebook provides a picture of the child's life. The lifebook may help decrease the feelings of loss and separation a child experiences when placed in foster care. The lifebook also:

- Serves as a preventative health measure by documenting the child's medical history;
- Gives the child access to history while giving answers and straightening out misconceptions;
- Provides continuity, helping children develop an intact sense of identity;
- Helps a child avoid fantasy and denial;
- Retrieves memories; and
- Helps the child's case manager identify unfinished business of the child.

The lifebook may take various forms which could include a folder, binder, packet, picture album, scrapbook, box or a specially prepared book for a permanent record for the child.

In-Service training (Module 7, Session 2) includes information regarding the making of a lifebook.



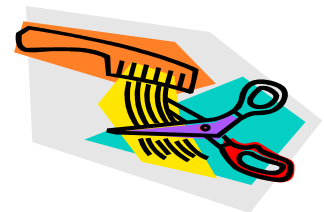
## SMOKING/TOBACCO

It is unlawful for a person under the age of 18 to smoke cigarettes or chew tobacco. Resource parents are expected to restrict children from smoking and/or chewing tobacco. It is also against the law to purchase cigarettes and/or chewing tobacco for a person who is under the age of 18.

Required training, Protecting Foster Youth From Secondhand Smoke Exposure is located on the Internet at: <https://dss.mo.gov/cd/>

## HAIRCUTS

This can often be a sensitive topic when a child enters foster care. Resource parents should be sensitive to the birth parents' feelings, and should not make any significant style or length changes, without first discussing with the family. Youth should be able to express their desires regarding their hairstyle and changes they would like to make.



## DRIVING

Children in foster care should get permission from the agency (and the local Juvenile/Family Court if necessary) before obtaining a driver's license. Missouri



law and CD require that children who drive have liability insurance. Foster children must have written consent from the Missouri Children's Division (and the local Juvenile/Family Court if necessary) to own a car.

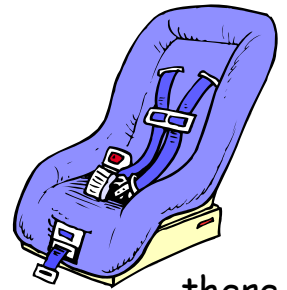
# SAFETY PRECAUTIONS

It is important that you take safety precautions when caring for children in your home. Children need to wear a helmet when riding a bike, riding a scooter, roller skating and even ice skating. Please use your best judgment in these decisions as you would not want allegations made regarding the safety of children in your home.

## CAR SAFETY

Why should my child ride in a car safety seat or use a seat belt?

- It is the **safest** place to be.
- In your arms is the most dangerous place for your child to ride. Holding a child is called the "child crusher position." If there is a crash, your child will be squeezed between you and the dash board.
- Car crashes are the leading cause of death for children from birth to age 21. (More children die in car crashes than from any disease.)
- Injuries caused by car crashes can change a healthy active child to one with pain and handicaps. (As much as 90% of injuries can be stopped with the use of proper car seats and seat belts.)
- It has been shown that most children behave better in cars when they are in a car seat.



**It is the law.** Missouri Child Passenger Restraint Law requires that:

- any child less than 4 years old regardless of weight, to use an appropriate child passenger restraint system; Missouri law requires all children under the age of four to be secured in an approved child safety seat. The child should stay in a rear-facing child safety seat until 12 months of age and 20 pounds
- any child less than 40 pounds regardless of age, to be secured in a child passenger restraint system appropriate for the child; any child less than 8 years old/80 pounds or under 4'9"--Children (ages 4-7) and who weigh at least 40 pounds but less than 80 pounds, and are less than 4'9" tall must be secured in a



child passenger restraint system or booster seat appropriate for that child;

- any child greater than 80 pounds or taller than 4'9"--Children who are at least 80 pounds or children taller than 4'9" shall be secured by a vehicle safety belt or booster seat appropriate for that child.
- The act allows a child to be transported in the back seat without a booster seat if the child is secured with a lap belt if the vehicle is not equipped with combination lap and shoulder belt for booster seat installation. All other passengers must wear a seat belt.

## EMPLOYMENT

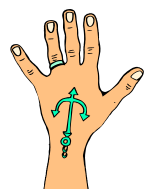
Young adults who choose to find employment should discuss it with their case manager before they report to work. Employment cannot interfere with school work, study periods, play, sleep, normal community contacts, or visits with their family. The young adult will not be allowed to operate dangerous or hazardous equipment or machinery unless adequate safety equipment and proper adult supervision are provided.

According to Missouri Revised Statute, Chapter 294.021, minors under the age of fourteen are not allowed to work at any occupation at any time (with few exceptions). A fourteen-year old can get a work permit through their school which allows them to work after school. Generally, they are not allowed to work for more than three hours per day on any school day.

Normal work hours cannot begin before 7:00 a.m. or end after 9:00 p.m. Minors are not allowed to enter into any work that is considered dangerous.

## BODY PIERCING/TATTOOS

Children in foster care must have written permission from their birth parent before having any type of tattoo or piercing done, including *ears*, unless they are eighteen or older. There are no special funds to cover this expense.



## RECREATION

Resource parents are expected to provide opportunities for social and physical development through recreation and leisure time activities.

## RELIGION

Foster children are allowed to practice the religion of their choice provided that this practice would not be injurious to the child's physical, mental, or emotional health. Resource parents are expected to offer the opportunity for religious education and attendance of services compatible with the child's heritage. You must obtain the permission of the birth parent for a child to participate in any religious ceremonies (baptism, confirmation, etc.). If you have any questions regarding this issue, contact the child's case manager.

## TRAVEL

Permission from the court may be required if the child will be leaving your residence for any period over 72 hours. Please contact your child's case manager regarding the court of jurisdiction's policy surrounding the issue of overnight travel. If anyone other than the resource parent will be caring for the child for more than 24 hours, the case manager must be informed and approval must be granted.

If you travel outside the state of Missouri and your foster youth is faced with a medical situation or emergency, it is important that the attending medical provider call the number on the back on the foster youth's insurance card to determine if the youth's insurance will cover the required medical expenses prior to services being rendered. If the service is not covered you may have to pay for the service out of pocket and submit the receipt to your local office for reimbursement. If the provider does not require payment on the date of service and you later receive a bill from the provider, you should give it to the foster youth's worker immediately.

# VISITATION



Visits between the child/siblings and birth parents are an essential part of the case plan in working toward reunification. It is recommended that a visit between a parent and child occur weekly or as frequently as possible in efforts to preserve the bond between a parent and child. Efforts should be made to include non-custodial parents in visitation.

Children have an inherent right to maintain their sibling relations and live together whenever possible. If they are not placed together, it is recommended that sibling visits occur weekly as possible, with a minimum of one (1) time per month. Visits may vary in length, frequency and location. Some may be supervised by the child's case manager, resource parent, relative or other designated person. The location should occur in the least restrictive environment in order to assure safety, and, at a mutually agreed upon location between the resource parent, the birth parent and the case manager. The visitation plan should be developed at and then discussed at each FST/PPRT meeting.

Resource parents are encouraged to assist with visitation by transporting the child for visits, or in some cases allowing the birth parents to pick up or return the child to your home or even visit at your home. This can be beneficial to the child by making the visits less stressful for him/her. It also gives the birth and resource parents an opportunity to share information about the child. If you are helping with transportation, mileage may be reimbursed through your child's case manager.

In some cases, visitation is difficult to arrange. In these cases the child's case manager usually encourages other forms of contact such as letters or phone calls. Decisions regarding phone contacts are made on a case-by-case basis and as determined by the FST or Court.

As a resource parent, you can assist the child in preparing for visits. Remain positive about the birth parents. Parental visits or contact can sometimes be



stressful for the child. If your child displays different behavior after a visit, phone call or reading mail, or reports something which concerns you, please share this information with the child's case manager.

It is a good idea to have plans visit (go to the park, play often confused or angry exercise gives them a the parent does not come to something positive to look forward



to do something physical after the soccer, etc.) as children are after a visit and the physical healthy outlet. In addition, if the visit, the child still has

to.

There are cases in which the parent does not visit at all. If the child has siblings in care, it is recommended that the siblings visit weekly as possible, with a minimum of one time per month. Contact the child's case manager to arrange sibling visits.

For more information about supporting relationships between children and their families ask your licensing worker about In-Service Module 5.

### **Visits with the Child and Placement Provider**

The child's case manager will also be making visits to your home to discuss various issues regarding the child's progress and safety, case plan and any other treatment issues. The case manager should meet face-to-face, individually and jointly, with the resource provider and the child, at the placement, the next business day following placement. The worker must then meet face-to-face, individually and jointly, with the resource provider and the child a minimum of one time per month in the placement to monitor the placement and assess the safety of the child. These meetings may occur at the same time the worker meets with the child. However, the child and resource provider should be seen individually and together. Both announced and unannounced visits should be utilized with resource providers.



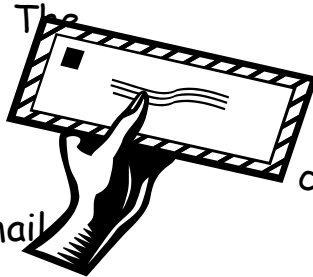
In addition to the child's worker making home visits your licensing worker will make quarterly home visits to discuss any issues you or the CD may have and training needs.



## MAIL AND PHONE CALLS

Children in out-of-home care often send/receive calls or mail from parents, friends, grandparents and other family members. Unless there is a court order or recommendation from the Family Support Team stating otherwise, a child's phone calls and mail are not to be censored, intercepted or restricted in any manner. If the recommendation or court order prohibits unauthorized mail or phone calls, it is the resource parent's responsibility to intercept such correspondence and notify the child's case manager. If the child receives correspondence suspected to contain illegal material, the package must be opened in the presence of designated personnel (i.e. case manager, Supervisor, Circuit Manager, Law enforcement).

If the child requests the resource parent to open mail on their behalf, only then is it appropriate to do so. The viewing of the incoming mail by anyone other than the child is at the child's discretion. Please contact your child's case manager or supervisor regarding your specific child, if you need further clarification regarding phone calls or mail.



***PARENTAL VISITS, PHONE CALLS AND MAIL CANNOT BE DENIED AS A FORM OF DISCIPLINE FOR THE CHILD.***

## ADVOCATING FOR EDUCATION SERVICES

Many foster children will not be functioning at their chronological age in school. This may be due to neglect, physical, emotional or environmental factors, and the child may easily 'catch up'. Sometimes there may be multiple issues that will require extensive support services.



Every school district is required to evaluate a child for disabilities and provide timely services that meet the child's needs when requested. Evaluations include academic, developmental and social abilities.

**If any special needs are identified, the school district must provide services to meet these needs.**

Often, mental health or psychological evaluations may obligate schools to provide certain services in the least restrictive environment based on the child's needs. If at all possible, the child should remain in the regular classroom. If that is not possible with aides and other supports, then a specialized class setting with fewer children should be made available for part or all of the school day.

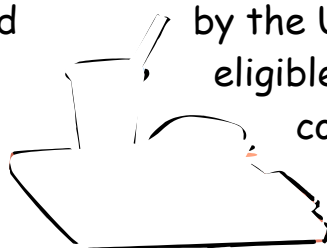
**If you need any assistance with advocating for services within your school district or have questions about what services are available for your child, you can call M-PACT (Missouri Parents Act) at 1-800-743-7634.**

## TUTORING

When a child's school performance suffers it should be brought to the child's case manager and FST's attention. A recommendation may be made to seek tutoring and possible avenues to fund it. Contact the child's school to see what programs they can offer the child. There are many community and school resources that provide this service free of charge. Check to see if these services are available in your area.

## SCHOOL LUNCHES

Free or reduced-price meals are offered to many students in public schools through a program administered by the U.S. Department of Agriculture. All children in foster care are eligible for free lunches at school. Foster children are considered a household of one (1) when applying for the Free Lunch Program. You should list them as "Household of One" on the application form and the monthly income is the maintenance rate.



Contact your child's school to obtain an application for the School Lunch Program. Schools should not engage in practices that may cause students to feel embarrassed or stigmatized. Contact the school if you are concerned about the handling of its lunch program. Remember that special care should be taken not to make the child feel awkward about receiving a free lunch.

## PARENTS AS TEACHERS

Parents as Teachers (PAT) is a parent education and family support program serving families throughout pregnancy until their child enters kindergarten. The program is designed to both enhance a child's development and school achievement through parent education, and make referrals appropriate. This program is accessible to ALL families.



For more information or to enroll in the program, call your local school district or the Parents as Teachers National Center toll-free at **1-866-728-4968**.

## HEAD START

Head Start is a federal program for preschool children from low-income families. Children who attend Head Start participate in a variety of educational activities. They also receive free medical and dental care and have healthy meals and snacks. Services are also offered to meet the special needs of children with disabilities. Most children in Head Start are between the ages of three and five years old. Services are also available to infants and toddlers in selected sites. **For more information contact your local Head Start program.**



## FIRST STEPS

First Steps is designed for children, birth to age 3, who have delayed development or diagnosed conditions that are associated with developmental disabilities.

First Steps provides family-centered early intervention services, based on the special needs of each child and family. The following services are just a few that are provided through the First Steps program:

- Family training, counseling and home visits
- Speech/language therapy
- Occupational therapy
- Health services
- Transportation services
- Nutrition services

Children can be referred to First Steps through a phone call to a Regional Center for Developmental Disabilities (DD) or a Bureau of Special Health Care Needs office in the area of the state where the family lives.

**For more information regarding Special Education, call 1-573-751-0187.**

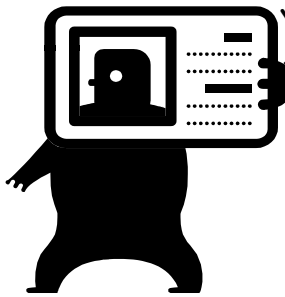
## LICENSING

Licensing of a resource home involves time and patience. Your license will allow you to offer 24-hour care to foster children. Your license is valid for 2 years from the date of issue. It is not transferable and applies only to the person it is issued to. Keep your license in your home. There is no fee for the license.

All resource home applicants must successfully complete the following training prior to being licensed:

1. Cardio Pulmonary Resuscitation (CPR); Three (3) training credit hours using the code V252. The resource provider must successfully complete the CPR training certification prior to each re-licensure every 2 years.

2. First Aid; Three (3) training credit hours using the code V898. The resource provider must successfully complete the First Aid training prior to each re-licensure every 2 years.
3. Psychotropic Medication Management. Two (2) training hours credit using code V013 in FACES.
4. **Informed Consent**; Two (2) training credit hours using code V150. **Memo CD18-22**.
5. Health Information Portability and Accountability (HIPAA); One (1) hour of training credit hours for reading and signing the CD-194 using code V980. The form is read and signed at each re-licensure. However, the training credit is only earned for initial time.



You should contact your local office to obtain your picture identification card once you have been licensed. This card identifies you as a resource parent for the state of Missouri. . Ask the worker who maintains your license if there are any uses for the card in your area.

If for any reason your license is denied or revoked by the Missouri Children's Division, you shall be entitled to a hearing and review by the director or his/her designee. Written notice specifying the reasons for denial or revocation shall be provided ten days prior to the effective date of the action. If a written request for a hearing is received within a ten-day period, a hearing will be provided. Any person wishing to appeal the administrative decision of the CD shall be entitled to judicial review thereof provided in RSMo 210.526.

Your license includes the number, sex, and age range of foster children you are licensed to care for. Be sure not to accept more children without approval from the worker who maintains your license. Do not accept more children until you have received a new license reflecting the change. There are exceptions to this rule. You may accept sibling groups or a minor mother and her children. Still, it is wise to consult with the worker who maintains your license before accepting any child into your home.

# RESOURCE HOME FILE ACCESS

The licensing records of all resource provider homes are considered closed records under [Chapter 610 RSMo](#).

Access to information on the suspension or revocation of a foster home license within the record is covered under [Chapter 210.498 RSMo](#). The determination of whether license suspension or revocation information may be released should be made by the Division of Legal Services (DLS).

Any parent or legal guardian of a child in foster care may have access to investigation records kept by the division regarding suspension or revocation of the license of a foster home in which the child was placed.

The information contained within a provider file that is protected and may not be released includes:

- Any identifying information regarding any person other than the person to whom a foster home license was denied or revoked.
- Financial information
- Medical information
- Personal information relating the resource parent provider or the provider's family, unless the division determines that the information is directly relevant to the disposition of the investigation and report
- Child Abuse/Neglect reports
- Foster child information (at the request of biological parent, the information on their child can be released but not on the other children in the foster home)

In order for a foster child's parent or legal guardian to have access to investigation records regarding suspension or revocation of the foster home in which the child was placed, the person must make the request for the release of such information to the division director or designee. This request must be made

in writing by the parent or legal guardian of the child and shall be accompanied by a signed and notarized release form from the person who does or may provide care or services to the child. The request must include the full name of the provider, date of birth and Social Security number. If they do not meet these criteria, the information may not be released.

## **THE SERVICE DELIVERY GRIEVANCE PROCESS**

The Missouri Children's Division is committed to providing the children and families of Missouri with the best possible services in the most professional manner. In order to maintain a continuous quality improvement culture within the organization, it is important to ensure that all youth and families served are informed of their rights and have a formal process to voice their concerns.

The Service Delivery Grievance Process is a mechanism that allows families the opportunity to express their concerns regarding any perceived inequities, unfair treatment, or dissatisfaction with agency actions or behaviors.

The formal Service Delivery Grievance protocol is to be utilized after **all other efforts** to resolve the issue or complaint have been exhausted. Other efforts include solution-focused discussions with the worker, the supervisor, and other Family Support Team members.

Note: The Service Delivery Grievance Process is not to be used for complaints of discrimination based upon race, color, national origin, age, sex, disability, religious or political beliefs; foster/adoptive licensing revocations or denials; or complaints by an alternative care provider about a case management decision regarding a child in their care (see chart below).

## **LICENSING FAIR HEARING ISSUE OR ALTERNATIVE CARE REVIEW BOARD (ACRB) GRIEVANCE**

Sometimes it is difficult to decide what is a disagreement and what is a licensing issue or grounds for a grievance through the Alternative Care Review Board.



There are some rules regarding licensing which are written in Missouri state law and exceptions cannot be made. An ACRB grievance cannot be filed regarding licensing issues.

The grievance process is intended to address case management decisions. If you do not agree with the current plan for the child and you have expressed your concerns with the Family Support Team, you can file a grievance on behalf of the child.

When filing a grievance follow these steps:

- Send a written or verbal request to the Circuit Manager/Program Manager within 10 days of the disputed decision.
- You will be invited to a meeting to discuss your concern within 10 days of your request (you can request more time if needed).
- At this meeting information and materials will be reviewed.
- Local staff will be interviewed by the Circuit Manager/Program Manager and a decision will be made about the case management decision.
- You will be notified in writing, within 5 working days of the decision.

The Fair Hearing Process is to be used for foster/relative/kinship home license status denial, issuance or revocation; adoption home approval or denial; foster/adoptive care license approval, denial or revocation, adoption or legal guardianship subsidy.

<b>Service Delivery Grievance Process</b>	<b>Fair Hearing</b>	<b>Alternative Care Review Board (ACRB) Grievance</b>
Process used to resolve a dispute or grievance related delivery of services.	Process used for resource parent license revocations or denials.	Process used to resolve a dispute regarding a case management decision.

<p>Contact the county office to obtain a Service Delivery Grievance Form (CS-131) and submit to the Circuit Manager.</p> <p>Additional information including timeframes can be found at the CD website in Section 8 Chapter 1 of the Child Welfare Manual.</p>	<p>Contact the county office to obtain an Application for a Children's Division Fair Hearing (CD-53) and submit to the Circuit Manager.</p> <p>Additional information including timeframes can be found at the CD website in Section 6 Chapter 7 of the Child Welfare Manual.</p>	<p>In writing or by phone ask for a meeting with the Circuit Manager.</p> <p>Additional information including timeframes can be found at the CD website in Section 6 Chapter 7 of the Child Welfare Manual.</p>
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## Family Support Team and Adoption Staffing Team Decisions

A request for an independent review may be made by a FST member who attended the meeting if there was a perceived error during the process or the requestor provides specific examples of perceived bias which precluded consensus from being reached. The request is submitted on the Request Review of Family Support Team Meeting or Adoption Staffing Team Decision, CD-190.

The request for independent review must be submitted within five (5) working days of the FST meeting. Requests received after the prescribed time frame will not be considered. There are specific time frames listed in policy for each step in the review process.

The procedure to provide an independent review for the decision to not select a family made by an Adoption Staffing Team is to provide the family not selected and other team members a voice and explanation regarding the reasons they were not chosen. Policy regarding reaching consensus is located in [Section 4 Chapter 7 Subsection 4](#).

A request for a review may be made by the family not selected as an adoptive resource by an Adoption Staffing Team or a team member if there was a perceived error during the process or the requestor provides specific examples of perceived bias which precluded consensus from being reached. The request is

submitted on the Request Review of Family Support Team Meeting or Adoption Staffing Team Decision, CD-190.

The request must be submitted within three (3) working days of the Adoption Staffing Team decision. Requests received after the prescribed time frame will not be considered. There are specific time frames listed in policy for each step in the review process.

## **Office of Child Advocate**

The Office of Child Advocate is part of the Office of Administration. It operates independently from the Department of Social Services (DSS) Children's Division and other agencies and acts as an impartial fact-finder. The Office of Child Advocate steps in when an agency action or failure to act is in question. The Office of Child Advocate will not disclose your identity to the agency without your permission. Their records are confidential. The Office of Child Advocate examines laws, policies, procedures, and practices regarding effective delivery of services to families and children. They identify issues and offer appropriate recommendations. The Office of Child Advocate investigates complaints about an agency action or failure to act and is authorized to make recommendations in cases involving:

- Any child at risk of abuse, neglect, or other harm.
- A child or family involved with child protection or child welfare services.

Additional information is available at their web page:

<http://www.oca.mo.gov/index.shtm>

## **Child Removal Information**

When there is a plan for a child to move to another placement, the case manager or supervisor should give the resource parent two weeks written notice. Sometimes there is no advance notice because of an emergency situation involving the foster child's health or well-being or upon written court order. The case manager should schedule a FST meeting prior to or within 72 hours of a change in a child's placement.

If there is advance notice, the statement should include the reasons for removal.

When a resource parent is requesting a child be removed, they should provide the agency with two weeks written notice including an explanation of the reason the removal is being requested. If a temporary emergency placement is made, resource parents will normally be asked to sign a "Waiver of Notice before Removal of a Child from Foster Care." This notice waives the requirement of advance written notice prior to a child's removal.

When a child leaves a resource home, the resource parent can assist the child in the transition back home, to another resource family home, or to an adoptive home by talking with the child about the move, talking with the new placement provider or birth parent, assisting in pre-placement visits, updating information on the CW-103 and sending the lifebook. **A child's clothing and personal belongings should always be sent with him/her when leaving a placement.**

Contact with the foster child after he/she leaves a resource family home is dependent on the case plan.

## Pre-Placement Visits

Any pre-placement visit must be discussed and pre-approved by the Family Support Team and the pre-placement provider. The Family Support Team should review the Foster Family Profiles of potential resource providers in determining and selecting the most appropriate placement for the child. Decisions regarding the pre-placement visit plan are on a case-by-case basis and are unique to the needs of the child. Discussion and decisions regarding the pre-placement visit should include at a minimum:

1. Does the foster youth require a pre-placement visit to facilitate a successful placement?
2. Does the resource home require a pre-placement visit to facilitate a successful placement?
3. What are the time frames for pre-placement visit(s); minimum number of visits, maximum number of visits, length of the visits, etc.?

The licensed resource home of the pre-placement visit is not eligible for any payment for the child while on the visit, except allowable mileage reimbursement if applicable. Any exception must be pre-approved through supervisory channels with final approval by Central Office.

## Resource Home License Supervision Transfer

When a resource home licensure supervision transfers from an agency to a different agency, the following guidelines shall be followed:

1. Both agencies involved shall be notified in writing by the resource provider of their intent to transfer agencies. The notification will be placed in the case file.
2. The new agency has the option to not accept the license supervision transfer. The new agency will provide in writing to the current agency the reason(s) for not accepting the license supervision transfer.
3. A licensing file cannot be transferred to another agency when re-licensure is due in less than three (3) months.
4. License supervision cannot be transferred while a resource home is on Administrative Hold.
5. A resource home may only transfer agencies once during a 2 year licensure/approval period.
6. The new agency shall conduct a walk through safety inspection of the home utilizing the Resource Home and Safety Checklist, CS-45 before transfer of licensing case file is accepted by the new agency.
7. All licensing requirements as outlined in Section 6 Section 3 Subsection 1 and 6.6.1.3 <https://dssmanuals.mo.gov/child-welfare-manual/section-6-resource-development-chapter-3-resource-family-assessment-and-licensing/> and the Foster Family Home Licensing Rules shall be current and present in the licensing file before the resource home transfer is accepted by the new agency.
8. The current agency will compose a concluding narrative that includes a summary of the status of the home and reason for the transfer of the licensing case and place it in the case file.

9. The entire file shall be copied and the copy sent to the new agency that is to begin supervision of the resource home license.
10. The original licensing file shall remain with the agency that developed the home.
11. It is the responsibility of the new agency to collect the certificate of licensure that was associated with the previous agency, and provide the new certificate of licensure. The obsolete certificate shall be placed in the provider's licensing file. The new certificate of licensure is to be displayed on the premises of the home per licensing rule, 13 CSR 35-60.010 (1)(C)(3).
12. The transfer of agency monitoring responsibility shall be completed within thirty (30) working days of receiving the resource provider's written request to transfer agencies. The transfer steps include all the guidelines contained in this subsection as well as computer data entry.



## Child Abuse and Neglect Hotline

If you suspect that a child is being abused or neglected, call the Missouri Children's Division toll-free hotline at **1-800-392-3738**.

For non-emergency reporting you may use on-line report:

<https://dss.mo.gov/cd/pdf/Mandated-Reporters-CAN-Online-Reporting.pdf>

**WHY?** As a licensed resource parent, you are mandated by law to make a report if you have reason to believe a child(ren) is being abused or neglected. The law specifically states that you report sexual abuse within 24 hours.

Mandated reporters are no longer permitted to make anonymous reports. This means that as a resource parent and a mandated reporter, you must leave your name and contact information.

**WHO?** All children up to their 18th birthday who you have reason to believe have been physically or sexually abused or neglected or emotionally maltreated by a person who has care, custody or control over them. This would include parents, guardians, teachers, day care providers, etc.

**WHAT?** Name, address, age or birth date of the child(ren) and parents as well as the perpetrator. You will also need what you observed and/or were told. Be as specific as possible and give as much detail as possible. Always leave a name and phone number where you can be reached both during business hours and at home.

**WHEN? IMMEDIATELY!!** If the child is in immediate danger or is injured, take immediate action by calling 911 to protect the child(ren) and then let the Hotline know.

**WHERE?** The Child Abuse Hotline operates 24 hours a day, seven days a week.

### **TYPES OF ABUSE/NEGLECT TO REPORT:**

Physical Abuse, Sexual Maltreatment, Sexual Exploitation, Neglect, Lack of Supervision, Medical Neglect, Educational Neglect, Emotional Maltreatment.

Resource parents are more likely to be the subjects of child abuse and neglect hotline reports than the general population because of the high profile position they occupy in the child protective system. Effective in 1994, all hotlines involving resource homes are automatically investigated by the Out-of-Home Unit (OHI). To prepare for the possibility of a hotline allegation a family should:

1. Observe regulations regarding discipline.
2. Establish and maintain "family house rules" regarding: privacy, dress, physical affection, communication and "secrets", baby sitters/other caregivers.
3. Keep a log of all important events involving the foster child(ren) in your home, and also of all communications and contact with the agency.
4. Note bruises the child receives and how in the log. Report these to the child's case manager.

# RESPITE CARE

- Respite care is the provision of periodic and/or intermittent, temporary substitute care of children who are in the care and custody of the Missouri Children's Division, placed in a licensed resource home. The Respite plan should serve equally the needs of both the foster youth and the foster caregivers. Respite is designed to provide relief for the resource provider from the stresses of the constant responsibilities of providing out-of-home care. The time the foster youth takes a break from the resource family should include planned opportunities for social activities and enrichment. Respite is a fun and rewarding time for foster youth while their placement providers are allowed to relax and have time to themselves for recharging. Respite is not for use in regular child supervision situations when a parent would normally use ordinary child care, i.e., hiring a baby-sitter for an afternoon or evening outing, or for attending foster parent training or seminars.



Resource parents receive 12 units of respite per year. A unit of respite care for licensed traditional, relative, kinship, medical, and elevated needs level A providers is defined as a minimum of 12 hours up to a maximum of 24 hours. Use of respite is not to exceed 12 units per child during a 12-month period of time. The 12 month period will begin on the date the child was placed in the resource provider's home. The 12 units will reset upon the anniversary date of the child's placement. Unused units for the previous 12-month period are not rolled over to the new 12-month period. Respite care may be planned in advance or used in emergency situations. Respite care may be provided to resource families a minimum of 12 hours, daily, overnight or on a weekly basis. Respite care should be used to maintain stable placements but should not be used to exclude foster children from ordinary and traditional family activities.

A provider may also use a half unit of respite care. A half unit is a minimum of six (6) hours up to 12 hours.

Beginning in 2017, legislation changed the rate of payment according to the age of the foster youth. The payment chart may be found at:



Licensing policy allows resource parents to also be contracted and approved as respite care providers. All respite providers register with the Family Care Safety Registry to comply with their requirement for child abuse/ neglect and criminal background screenings. The worker who maintains your license can advise you on local policy regarding respite. The Respite Invoice is the CD-111. Use this form to request the respite service payment.

- Use the CD-110 to provide information regarding the foster youth to the respite resource provider. Another helpful form is the CD-120. The purpose of this form is to provide a tool for the resource provider to use to evaluate the service provided by the respite resource. Once the form is completed it is submitted to the resource provider's resource licensing worker.

Please be aware that payment for respite services is **reportable income** to the Internal Revenue Service. If a respite provider receives payment for providing respite services, a 1099 will be issued and sent to the respite provider. Respite providers need to work with their tax preparer to determine how it should be handled on their individual tax returns.

## IN-SERVICE TRAINING

Your local office should offer training on a continual basis. Beyond the initial STARS pre-service training, you are required to obtain an additional 30 hours of in-service training for license renewal. Check with your local licensing worker for opportunities to obtain these hours in your area.

Required in-service trainings include:

- Protecting Foster Youth from Secondhand Smoke Exposure
- Reasonable and Prudent Parenting
- Foster Care Bill of Rights
- Psychotropic Medication Management annual training

In-service training course that are required during the first two years of licensure include:



First year:

Cardio Pulmonary Resuscitation, CPR, three hours training credit

First Aid, three hours training credit

Health Insurance Portability, HIPAA, one hour training credit

Trauma Care - 3 training credit hours

Psychotropic Mediations - 1 training credit hour

Laws, policies, and procedures governing child welfare - 5 training credit hours

Second year:

Healthy Relationships - 2 training credit hours

Sibling Placement - 7 training credit hours

## **Elevated Needs Level B Resource Parent Insurance**

Missouri Statue 210.539 allows for those resource parents that are approved to provide elevated needs level B foster care to purchase health insurance through the Missouri Consolidated Health Care Plan. Once a resource parent is approved to provide elevated needs level B, the insurance company is notified and will provide the enrollment information. To be eligible the resource provider must be currently approved as an elevated needs level B provider and have no access to other health insurance through an employer or spouse's employer. The purchase of the insurance is at the foster parent's own expense.

## **NEWSLETTERS**

There are several statewide newsletters for resource families of Missouri depending on where you live. Contact your local Foster Care Association Board for more information.

# ORGANIZATIONS

Foster parents have many support organizations in Missouri. The following is a brief, but not complete, list of some of the organizations working to assist resource parents in Missouri.

The Adoption Exchange

100 North Euclid, Suite 504

St. Louis, MO 63108

(314) 367-3343 Fax: (314) 367-3363

<https://www.adoptex.org/learn-about-us/locations/missouri/>

Central Missouri Foster Care & Adoption Association (CMFCAA)

1119 Jefferson Street

Jefferson City, Missouri 65101

(573)298-0258

[www.ccfoosteradopt.com](http://www.ccfoosteradopt.com)

Foster and Adoptive Care Coalition

1750 South Brentwood Blvd., suite 210

St. Louis, Missouri 63144

(314) 367-8373

1-800-FOSTER3

Fax: (314) 241-0715

[www.foster-adopt.org](http://www.foster-adopt.org)

National Foster Parent Association

7512 Stanich Lane #6

Gig Harbor, WA 98335

(253) 853-4000 or

(800) 557-5238

Fax: (253) 853-4001

[www.nfpaonline.org](http://www.nfpaonline.org)

Email: [nfo@NFPAINC.org](mailto:nfo@NFPAINC.org)

FosterAdoptConnect

Headquarters:

18600 E. 37<sup>th</sup> Terr.

Independence, MO 64057

816-337-9423

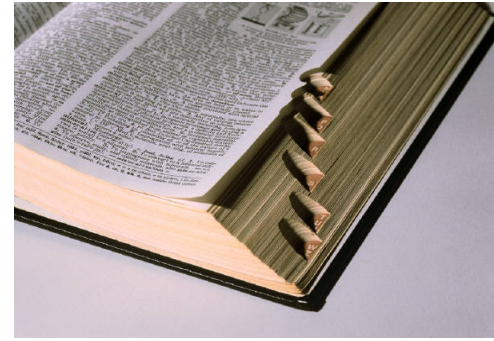
[AmyG@Fosteradopt.org](mailto:AmyG@Fosteradopt.org)

# ABBREVIATIONS COMMONLY USED BY CD STAFF

AC:	Alternative Care
ADD:	Attention Deficit Disorder
ADHD:	Attention Deficit-Hyperactivity Disorder
ASFA:	Adoption and Safe Families Act
BD:	Behavior Disorder
BFC:	Behavior Foster Care (previous placement type term now called Elevated Needs-Level A)
CA/N:	Child Abuse and Neglect
CASA:	Court Appointed Special Advocates
CD:	Children's Division
CFCIP	Chafee Foster Care Independence Program (formerly Independent Living Program)
CRU:	Central Registry Unit
CSA:	Community Service Aide
CSS:	Children's Service Supervisor
CTS:	Children's Treatment Services
DCN:	Departmental Client Number (MO HealthNet and Case Number)
DJO:	Deputy Juvenile Officer
DMH:	Department of Mental Health
DOB:	Date of Birth
DSS:	Department of Social Services
DVN:	Departmental Vendor Number
EPSDT:	Early Periodic Screening, Diagnosis and Treatment
FACES:	Family and Children Electronic System
FC:	Foster Care
FCOOHC:	Family-Centered Out-of-Home Care
FCS:	Family-Centered Services
FP:	Foster Parent
FSD:	Family Support Division (previously CSEU and IM)
FST:	Family Support Team
GAL:	Guardian ad Litem (Lawyer to represent the child)
HCY:	Healthy Children and Youth
ICPC:	Interstate Compact for the Placement of Children
ICWA:	Indian Child Welfare Act
IEP:	Individualized Educational Plan
IFRS	Intensive Family Reunification Services
IIHS/IIIS:	Intensive In-Home Services (formerly called Family Preservation Services)
ILA:	Independent Living Arrangement
IOC:	Inter-Office Communication
JO:	Juvenile Office/Officer
LD:	Learning Disorder
MEPA:	Multi-Ethnic Placement Act
OHI:	Out of Home Investigation
PPR:	Permanency Planning Review
PS:	Protective Services
SSI:	Supplemental Security Income
SSN:	Social Security Number
STARS:	Specialized Training, Assessment, Resources, Support and Skills
TANF:	Temporary Assistance to Needy Families
TPR:	Termination of Parental Rights
WIC:	Women, Infants and Children



# COMMONLY USED DEFINITIONS



- **Adoption Subsidy:** A financial grant made to a family adopting a child with special needs to assist in meeting the cost of care, treatment and/or the legal process of adoption.
- **Adjudicatory Hearing:** A court hearing in which the evidence is presented in support of the petition alleging the child is homeless, abused, neglected or dependent. The parents have an opportunity to respond and a judgment is made regarding the petition. Also known as a jurisdictional hearing.
- **Adoption and Safe Families Act:** This law was signed in 1997 and profoundly affected adoption of foster children. This law redefined:
  1. **Reasonable Efforts, Case Plans and Reviews.**  
It specified certain situations in which reasonable efforts are not required.
  2. **Termination of Parental Rights:** Termination of parental rights proceedings must be initiated for children who have been in foster care for 15 of the most recent 22 months.
  3. **Notice and Opportunity to Be Heard:** At all foster care reviews and hearings, foster parents, preadoptive parents, and kinship caregivers must be given notice and an opportunity to be heard.
  4. **Earlier, More Decisive Permanency Planning Hearings:** Permanency Planning Hearings must be held within 12 months of the child's original placement. At these hearings a decision must be made to return the child home, initiate a termination of parental rights proceeding, or place the child in another permanent placement.

**Alternative Care (AC) also known as FCOOHC (Family-Centered Out-of-Home Care):** For the Division this means all child caring facilities, residential facilities, licensed resource families, licensed relative, licensed kinship families, public or private institutions, and adoptive families (until the decree of adoption is granted) into which the Division will place and maintain a child in custody. The various types are defined as follows:

1. **Foster Family Care** is a placement made into a licensed foster family and the foster parent(s) are reimbursed for the child's care, food, and shelter (includes emergency foster family care).

2. **Adoptive Family Care** is that which the family assumes all legal and social obligations and privileges of parents and plans to adopt the child after the legally specified six-month period. It includes families receiving an adoption subsidy.

3. **Relative Family Care** as used for foster care in Missouri means a grandparent or any other person related to another by blood or affinity or a person who is not so related to the child but has a close relationship with the child or the child's family. The status of a grandparent shall not be affected by the death or the dissolution of the marriage of a son or daughter. The licensed person(s) receives a maintenance payment to help cover the cost of the child's care, food, and shelter.

4. **Residential Treatment Facility** is that in which care and treatment is provided for children and youth, usually with behavioral and/or emotional or developmental problems in a living facility for 13 or more children on a 24-hour basis. A varied range of treatment services such as counseling, educational services, skill development, etc., will be supplemental to the maintenance aspects of care, depending on the level of service offered by the specific facility.

- **Attention Deficit Disorder (ADD)/Attention Deficit- Hyperactivity Disorder (ADHD):** A childhood syndrome characterized by hyperactivity and short attention span.

- **Behavior Disorder (BD):** A childhood syndrome characterized by the child's inability to control their behavior over a period of time in various settings.
- **Care, Custody and Control:** Care, custody and control means the exercise of supervision over a child under age eighteen through the ability to control, dictate, coerce, persuade or require a child to act or perform in some desired manner. This type of control or supervision can only be exercised by a person who has parental authority or by a person to whom such authority has been granted by the person who actually has such authority. Parental authority as used here, is the responsibility for the care, nurturance and socialization of the child, including providing for physical and emotional needs of a child.
- **Case Manager:** The worker in the county of juvenile court jurisdiction who has the responsibility of coordinating all services delivered to a child and his/her family. The case manager may or may not provide all of these services directly, but must ensure that the services needed to accomplish the objectives of the case plan are made available through direct provision, referral, or purchase (includes all types of contracted services). For adoptive placements, the case manager is the worker assigned to the adoptive family, effective on the date the child is placed with a specific family.
- **Case Plan:** A written document which describes the social and child welfare services and activities to be provided by the Division and other state and local agencies for the purpose of achieving a permanent familial relationship for the child.
- **Child Abuse/Neglect (CA/N):**
  - \***Abuse** is defined as any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child's care, custody and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse. **Note: Resource parents are not permitted to spank or use any form of corporal punishment on children in foster care.**

**\*Neglect** is defined as failure to provide, by those responsible for the care, custody and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical or any other care necessary for the child's well-being.

- **Central Registry Unit (CRU):** A unit of workers within the Missouri Children's Division whose responsibilities include the management of the Child Abuse Hotline.
- **Chafee Foster Care Independent Living Program:** (formerly called the **Independent Living Program [ILP]**): The Chafee Foster Care Independence Program operates to empower youth ages 14-21 who have experienced out-of-home placement, to develop their potential to become self sufficient yet interdependent with the community and to successfully transition into adult living.
- **Supervisor:** This person who supervises the case manager of the child/family.
- **Manager:** This person is the case manager for the child/family. This person provides direct services to parent(s)/child(ren) in their county of residence or county of alternative care placement.
- **Children's Treatment Services (CTS):** Funding provided by the Missouri Children's Division for additional services to protect and nurture children and meet their developmental needs.
- **Community Service Aide (CSA):** A position which allows for technical assistance to the case manager, such as transportation and donation management.
- **Court Appointed Special Advocate (CASA):** Volunteers that work with Juvenile Court staff to ensure that appropriate plans are made for children.
- **Court Jurisdiction:** The authority of the Juvenile Division of the Circuit Court to act. A child is subject to determination of delinquency, dependency, neglect, abuse, termination of parental rights and adoption. For domestic relations cases (divorce/custody suits) the jurisdiction is under the Circuit Court.



- **Custody:** Missouri statutes refer to several different types of custody. The following definitions are taken from the statutes or interpreted for Division purposes. **Legal custody:** "...the right to the care, custody and control of a child and the duty to provide food, clothing, shelter, ordinary medical care, education, treatment and discipline of a child. (Section 211.021 RSMo)

1. **Judicial Custody:** The ability of a juvenile officer or law enforcement officer, pursuant to the juvenile code, to take temporary custody of a child who is in immediate danger and place him/her in the control of child protective services for no longer than 24 hours. (Section 210.120 RSMo)

2. **Physical Custody:** Those persons or agencies designated to provide 24-hour care for a child on a continuous basis. Generally, it is used to differentiate the person or agency caring for the child from that person or agency having "legal custody" of the child.

3. **Protective Custody:** Emergency measure taken to detain a child, for 24 hours, often in a hospital or foster home, until a written detention request can be filed. Police, law enforcement officers, or doctors have statutory authority (Section 210.125 RSMo) to detain minors who are in imminent danger.

- **Date of Birth (DOB):** This is the date (month, day, and year) on which a person is born.

- **Department of Mental Health (DMH):** A department within Missouri government which provides mental health services.

- **Department of Social Services (DSS):** A department within Missouri government that oversees the Missouri Children's Division.

- **Departmental Client Number (DCN):** This is the 8-digit case number assigned to a client (child/adult) of the Missouri Children's Division. This is also the MO HealthNet number.

- **Departmental Vendor Number (DVN):** This is a 9-digit number that is assigned to all vendors with the Missouri Children's Division. Vendors include resource families, day care providers, respite providers, etc.
- **Deputy Juvenile Officer (DJO):** This person represents the Juvenile/Family Court in most court hearings.
- **Detention Hearing:** A court hearing held to determine whether a child should be kept away from his/her parents until a full trial of neglect or abuse allegations can take place (Missouri Supreme Court Rules 111.07 and 111.08).
- **Dispositional Hearing:** Court hearing to hear evidence on the question of what plan would be in the best interest of the child. (Child has already been found to be within the jurisdiction of the court through adjudication).
- **Elevated Needs-Level A (formerly BFC):** A specialized foster family placement program designed for the child who needs a family setting with greater structure and supervision. Children placed in these settings have severe behavior problems and may have experienced multiple placements.
- **Elevated Needs - Level B (formerly career):** Specialized foster family placement program designed for youth who have serious emotional and/or behavior problems that require the 24-hour availability of highly skilled Level B resource parents who are capable of assuming the role of primary change agent. These youth because of the presenting problems would be placed in a residential treatment or psychiatric hospital or have been discharged from a residential treatment facility or psychiatric hospital and who are unable to function in a traditional resource home.
- **Family-Centered Out-of-Home Care (FCOOHC):** See definition of Alternative Care.
- **Family-Centered Services (FCS):** These are services provided by the Missouri Children's Division to intact families.

- **Family Development Specialist (FDS):** This is the worker that writes your home study. They may also be known as the licensing worker.
- **Family Support Division:** A division within the Department of Social Services responsible for Income Maintenance and Child Support responsibilities.
- **Family Support Team (FST) Meeting or team meeting:** “A meeting convened by the division or children’s services provider in behalf of the family and/or child for the purpose of determining service and treatment needs, determining the need for placement and developing a plan for reunification or other permanency options, determining the appropriate placement of the child, evaluating case progress, and establishing and revising the case plan.” RSMo 210.110.
- **Foster Care (FC):** This is the term for where some children are placed after they are removed from the custody of their birth parents.
- **Foster Parent (FP):** This is a person, licensed through the Missouri Children’s Division, to provide care for a child who is in out-of-home care. This person may also be called a resource parent.
- **Guardian:** A guardian is an individual appointed by a probate court to have care and custody of the person of a child under the age of 18, or an incapacitated person. The guardian may grant physical custody of the child to someone else, but retains rights of legal custody over the child (Section 475.010 RSMo).
- **Guardian ad Litem (GAL):** An adult individual appointed by a court to protect the best interest of a child under the age of 17 (Chapter 211 RSMo) or 18 (Chapter 475 RSMo 1982 Supp) in a specific legal action; may be, but is not necessarily, an attorney.
- **Independent Living Arrangement (ILA):** A youth living on his/her own under agency supervision. The youth’s custody may or may not be assigned to the Division.

- **Independent Placement:** One in which the biological parents make the placement directly and retain the right to supervise the care of the child and to resume custody.
- **Individualized Education Plan (IEP):** A written statement of the educational plan for a child that has been identified with a disability under the Individuals with Disabilities Education Act (IDEA). The IEP is developed by a team of individuals, including the parents of the child, and is reviewed/ revised at least annually.
- **Intensive Family Reunification Services:** The Division shall provide services to the family to facilitate successful reunification and monitor the care the child receives. Services identified to support the family during the reunification period should be offered to the family, if needed, when the court terminates jurisdiction immediately. However, acceptance of services is voluntary on the part of the family. Families that can participate in the project must meet the following criteria:
  - Goal is to return child(ren) to family AND this is not possible in the next six (6) months without extensive services;
  - Safety issues preventing the child(ren)'s return have been identified;
  - Family court agrees to return the child(ren) if family reunion is involved;
  - Parent(s) and child(ren) are willing to participate in the project; and
  - The family has not been involved with Intensive In-Home Services in the past six (6) months.
- **Intensive In-Home Services (IIHS) formerly known as Family Preservation Services (FPS):** These intensive services are provided to intact families to prevent children from coming into foster care. The family is assigned a worker who meets with them 8-10 hours per week for 4-6 weeks.
- **Interstate Compact for the Placement of Children (ICPC):** A legally binding agreement or contract between individual states which sets out requirements governing the sending and receiving of children across state lines to assure their protection. (Section 210.620 RSMo)

- **Jurisdiction:** The authority retained by the public or private agency, court, person, institution, association or other entity over the child to determine all matters in relation to the custody, supervision, care, treatment and disposition of the child.
- **Large Family Resource Home:** A licensed foster home of two parents who are committed to caring for a large family and have completed a mutual assessment process with a trained resource development worker to be approved to provide twenty-four (24) hour care for six to ten (6-10) children including foster youth in the custody of the Children's Division and all their own children up to 18 years of age. The primary purpose of approving a large family resource home is to safely keep sibling groups together. Eligibility and Qualifications are listed in Section 6 Chapter 15 of the Child Welfare Manual.
- **Learning Disorder (LD):** Certain conditions that affect the child's ability to learn and process information.
- **Legal Risk Placement:** A child in CD custody who is not legally free for adoption, and who has the goal of adoption. The family accepting the child for placement understands that the goal of adoption may not be reached and/or the child may be returned to the home of the biological family.
- **Missouri Children's Division (CD):** The state agency that retains the legal custody of children who are in alternative care. This agency is under the Department of Social Services (DSS).
- **Multi-Ethnic Placement Act (MEPA):** This is a law enacted by Congress in 1994 that addresses interracial or cross-cultural adoption. This law prohibits a federally assisted agency from denying the opportunity for any person to become an adoptive or resource parent solely on the basis of the race, color, or national origin of the resource/adoptive parent or the child.
- **Missing Child Report:** A report prepared on a standard form supplied by the Missouri State Highway Patrol for the use by private citizens and law

enforcement agencies to report missing children or missing juvenile information to the Missouri State Highway Patrol.

- **Missouri Foster Care and Adoption Association (MFCAA):** The Missouri branch of the National Foster Parent Association.
- **Normalcy - Reasonable and Prudent Parenting Standard (PL 113-118. HB4980, RSMo 210.655)** <https://www.congress.gov/bill/113th-congress/house-bill/4980/text>: The standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the State to participate in extracurricular, enrichment, cultural, and social activities.
- **Out of Home Investigation (OHI):** This is an investigation of child abuse/neglect where the alleged perpetrator is a resource family, child care provider, school employee, residential treatment employee or hospital employee.
- **Permanency Planning Review (PPR)/Permanency Planning Review Team (PPRT)/Permanency Planning Team (PPT):** An administrative process conducted every six months for the purpose of objectively determining the safety of the child, the continuing necessity and appropriateness of a child's placement, compliance with the case plan, the extent and progress made in alleviating the causes necessitating placement in foster care, and to project a likely date by which the child may be safely returned home or placed for adoption or legal guardianship.
- **Placement:** The arrangement for the care of a child with a resource family, relative family, kinship family, adoptive family or in a child-caring agency or institution.
- **Protective Services Child care (PS):** An old term that is no longer used except in reference to child care. Child care provided by CD contractor's bill under protective services child care.

- **Reasonable Efforts:** The ordinary diligence and care by the Division to identify child protection problems and provide services to solve those problems so as to prevent out-of-home placements and/or promote family reunification.
- **Resource Family:** This is a family that cares for a child who has been removed from his biological parent(s) due to abuse or neglect. This family could be a relative provider, kinship provider, a foster family or an adoptive family.
- **Safekeeping (now called Family-Centered Services [FCS]):** The act or process of preserving a child's safety and protection including assurance that a child's needs are met and providing for or facilitating the use of services which will enhance the child's growth and functioning. This definition applies to child welfare referrals made to the Division that are not appropriate CA/N (child abuse/neglect) hotline calls, yet a child appears to need protection.
- **Social Security Number (SSN):** A 9-digit number assigned to an individual by the Social Security Administration.
- **Specialized Training, Assessment, Resources and Support (STARS):** This is the program adopted by the State of Missouri to train and license resource families.
- **Status Offender:** "...(a) child...charged with an offense not classified as criminal, or with an offense applicable only to children; except that, the juvenile court shall not have jurisdiction over any child sixteen years of age who is alleged to have violated a state or municipal traffic ordinance or regulation, the violation of which does not constitute a felony;..." (Section 211.031(2,e) RSMo).
- **Supplemental Security Income (SSI):** Income provided to families by the Social Security Administration due to a death or a disability of a family member.
- **Temporary Assistance to Needy Families (TANF):** Monetary assistance to impoverished families.

- **Termination of Parental Rights (TPR) Hearing:** A legal proceeding in a juvenile court which considers the need to sever the legal ties of a child from his/her biological parents, adoptive parents or guardian.
- **Voluntary Guardian ad Litem (VGAL):** A volunteer attorney who represents the interest of the child in court proceedings at no charge to the agency. (See definition of Guardian ad Litem-GAL.)
- **Women, Infants and Children (WIC):** A special supplemental food program funded and administered by the U.S. Department of Agriculture to help "at risk" pregnant mothers and their children (up to age 5 years).
- **Written Service Agreement (WSA):** An agreement designed through a mutual process of negotiation between the Division, the parent(s), and the juvenile court (if required by the court) setting out those activities necessary for achievement of reunification of the child with the parent(s).

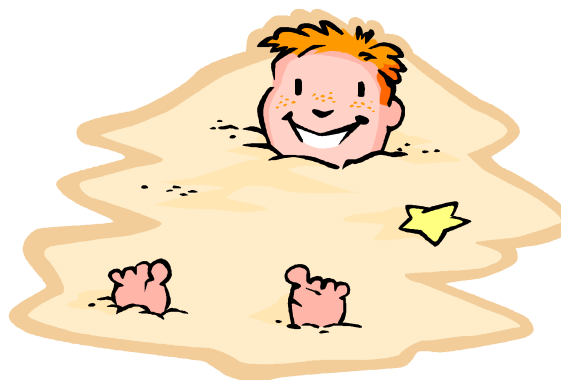




# DISABILITY RESOURCES

## Advocacy and Legal Rights

Great Plains DBTAC  
100 Corporate Lake Drive  
University of Missouri  
Columbia, MO 65203  
800-949-4232  
Email: [ada@missouri.edu](mailto:ada@missouri.edu)  
[www.gpadacenter.org](http://www.gpadacenter.org)



Missouri Protection & Advocacy Services  
925 South Country Club Drive  
Jefferson City, MO 65109  
800-392-8667 573-893-3333  
Email: [www.moadvocacy.org](http://www.moadvocacy.org)

Department of Elementary and Secondary Education  
Division of Special Education - Compliance  
PO Box 480  
Jefferson City, MO 65102  
573-751-0699  
<http://dese.mo.gov/special-education>

Missouri Parents Act  
8301 State Line Road, Ste. 204  
Kansas City, MO 64114  
800-743-7634  
<http://www.missouriparentsact.org/>

Office of Child Advocate  
P.O. Box 809  
Jefferson City, MO 65102  
866-457-2302  
<http://oca.mo.gov/>

## Angelman Syndrome

Angelman Syndrome Foundation, Inc.  
3015 E. New York St., Ste. A2265  
Aurora, IL 60504  
800-432-6435 630-978-4245  
Fax: 630-978-7408  
[www.angelman.org](http://www.angelman.org)

## **Anxiety Disorders**

Anxiety Disorders Association of America  
8730 Georgia Avenue, Suite 600  
Silver Spring, MD 20910  
240-485-1001  
Fax: 240-485-1035  
[www.adaa.org](http://www.adaa.org)



## **Assistive Technology**

Missouri Assistive Technology  
4731 South Cochise, Suite 114  
Independence, MO 64055  
800-647-8557 816-373-5193  
Fax: 816-373-9314  
[www.at.mo.gov](http://www.at.mo.gov)

## **Attention Deficit Disorder**

Children and Adults with Attention-Deficit/Hyperactivity Disorder (C.H.A.D.D.)  
[www.chadd.org](http://www.chadd.org)

Livingston, Carroll, Saline Counties  
Heartland CHADD  
South County St. Louis CHADD

Bosworth, MO  
Warsaw, MO  
St. Louis, MO

660-534-7737  
816-438-6990  
314-963-5259

## **Autism**

Judevine Center for Autism  
1101 Olivette Executive Parkway  
St. Louis, MO 63132  
314-849-4440

[www.judevine.org](http://www.judevine.org)

Central Missouri Autism Project - Columbia	800-675-4241	573-874-3777
SE Missouri Autism Project - Cape Girardeau	573-339-9300	
SE Missouri Autism Project - Poplar Bluff	573-776-1650	
SW Missouri Autism Project - Springfield	800-420-7410	417-890-1399
SW Missouri Autism Project - Joplin	800-420-7410	417-781-3616

### Project Access

Missouri State University  
901 S. National Ave.  
Springfield, MO 65897  
866-481-3841 417-836-6755  
Fax: 417-836-4118

[www.missouristate.edu](http://www.missouristate.edu)

Autism Society of America (ASA)  
7910 Woodmont Avenue, Suite 300  
Bethesda, Maryland 20814-3067  
800-328-8476 301-657-0881

[www.autism-society.org](http://www.autism-society.org)



## **Blindness and Visual Impairments**

Missouri Council of the Blind  
800-342-5632  
314-832-7172

[www.missouricounciloftheblind.org](http://www.missouricounciloftheblind.org)

National Federation of the Blind  
1800 Johnson Street  
Baltimore, Maryland 21230  
410-659-9314  
Fax: 410-685-5653

[www.nfb.org](http://www.nfb.org)

Missouri Department of Social Services  
Rehabilitation Services for the Blind  
[www.dss.mo.gov/fsd/rsb/index.htm](http://www.dss.mo.gov/fsd/rsb/index.htm)

State Office (Jefferson City)	573-751-4249
Prevention of Blindness Program (JCMO)	573-751-3428
Lions Business Opportunities (JCMO)	573-751-3369
Kansas City - North	816-889-2677
Kansas City - South	816-929-7171
Mid Missouri - Jefferson City	573-751-2714
SW - Springfield	417-895-6386
SE - Sikeston	573-472-5240
St. Louis - South	314-877-0151
St. Louis - North	314-890-4200

Wolfner Library for the Blind & Physically Handicapped  
Missouri State Information Center  
PO Box 387  
Jefferson City, MO 65102-0387  
800-392-2614 573-751-8720  
[www.sos.mo.gov/wolfner/default.asp](http://www.sos.mo.gov/wolfner/default.asp)

## **Brain Injury**

Brain Injury Association of Missouri, Inc.  
10270 Page, Suite 100  
St. Louis, MO 63132  
800-377-6442 314-426-4024  
Fax: 314-426-2390  
[www.biamo.org](http://www.biamo.org)

## **Cerebral Palsy**

**UCP Heartland**  
13975 Manchester Road  
Manchester, MO 63011  
p: 636-227-6030  
f: 636-779-2270  
[www.ucpheartland.org](http://www.ucpheartland.org)



## Cleft Palate/Cleft Lip

Smiles

[www.cleft.org](http://www.cleft.org)

## Crohn's Disease/Colitis

Crohn's & Colitis Foundation of America

386 Park Ave. South, 17th floor

New York, NY 10016

800-932-2423

Fax: 212-779-4098

[www.ccfa.org](http://www.ccfa.org)

## Deafness and Hearing Impairments

Missouri Commission for the Deaf and Hard of Hearing

1103 Rear Southwest Blvd.

Jefferson City, MO 65109

573-526-5205

Fax: 573-526-5209

[www.mcdhh.mo.gov](http://www.mcdhh.mo.gov)

The L.E.A.D. Institute

311 Bernadette, Suite C

Columbia, MO 65203

573-445-5005

Fax: 573-445-5088

<http://www.onemillionactsofkindness.com/2011/07/the-lead-institute-columbia-mo/>

Missouri School for the Deaf

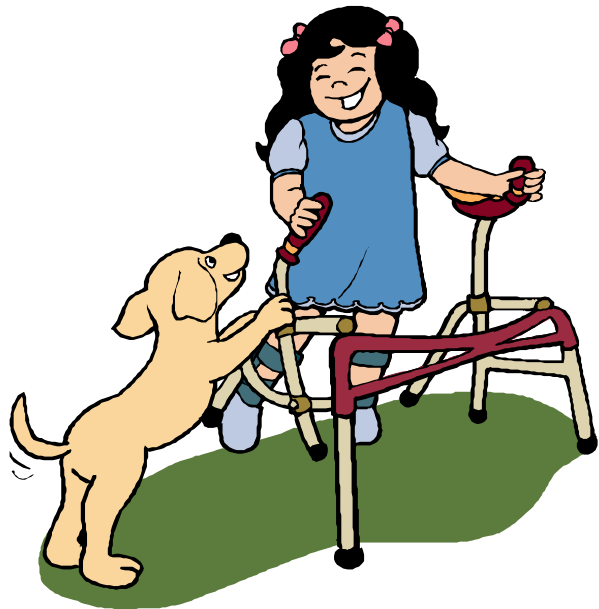
505 East Fifth Street

Fulton, MO 65251-1799

573-592-4000

573-592-2570

[www.msd.k12.mo.us](http://www.msd.k12.mo.us)



## Developmental Disabilities

Missouri Developmental Disabilities Resource Center

800-444-0821 816-235-1763

[www.moddrc.org](http://www.moddrc.org)

MO Division of Developmental Disabilities (DD)

Regional Centers

- Albany Regional Center.....660-726-5246 800-560-8774
- Central Missouri Regional Center.....573-882-9835 888-671-1041
- Hannibal Regional Center.....573-248-2400 800-811-1128
- Joplin Regional Center.....417-629-3020 888-549-6634
- Kansas City Regional Center.....816-889-3400 800-454-2331
- Kirksville Regional Center.....660-785-2500 800-621-6082
- Poplar Bluff Regional Center.....573-840-9300 800-497-4214
- Rolla Regional Center.....573-368-2200 800-828-7604
- St. Louis Regional Center County.....314-340-6500 800-374-6458
- St. Louis Regional Center City .....314-301-3900 800-358-7665
- Sikeston Regional Center.....573-472-5300 800-497-4647
- Springfield Regional Center.....417-895-7400 888-549-6635

Missouri Planning Council for Developmental Disabilities

1706 East Elm

P. O. Box 687

Jefferson City, MO 65102

800-500-7878 573-751-8611

Fax: 573-526-2755

[www.moddcouncil.org](http://www.moddcouncil.org)

Institute for Human Development (IHD)

University of Missouri - Kansas City

Health Sciences Building, 3<sup>rd</sup> Floor

2220 Holmes Street

Kansas City, MO 64108

816-235-1770

Fax: 816-235-1762

[www.ihd.umkc.edu](http://www.ihd.umkc.edu)



## PSYCHIATRIC SERVICES

### Family Guidance Center

510 Francis Street #200  
St. Joseph, MO 64501-1706  
816-364-1501  
Fax: 816-364-6735

### Truman Medical Center Behavioral Health

2211 Charlotte  
Kansas City, MO 64108  
816-404-5700  
Fax: 816-404-5731

### Swope Health Services

3801 Blue Parkway  
Kansas City, MO 64130  
816-922-7645  
Fax: 816-922-7683

### Rediscover Mental Health & Substance Abuse Service

901 NE Independence Avenue  
Lee's Summit, MO 64086  
816-246-8000  
Fax: 816-246-8207

### Comprehensive Mental Health Services

10901 Winner Road  
PO Box 520169  
Independence, MO 64052  
816-254-3652  
Fax: 816-254-9243

### Burrell Behavioral Health

1300 Bradford Parkway  
Springfield, MO 65804  
417-269-5400  
Fax: 417-269-7212

### Pathways Community Behavioral Healthcare

1905 Stadium Blvd.  
PO Box 104146  
Jefferson City, MO 65110-4146  
573-634-3000  
Fax: 573-634-4010

### New Horizons Community Support Services

2013 Williams St.  
Jefferson City, MO 65109  
573-636-8108  
Fax: 573-635-9892

### Tri County Mental Health Services

3100 NE 83<sup>rd</sup> Street  
Kansas City, MO 64119-9998  
816-468-0400  
Fax: 816-468-6635

### Pathways Community Behavioral Healthcare, Inc.

520C Burkarth Road  
Warrensburg, MO 64093  
660-747-7127  
Fax: 660-747-1823

### Pathways Community Behavioral Healthcare, Inc.

1800 Community Drive  
Clinton, MO 64735  
660-885-4586  
Fax: 660-885-2393

### Clark Community Mental Health Center

307 Fourth St., PO Box 285  
Monett, MO 65708  
417-235-6610  
Fax: 417-235-3629

### Ozark Center

3006 McClelland, PO Box 2526  
Joplin, MO 64803  
417-781-2410  
Fax: 417-347-7608

### North Central MO Mental Health Center

1601 East 28<sup>th</sup>, Box 30  
Trenton, MO 64683  
660-359-4487  
Fax: 660-359-4129

### Mark Twain Area Counseling Center

105 Pfeiffer Avenue  
Kirksville, MO 63501  
660-665-4612  
Fax: 660-665-4635

### Arthur Center

321 West Promenade  
Mexico, MO 65265  
573-582-1234  
Fax: 573-582-1212

Missouri Institute of Mental Health  
University of Missouri-Columbia  
Department of Psychiatry  
#1 Hospital Drive, DC067.00  
Columbia, MO  
573-882-8930

Crider Center for Mental Health  
1032 Crosswinds Court  
Wentzville, MO 63385  
636-332-8000  
Fax: 636-332-9950

New Horizons Community Support Services  
1408 Hathman Place  
Columbia, MO 65201-5551  
573-443-0405  
Fax: 573-875-2557

Community Counseling Center  
402 S. Silver Springs Road  
Cape Girardeau, MO 63701  
573-334-1100  
Fax: 573-334-9766

BJC Behavioral Health  
Southeast Site  
1085 Maple Street  
Farmington, MO 63640  
573-756-5353  
Fax: 573-756-4557

Comtrea Community Treatment  
227 Main Street  
Festus, MO 63028  
636-931-2700  
Fax: 636-931-5304

Pathways Community Behavioral Healthcare  
1450 E. 10th, PO Box 921  
Rolla, MO 65402  
573-364-7551  
Fax: 573-364-4898

BJC Behavioral Health  
1430 Olive, Suite 500  
St. Louis, MO 63103  
314-206-3700  
Fax: 314-206-3708

Ozarks Medical Center Behavioral Healthcare  
PO Box 1100  
West Plains, MO 65775  
417-257-6762  
Fax: 417-257-5875

BJC Behavioral Health North Site  
3165 McKelvey Rd., Suite 200  
Bridgeton, MO 63044-2550  
314-206-3900  
Fax: 314-206-3992

Family Counseling Center  
925 Highway VV  
PO Box 71  
Kennett, MO 63857  
573-888-5925

BJC Behavioral Health  
South Site  
343 S. Kirkwood Rd., Suite 200  
Kirkwood, MO 63122-6915  
314-206-3400  
Fax: 314-206-3477



Fax: 573-888-9365



Bootheel Counseling Services  
760 Plantation Blvd.  
PO Box 1043  
Sikeston, MO 63801  
573-471-0800  
Fax: 573-471-0810

Hopewell Center  
1504 S. Grand  
St. Louis, MO 63104  
314-531-1770  
Fax: 314-531-7361

Places for People, Inc.  
4130 Lindell Blvd.  
St. Louis, MO 63108  
314-535-5600  
Fax: 314-535-6037

Independence Center West End Place  
4245 Forest Park Ave.  
St. Louis, MO 63108  
314-533-4245  
Fax: 314-533-7773

ADAPT Institute of Missouri  
2301 Hampton  
St. Louis, MO 63139  
314-644-3111  
Fax: 314-781-3295

BJC Behavioral Health  
1430 Olive, Suite 500  
St. Louis, MO 63103  
314-206-3700  
Fax: 314-206-3708

## **Downs Syndrome**

National Down Syndrome Society  
<http://www.ndss.org/Resources/Local-Support/>

## **Education**

Department of Special Education, University of Missouri  
<http://education.missouri.edu/SPED/>

Missouri Department of Elementary and Secondary Education (DESE)  
Division of Special Education  
PO Box 480

Jefferson City, MO 65102

573-751-5739

<https://dese.mo.gov/>

## **Ehlers-Danlos Syndrome**

Ehlers-Danlos National Foundation

3200 Wilshire Blvd

Suite 1601, South Tower

Los Angeles, CA 90010

213-368-3800

Fax: 213-427-0057

<https://www.ehlers-danlos.com/>

## **Employment**

Missouri Association of Sheltered Workshop Managers

PO Box 1161

Jefferson City, MO 65101

[www.moworkshops.org](http://www.moworkshops.org)

## **Epilepsy**

Epilepsy Foundation

4351 Garden City Drive

Landover, MD 20785-7223

800-332-1000

[www.efa.org](http://www.efa.org)



## **Guillain-Barre Syndrome**

Guillain-Barre Syndrome Foundation International

104 ½ Forrest Ave.

Narberth, PA 19072

610-667-0131

Fax: 610-667-7036

[www.guillain-barre.org](http://www.guillain-barre.org)

## **Huntington's Disease**

Huntington's Disease Society of America - St. Louis Chapter

Peggy Cribbin

Development Coordinator  
 8039 Watson Road, Suite 132  
 Webster Groves, MO 63119-5325  
 866-707-4372 314-961-4372  
[www.hdsa.org](http://www.hdsa.org)

**Independent Living Centers**

[www.mosilc.org](http://www.mosilc.org)

Access II Independent Living Center. . . . .	Gallatin. . . . .	.660-663-2423
Bootheel Area Independent Living Services. . . . .	Kennett. . . . .	.888-449-0949
Delta Center for Independent Living . . . . .	St. Charles . . . . .	.636-926-8761
Disabled Citizen Alliance for Independence. . . . .	Viburnum . . . . .	.573-244-5402
Disability Resource Association . . . . .	Crystal City . . . . .	.636-931-7696
Independent Living Center of SEMO . . . . .	Poplar Bluff . . . . .	.573-686-2333
Independent Living Resource Center . . . . .	Jefferson City . . . . .	.573-556-0400
Living Independently for Everyone . . . . .	Farmington . . . . .	.573-756-4314
Midland Empire Resources for Independent Living. . . . .	St. Joseph . . . . .	.800-242-9326
North East Independent Living Services . . . . .	Hannibal . . . . .	.573-221-8282
On My Own, Inc. . . . .	Nevada. . . . .	.417-667-7007
Ozark Independent Living . . . . .	West Plains . . . . .	.888-440-7500
Paraquad, Inc. . . . .	St. Louis. . . . .	.314-289-4200
Rural Advocates for Independent Living. . . . .	Kirksville . . . . .	.800-681-7245
SEMO Alliance for Disability Independence . . . . .	Cape Girardeau. . . . .	.573-651-6464
Services for Independent Living . . . . .	Columbia. . . . .	.573-874-1646
SW Center for Independent Living . . . . .	Springfield . . . . .	.417-886-1188
Tri-County Center for Independent Living . . . . .	Rolla . . . . .	.573-368-5933
The Independent Living Center, Inc. . . . .	Joplin . . . . .	.417-659-8086
The Whole Person, Inc. . . . .	Kansas City . . . . .	.816-561-0304
West-Central Independent Living Services . . . . .	Warrensburg . . . . .	.800-236-5175

**Learning Disabilities**

Learning Disabilities Association of America  
<http://ldaamerica.org/>

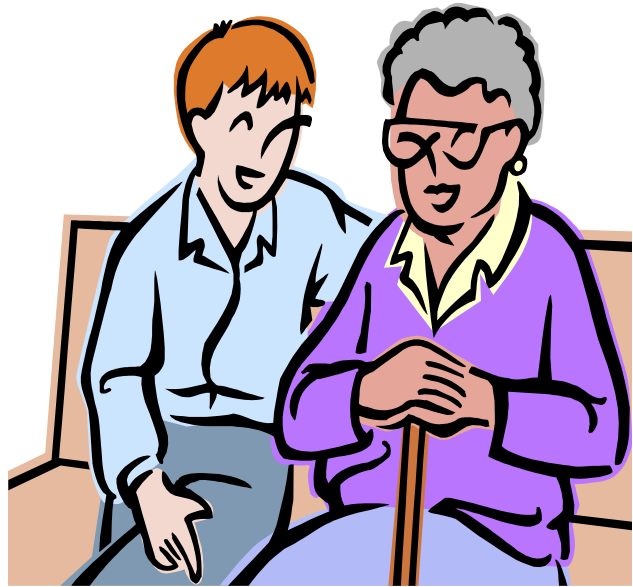
St. Louis Learning Disabilities Association  
13537 Barrett Parkway Dr. Ste. 110  
Ballwin, MO 63021  
314-966-3088  
Fax: 314-966-1806  
[www.ldastl.org](http://www.ldastl.org)

The Council for Exceptional Children (CEC)  
1110 North Glebe Road, Suite 300  
Arlington, VA 22201-5704  
888-232-7733  
Fax: 703-264-9494  
[www.cec.sped.org](http://www.cec.sped.org)

Center for Parent Information and Resources  
<http://www.parentcenterhub.org/>

The International Dyslexia Association  
Chester Bldg, Suite 382  
8600 LaSalle Road  
Baltimore, MD 21286-2044  
800-222-3123 410-296-0232  
[www.interdys.org](http://www.interdys.org)

Parent Advocacy Coalition for Educational Rights (PACER)  
8161 Normandale Blvd.  
Minneapolis, MN 55437  
952-838-9000  
Fax: 952-838-0199



[www.pacer.org](http://www.pacer.org)

Schwab Learning  
Charles and Helen Schwab Foundation  
1650 S. Amphlett Blvd, Suite 300  
San Mateo, CA 94402  
650-655-2410  
Fax: 650-655-2411  
[www.schwablearning.org](http://www.schwablearning.org)



## **Mental Illness**

24-hour crisis hotlines

Arthur Center ACI Hotline.....800-833-2064

\*serving Audrain, Callaway, Monroe, Montgomery, Pike, Ralls

Behavior Health Response.....800-811-4760

\* serving Franklin, Jefferson, Lincoln, St. Charles, St. Louis, Warren

Burrell ACI System.....800-494-7355

\* serving Christian, Dallas, Greene, Polk, Stone, Taney, Webster

Clark Center ACI Hotline.....800-801-4405

\* serving Barry, Dade, Lawrence

Community Care ACI Hotline.....888-279-8188

\* serving Andrew, Atchison, Buchanan, Caldwell, Cass, Clay, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Jackson, Johnson, Lafayette, Linn, Livingston, Mercer, Nodaway, Platte, Putnum, Ray, Sullivan, Worth

MOCARS ACI Hotline.....800-356-5395

\* serving Adair, Bollinger, Butler, Cape Girardeau, Carter, Clark, Douglas, Dunklin, Howell, Iron, Knox, Lewis, Macon, Madison, Marion, Mississippi, New Madrid, Oregon, Ozark, Pemiscot, Perry, Reynolds, Ripley, St. Francois, Ste. Genevieve, Schuyler, Scotland, Scott, Shannon, Shelby, Stoddard, Texas, Washington, Wayne, Wright

Ozark ACI Hotline.....800-247-0661

\* serving Barton, Jasper, McDonald, Newton

Pathways ACI Hotline.....800-833-3915

\* serving Bates, Benton, Camden, Cedar, Cole, Crawford, Dent, Gasconade, Henry, Hickory, Laclede, Maries, Miller, Osage, Phelps, Pulaski, St. Clair, Vernon

University Behavioral Health.....800-395-2132

\* serving Boone, Carroll, Chariton, Cooper, Howard, Moniteau, Morgan, Pettis, Randolph, Saline

National Mental Health Information Center  
Center for Mental Health Services  
[www.mentalhealth.gov/](http://www.mentalhealth.gov/)

Missouri Statewide Parent Advisory Network (MO-SPAN)  
440 Rue St. Francois  
Florissant, MO 63031  
314-972-0600  
Fax: 314-972-0606  
[www.mo-span.org](http://www.mo-span.org)

Missouri Department of Mental Health  
Division of Comprehensive Psychiatric Services  
1706 E. Elm, PO Box 687  
Jefferson City, MO 65102  
(573) 751-8017  
[dmh.mo.gov/mentalillness/](http://dmh.mo.gov/mentalillness/)



National Institute of Mental Health (NIMH)  
6001 Executive Blvd. Room 8184, MSC 9663  
Bethesda, MD 20892-9663  
866-615-6464 301-443-4513  
Fax: 301-443-4279 [www.nimh.nih.gov](http://www.nimh.nih.gov)

NAMI (National Alliance on Mental Illness) state-wide contacts:

- Bolivar Support . . . . . 417-326-3799
- Branson . . . . . 417-334-2058
- Cape Girardeau . . . . . 573-334-1100
- Central Ozarks Support Group. . . . . 573-674-2559
- Columbia . . . . . 573-499-3777
- Columbia Family Consumer Support . . . . . 573-761-0696
- Farmington . . . . . 573-756-5635
- Jefferson City NAMI . . . . . 800-374-2138
- Jefferson City NAMI State Office. . . . . 573-634-7727

Joplin Consumer Support Group.. . . . .	.417-626-8743
Joplin Office.. . . . .	.417-781-6264
Kansas City . . . . .	.816-763-9320
Kirksville . . . . .	.660-665-7991
Lake Area Support Group. . . . .	.573-392-4552
Mexico . . . . .	.573-581-3100
Moberly . . . . .	.660-263-3592
Parents of Adolescents and Young Children . . .	.800-374-2138
Rolla/Central Ozarks . . . . .	.573-674-2559
Sedalia Young Family Support.. . . . .	.660-826-6638
Sedalia & Warrensburg.. . . . .	.660-827-2514
Southeast Missouri. . . . .	.573-756-5635
Southwest Missouri.. . . . .	.877-535-4357
St. Louis . . . . .	.314-966-4670
Springfield Alliance for the Mentally Ill. . . . .	.417-864-7119



**Osteogenesis Imperfecta**

Osteogenesis Imperfecta Foundation, Inc.  
804 West Diamond Ave., Suite 210  
Gaithersburg, MD 20878  
800-981-2663 301-947-0083  
Fax: 301-947-0456  
[www.oif.org](http://www.oif.org)

**Prader-Willi Syndrome**

The Prader-Willi Syndrome Association  
5700 Midnight Pass Rd.  
Sarasota, FL 34242  
800-926-4797 941-312-0400  
Fax: 941-312-0142



[www.pwsausa.org](http://www.pwsausa.org)

## **Rare Disorders**

National Organization for Rare Disorders

55 Kenosia Avenue, P O Box 1968

Danbury, CT 06813-1968

800-999-6673 203-744-0100

[www.rarediseases.org](http://www.rarediseases.org)

## **Rett Syndrome**

International Rett Syndrome Association

9121 Piscataway Road

Clinton, MD 20735

800-818-7388

Fax: 301-856-3336

[www.rettsyndrome.org](http://www.rettsyndrome.org)



## **Speech Impairments**

American Speech-Language-Hearing Association

10801 Rockville Pike

Rockville, MD 20852

800-638-8255

Fax: 240-333-4705

[www.asha.org](http://www.asha.org)

## **Spina Bifida**

Spina Bifida Association

4590 MacArthur Blvd., NW, Suite 250

Washington, DC 20007-4226

800-621-3141 202-944-3285

Fax: 202-944-3295

<http://spinabifidaassociation.org/>



## **Tourette Syndrome**

Tourette Syndrome Association, Inc.

42-40 Bell Boulevard

Bayside, NY 11361

888-486-8738 718-224-2999



Fax: 718-279-9596 <https://www.tourette.org/>

## **Vocational Rehabilitation**

Division of Vocational Rehabilitation - Central Office

3024 Dupont Circle

Jefferson City, MO 65109-0525

Coordinator of Consumer Affairs

877-222-8963 573-751-3251

Fax: 573-751-1441

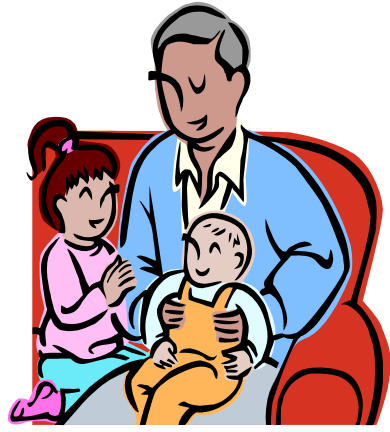
<http://vr.dese.mo.gov/>

Cape Girardeau.....	877-702-9883 or 573-290-5788
Chillicothe.....	866-572-4049 or 660-646-1542
Columbia.....	877-222-8961 or 573-882-9110
Farmington.....	800-640-7110 or 573-218-6100
Hannibal.....	877-222-8960 or 573-248-2410
Jefferson City.....	573-751-2343
Joplin.....	877-222-8964 or 417-629-3067
Kansas City - Downtown.....	816-889-2581
Kansas City - East.....	816-622-0600
Kansas City - North.....	877-270-0198 or 816-467-7900
Kansas City - Transition.....	816-622-0611
Kirksville.....	877-222-8962 or 660-785-2550
Nevada.....	800-598-3471 or 417-448-1332
Poplar Bluff.....	800-281-9894 or 573-840-9550
Rolla.....	800-890-2867 or 573-368-2266
Sedalia.....	800-924-0419 or 660-530-5560
St. Charles.....	636-940-3300
St. Joseph.....	877-702-9876 or 816-387-2280
St. Louis - Downtown.....	314-301-7281
St. Louis - North.....	314-877-3200
St. Louis - South.....	877-222-8968 or 314-877-1900
St. Louis - West.....	314-426-8388
Springfield - North.....	877-222-8965 or 417-895-5863
Springfield - South.....	877-222-8967 or 417-895-5720
West Plains.....	877-222-8959 or 417-256-8294

Missouri Career Center.....573-526-8115

**Williams Syndrome**

<https://williams-syndrome.org/>





## Acknowledgement Statement



I have read and understand all the information provided in this Missouri Resource Parent Handbook.

I have and will ask my resource worker or the foster youth's worker if I need clarification or have questions.

Resource Parent	Date
Resource Parent	Date