



Rainbow House
CHILDREN'S EMERGENCY SHELTER
REGIONAL CHILD ADVOCACY CENTER

VOLUNTEER



Information & Application Packet

Our Mission is to keep children safe and to support families in crisis through prevention, assessment, and intervention in child abuse and neglect.

1611 Towne Drive Columbia, MO 65202
P: (573) 474.6600 F: (573) 474.5992
www.rainbowhousecolumbia.org



Table of Contents

VOLUNTEER CRITERIA/CHECKLIST	4
VOLUNTEER POLICIES AND PROCEDURES	5
PROGRAMS AND SERVICES SUMMARY	6
• Emergency Children’s Shelter.	6
• Rainbow Kids Therapy Program	6
• Crisis Care Family Support Program.....	6
• Regional Child Advocacy Center.	6
• SAFE/CARE Exams	6
• Outpatient therapy.....	7
• Family Advocate Program	7
• Sexual Assault Emergency Advocacy	7
• Resource lending library for parents and professionals.....	7
• Prevention education and outreach	7
• Professional training programs	7
VOLUNTEER OPPORTUNITIES.....	8
• Child Care Volunteers.....	8
• Donation Room Volunteer.....	8
• Special Project Volunteers.....	8
• Administrative Volunteers	8
VOLUNTEER APPLICATION	9
VOLUNTEER QUESTIONNAIRE	11
CONFIDENTIALITY STATEMENT.....	12
CHILD ABUSE/NEGLECT REPORTING PROCEDURES	13
Purpose:.....	13
Definitions as related to this policy:	13
Procedure for Care of Child.....	13
Procedure for Reporting:.....	14
Staff Responsibilities/Information	14
Suspected Child Abuse/Neglect of Child by Staff/Volunteer.....	14
Summary of Process:	15
CHILD ABUSE/NEGLECT REPORTING PROCEDURES ACKNOWLEDGEMENT	16
MEDICAL RELEASE FORM	16



Dear Applicant,

Thank you for your interest in volunteering at Rainbow House! We are very excited about this opportunity for you to join us in making Rainbow House a safe and healthy environment for children.

Our volunteers help us with many aspects of caring for our children. You may be asked to cook, help with homework, go with us on outings, and other various child care tasks. Volunteer shifts are available 7 days a week between the hours of 9 am to 8 pm.

After filling out this application please contact me for an initial meeting. We will discuss your opportunities and the possibility of you volunteering at Rainbow House. If we find this is a good fit for you and for Rainbow House, we will provide you with everything you will need to get started volunteering.

Please call me at 474-6600 ext. 14 or e-mail me at ecrane@rainbowhousecolumbia.org if you have any questions or comments.

Thank you again for your interest – I look forward to meeting you!

Thankfully,

Ethan Crane
Volunteer Coordinator



VOLUNTEER CRITERIA/CHECKLIST

Rainbow House's Volunteer Program is a community of people who share a common interest – a commitment to the protection and safety of children. Volunteers provide individualized attention to boost children's self-esteem and brighten their lives.

We hope you will consider becoming a part of our family for the children.

Volunteer Criteria/Checklist

- At least 18 years or older
- Possess high school diploma or GED
- Be in good physical health
- Pass a background screening

- **Submit the following to Rainbow House:**
 - Volunteer Application
 - Volunteer Questionnaire
 - Confidentiality Policy
 - Child Abuse/Neglect Reporting Procedure
 - Medical Release form
 - Medical Examination Report and a copy of a negative TB skin test done within the last 24 months
 - Workers Registration form filled out and signed. Do not submit to the state
 - Copy of Social Security Card and Driver's License

All application forms should be returned by dropping them off at the Rainbow House office, via email, or by mail/fax:

Rainbow House
Attn: Volunteer Coordinator
1611 Towne Drive
Columbia, MO 65202
Fax: (573) 474.5992

VOLUNTEER POLICIES AND PROCEDURES

- Volunteers should never be alone with any child.
- Volunteers will ensure confidentiality and privacy in regard to the children we serve. For this purpose, children should not be photographed.
- Volunteers should not take children to the restroom, bathe, or diaper any child.
- Volunteers may not discipline children; volunteers should respect and follow through with staff redirection.
- Volunteers must abide by the agency dress code as detailed in the Volunteer Handbook.
- Volunteers should refrain from picking up children (unless the child is an infant) to prevent injury and to ensure that none of the children will feel left out. Volunteers are encouraged to hold and hug children while sitting down or crouching down at the child's level.
- No one under the age of 18 may volunteer with the children, including children or grandchildren of volunteers.
- Rainbow House reserves the right to terminate the volunteer relationship if the behavior and actions of a volunteer are found by the Executive Director to be contrary to the best interest of the children.
- Volunteers should refrain from excessive or unnecessary use of cell phones and/or other electronic devices during their volunteer time to ensure they are actively engaged with staff and children and to prevent any unauthorized access by the children in the shelter.
- All volunteers are responsible for helping to prevent and control contagious diseases through mandatory use of Universal Precautions.
- Drug or alcohol abuse will result in immediate termination of volunteer status.
- All Rainbow House's facilities are non-smoking environments.

If you have any questions, feel free to ask any member of staff!

You can reach the Volunteer Coordinator at
474-6600 ext. 14 or ecrane@rainbowhousecolumbia.org

PROGRAMS AND SERVICES SUMMARY

- **Emergency Children's Shelter.** Children are admitted to the shelter by either the Children's Division for temporary or emergency foster care or for crisis care by a legal parent or guardian who is facing anything from medical or psychiatric hospitalization to homelessness. Shelter services include not only basic care for kids in residence, but also require that school-aged children be enrolled in school within three (3) days of admission to the shelter, and that they continue in their regular school to minimize disruption in their lives. Kids in the shelter receive well child medical check-ups and any recommended follow-up care as well as, dental and vision care and developmental and psychological assessment throughout their stay in shelter.
- **Rainbow Kids Therapy Program** at the shelter reflects our desire to assist children in facing the emotional trauma associated with removal from the family home, an abusive experience, and preparation for transition into Rainbow House and future placements. Our children may have behavioral and emotional problems as well as developmental delays and are often experiencing the loss of primary support systems. The goals of the Rainbow Kids program are: to identify the needs and strengths of each child, to aid children's adjustment to being in out-of-home care, to assist and nurture children through crisis, and to support each child in learning skills and behaviors relevant to their needs. All therapy is provided by licensed staff therapists and may include play therapy or art therapy as well as traditional forms of therapy.
- **Crisis Care Family Support Program** is a support service provided to shelter children and families and continues our involvement after discharge. Follow-up support services can be instrumental in preventing future family crisis, involvement with the child welfare system, abuse and the factors that contribute to abuse.
- **Regional Child Advocacy Center.** Serving eleven counties across Mid-Missouri, the Rainbow House Regional Child Advocacy Center assists in the coordination of investigation and treatment of abuse cases by providing a safe, confidential, and child-friendly environment for the interviewing of child victims of alleged sexual abuse and severe physical abuse. We provide professional digitally recorded forensic interviews that allow children to communicate at their maximum level and embrace the Child First Doctrine: *The child is our first priority.*
- **SAFE/CARE Exams** are provided on-site at Rainbow House and offer children a friendly and safe environment for medical exams regarding allegations of sexual abuse or severe physical abuse. These exams are difficult experiences for the family, but are important in determining if there are injuries or sexually transmitted diseases as a result of the abuse. The CAC staff works to provide comfort and assistance to the family during and following these exams.

- **Outpatient therapy** for victims of sexual abuse is available on a limited and short-term basis for both individuals and families. Therapy is focused on abuse and trauma and can include court preparation support when needed. Play therapy and other approaches are used to assist a child or family in managing the disruption, and pain associated with sexual abuse. We also assist families in connecting with other qualified therapists for long-term and out-of-county counseling needs.
- **Family Advocate Program** serves the child and non-offending caregiver who have been victimized through child abuse and neglect. The Advocate focuses on the needs of the family, offers support to the family, and assistance in connecting them with appropriate community resources. The Advocate works in concert with other agencies to ensure that the child receives the best services available and that the family is empowered to move forward.
- **Sexual Assault Emergency Advocacy** is available 24 hours a day for victims under the age of 18, provided by our Family Advocate. We believe this service will fill the need for immediate advocacy for child sexual abuse or assault victims when desired and will also allow us to introduce our entire array of services to the victim and the family and to be available for child-centered services and support on an ongoing basis.
- **Resource lending library for parents and professionals** that includes books and videos on an array of topics in the area of child maltreatment including child development, parenting, safety, abuse and neglect, child sexual abuse and adult survivors, children with sexual behavior problems and other behavioral issues, investigation of child abuse, forensic interviewing of sexually abused children, trauma and healing, healthy sexuality education and other topics.
- **Prevention education and outreach** is available on an ongoing basis and can be conducted on or off-site. We have child abuse and neglect prevention education materials geared toward all age groups including adults that cover personal safety, the dynamics and effects of abuse, how to respond to an abuse disclosure, the importance of community involvement and more, aimed at reducing and ultimately eliminating child abuse altogether.
- **Professional training programs** such as mandated child abuse reporter trainings are offered free of charge to professionals and organizations in the community including physicians and nurses, child care workers, law enforcement and many others.

VOLUNTEER OPPORTUNITIES

- **Child Care Volunteers** greatly influence the daily workings of Rainbow House's Children's Emergency Shelter. Volunteers serve our children, ages 0-18, who have been brought to our shelter for a temporary stay due to abuse, neglect, homelessness, or crisis in the family. It can be a scary and confusing time for these children. Having a friend that will read them a story, play games, eat lunch, and just listen to them really makes a difference. With lots of little ones running around, we can always use the extra help during meal times and bed time. Our kids are always thrilled to have a friend to hang out with and will be begging you to come back and play! Child Care volunteers must commit to volunteer at least 1 time per week at the Children's Emergency Shelter. Please see the Volunteer Description for more information about this opportunity.
- **Donation Room Volunteer** - Rainbow House is fortunate enough to receive donations on a daily basis from people within the community. These donations include clothes, shoes, toys, food, hygiene products, and other miscellaneous items. The donations are typically for the children in our shelter. Often times, children come in with only the clothes on their backs. When they leave our shelter, we provide them with a minimum of 5 outfits, books, a toy, and anything else they may need. Our Donation Room Volunteers sort through and organize these donations. Please see the Volunteer Description for more information about this opportunity.
- **Special Project Volunteers** are those that may not be able to commit to a regular schedule, but are interested in giving their time to Rainbow House in another way. Special Project opportunities include field trip outings with the kids, child care assistance during program trainings and/or parenting classes, assisting our Development and Marketing Director during fundraisers and drives, and any other special events within the community. Outreach for special project volunteers may occur at various times of the year. Regular volunteers are welcome to sign up for special projects.
- **Administrative Volunteers** work in our front office. If tidiness, organization, answering the door/phones, filing, and/or paperwork are your thing and you would like to donate your time to assist with occasional administrative needs, we'd love to have you! Our Children's Emergency Shelter and Child Advocacy Center has occasional tasks for administrative volunteers during business hours, Monday-Friday 9am-5pm. Administrative Volunteers are notified on an as-needed basis. Please see the Administrative Volunteer Description for more information about this opportunity.



VOLUNTEER APPLICATION

Personal Background

Full Name: _____ **SSN#** _____

Full Address: _____

Home Phone: _____ **Work Phone:** _____

E-Mail Address: _____

Education

School Attended	Name and Location (City/State)	Highest Level Completed	Course of Study/Major	Degree (y/n)
High School				
College				
Graduate School				

Employment History

Presently Employed: FT: _____ PT: _____ **Military:** _____ **Unemployed:** _____ **Retired:** _____

Present/Last Employer: _____ **Supervisor's Name/Title:** _____

Mailing Address: _____

Phone: _____ **Dates of Employment (month/year):** FROM: _____ TO: _____

Title/Position: _____ **Duties:** _____

Reason for Leaving: _____

Emergency Contact

Name: _____ **Relationship:** _____

Home Number: _____ **Work Number:** _____

Personal References

1. Name: _____ **Address:** _____

City/State/Zip Code: _____ **Phone:** _____

2. Name: _____ **Address:** _____

City/State/Zip Code: _____ **Phone:** _____

3. Name: _____ **Address:** _____

City/State/Zip Code: _____ **Phone:** _____



Availability

Times	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
days							
evenings							

Total hours weekly you want to volunteer: _____ Are you volunteering for a class? YES ___ NO ___

If yes, please note the total hours that you are required to volunteer: _____

Volunteer Opportunities

What opportunity are you interested in? (Mark an 'X' by all that apply):

_____ **Child Care** _____ **Donation Room** _____ **Special Project** _____ **Administrative**

Please Read Carefully and Sign:

I hereby certify that the information provided on this volunteer application and accompanying resume, if any, is true and complete. I understand that any misinterpretation or omission of facts in the application or resume will be cause for rejection of this application or dismissal after employment and that employment is subject to verification of references, record searches, and satisfactory completion of a probationary period.

I understand that this application and any Rainbow House document is not a contract of employment. If employed by Rainbow House, I understand that such employment is at will and that either the Agency or I may terminate the employment relationship for any reason at any time.

I hereby authorize Rainbow House to check my educational, personal, and employment references to release all information they have about me to Rainbow House. I understand that a physical exam and background check must be cleared for employment at Rainbow House.

Printed Name: _____

Signature

Date



VOLUNTEER QUESTIONNAIRE

- **Why do you wish to help us at Rainbow House?**

- **What kind of children do you think you will meet here?**

- **What one behavior will you find it hardest to deal with, or be most uncomfortable around?**

- **Describe the family in which you grew up.**

- **What kind of person would abuse a child?**

- **What is the goal of discipline?**

- **Have you done any other volunteer work?**



CONFIDENTIALITY STATEMENT

I understand and agree that information concerning Rainbow House, its employees, volunteers, board members and clients is confidential and is to be treated as such. I acknowledge and agree that I will not divulge or breach any confidences concerning Rainbow House and the clients served.

As a volunteer, I will inform clients of the agency policy regarding confidentiality. I understand that clients may give permission through a release of information for other persons or agencies to see their records. I acknowledge that minors do not have the authority to disclose their own records. I understand that staff and professional consultants will have access only to records with which they are professionally involved. I agree that I will release information only to authorized personnel of Rainbow House unless otherwise authorized by state and federal laws.

As a volunteer I will adhere to confidentiality for all clients and refer all requests for information to staff.

I understand and agree that client records will be kept in a secure and confidential place and will be in a locked file when not in use.

I acknowledge and agree that the confidentiality for Rainbow House and its clients will be maintained after termination of my volunteer service.

I further acknowledge and understand that if I breach this promise of confidentiality, my employment, internship, or volunteer service may be terminated, and I may be held liable for damages.

Printed Name: _____

Signature

Date

CHILD ABUSE/NEGLECT REPORTING PROCEDURES

Purpose: Staff is responsible for the care and well-being for children seen at Rainbow House. Any suspected incidence of child abuse is to be reported according to personnel policy and the established reporting guidelines.

Definitions as related to this policy:

Abuse – “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.” For the purpose of reporting abuse, the term “abuse” is not limited to a person responsible for the child’s care, custody, and control but shall also include abuse inflicted by any other person.

Neglect – “failure to provide, by those responsible for the care, custody, and control of the child, the necessary support, education as required by law, nutrition, or medical, surgical, or any other care necessary for the child’s wellbeing.”

Child – “any person, regardless of physical or mental condition, under eighteen years of age.”

Mandated Reporters:

Missouri law states, “when any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in examination, care, treatment or research of persons, and any other health practitioner, psychologist, mental health professional, social workers, day care center worker, or other child care worker, juvenile office, probation or parole officer, teacher, principal, or other school official, Christian Science practitioner, peace officer, or law enforcement official, or other person with responsibility for the care of children has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall immediately report or cause a report to be made to the division.” The staff at Rainbow House as childcare workers must report any suspected child abuse as a mandated reporter.

Procedure for Care of Child

1. If there is any evidence of physical harm and a child is in emergent need of medical care, staff will call 911.
2. If there is any evidence of physical harm that does not require emergent response, the child will be taken to their medical provider for examination.

Procedure for Reporting:

1. Child abuse/neglect reports are made to the Division of Family Services hotline 800-392 3738.
2. If the circumstances reflect an imminent danger to a child or an adult, the police department will be contacted at 911 and a request for immediate assistance made.
3. When filing a report with DFS the following information will be provided:
 - a. Name and addresses of the child, the parents, and other persons responsible for the child's care,
 - b. Child's age, sex, and race
 - c. Nature and extent of the child's injuries, abuse, or neglect, including any evidence of previous injuries, abuse, or neglect to the child or siblings
 - d. Name, age, address and other known information of the person responsible for the abuse and neglect.
 - e. Any family or other information that might be helpful.
 - f. Reporting person's name, address, phone, and occupation
 - g. Any action taken in response such as medical exam, photographs, etc.
4. When staff has made certain all children are safe and emergency reports have been made, they must immediately notify their respective coordinator. The coordinator is responsible for an immediate notification to the Executive Director.
5. Staff filing the report will fully document incident and all information pertinent to the report in the child's file. All dates, times, and explanation of circumstances will be included.
6. Reporting person and any other Rainbow House staff that was a witness will complete a Critical Incident Report.

Staff Responsibilities/Information

1. Staff must be aware that only a law enforcement office or physician may take emergency temporary protective custody. The Juvenile Office through the Family Court may also issue temporary protective custody.
2. Any legally recognized privileged communication, except that between attorney and client, shall not apply to report as required. (RSMO chapter 210)
3. Staff will attend an annual training regarding child abuse/neglect reporting procedures.

Suspected Child Abuse/Neglect of Child by Staff/Volunteer

1. In case of alleged child abuse or neglect while a child is in care at Rainbow House, all care for the child and legal reporting procedures will be followed as for any other situation.
2. The DFS Regional Licensing Consultant must receive an oral report within 24 hours of the incident and a written report with follow up plan within five working days.
3. The Executive Director must be notified immediately.
4. The employee/volunteer may be suspended with or without pay at the discretion of the Executive Director based on the severity of the allegation. The safety of the children will be of first consideration and an employee/volunteer who has threatened

the safety of a child will not be assigned to work directly with children until the investigation is completed.

5. The Executive Director and supervisor will conduct an internal investigation of the alleged incident. If the Executive Director is involved in the incident, the Board President and Vice President will be notified and will conduct the investigation. A written report of the investigation will be submitted to DFS within 5 working days of the alleged incident. If probable cause is determined, the written report will include corrective action taken by Rainbow House.

Summary of Process:

1. Be sure the child is safe and has proper medical care
2. Notify the police if any danger or imminent risk remains for a child
3. Notify the immediate supervisor
4. Supervisor notifies Executive Director
5. Hotline when needed (1-800-392-3738)
6. For children in residence, the Shelter Coordinator telephones report to Regional Licensing Consultant within 24 hours (573-751-4920 or 751-4953) and inform the Executive Director that report has been completed.
7. Executive Director informs Board President
8. Relevant information reported in child's file
9. Critical Incident Report completed
10. Internal investigation and corrective action taken
11. Written report of investigation and corrective action sent to DFS licensing unit



CHILD ABUSE/NEGLECT REPORTING PROCEDURES ACKNOWLEDGEMENT

I acknowledge receipt of Rainbow House Child Abuse/Neglect Reporting Procedures. I understand it is my responsibility to read and understand all materials provided to me. I further understand that by law I am a mandatory reporter and agree to comply with all district, state and federal laws.

If I have questions regarding any of the materials provided I understand I am to contact the Volunteer Coordinator.

Printed Name: _____

Signature

Date

MEDICAL RELEASE FORM

I do hereby release Rainbow House, Child Abuse and Neglect Emergency Shelter, Inc., its successors and assigns, and its employees, agents and servants of all claims, suits, or damages which may arise as a result of any accident which may occur while I am on the property owned, leased, or under the control of the above, I understand that Rainbow House, Child Abuse and Neglect Emergency Shelter, Inc., do NOT have any medical or accident insurance which will cover any costs incurred by me in the event of an accident.

I understand that I should provide my own medical and/or accident insurance and coverage.

Printed Name: _____

Signature

Date



Missouri Department of Health and Senior Services
Family Care Safety Registry

FCSR USE ONLY

Register online at www.health.mo.gov/safety/fcsr OR mail this form, copy of Social Security card, and payment to Missouri Dept. of Health and Senior Services, Fee Receipts, PO Box 570, Jefferson City, MO 65102.

WORKER REGISTRATION

REGISTRATION TYPE (Check all that apply. Complete column on right only if Long Term Care/Personal Care selected from left.)

- Adoptive Parent (Agency Name: _____)
- Child Care
- Foster Parent/Family Member of Foster Parent (County Office: _____)
- Hospital
- Long Term Care/Personal Care (Please choose subcategory at right →.)
- Mental Health/Psychiatric Hospital
- Voluntary (Select voluntary if no other registration type applies.)

Long Term Care / Personal Care Subcategories (Complete if LTC/PC selected at left.)

- Adult Day Care
- Assisted Living Facility
- Hospice
- Hospital LTAC/Swing Bed
- Mental Health – Residential Facility/ICF
- Nursing Facility/Skilled Nursing
- Personal Care – Home Health
- Personal Care – In-Home Services
- Personal Care – Consumer Directed Services/Center for Independent Living
- Personal Care – HCY/DPW/DDD/Other

A one-time registration fee of **\$12.00** applies to all categories except Foster Parents. Foster Parents must list the Children's Division county office.

Register only once. If you believe you have already registered, check our website at www.health.mo.gov/safety/fcsr or call, toll free, 866-422-6872.

SOCIAL SECURITY NUMBER (Mail copy of card with form.)

— —

PERSONAL INFORMATION (Provide all names you have used, starting with most recent. Include legal names and nicknames.)

LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX (Jr., Sr., II, III)
MAIDEN NAME (If applicable)	PRIOR NAMES USED (If applicable, list first and last names.)			DATE OF BIRTH (mm-dd-yyyy)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F

CONTACT INFORMATION

MAILING ADDRESS (Enter your street address or post office box. This address must be different from Employer Address.)

CITY	STATE	ZIP CODE	COUNTY
TELEPHONE () -	EMAIL (Optional)	COUNTRY (Complete only if U.S. territory/outside U.S.)	


EMPLOYER ASSOCIATED WITH THIS REGISTRATION (Complete either left or right column, not both.)

<input type="checkbox"/> My current/potential child care, long term care or mental health care employer is:			<input type="checkbox"/> No Employer, because I am a(n):		
EMPLOYER NAME			<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent/Family Member <input type="checkbox"/> Home Child Care Provider <input type="checkbox"/> Private Pay/Private Duty <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (Explain: _____)		
EMPLOYER ADDRESS					
EMPLOYER CITY	STATE	ZIP			
EMPLOYER TELEPHONE () -	EMPLOYER CONTACT NAME	EMPLOYER CONTACT TITLE			

REGISTRATION AGREEMENT

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the DHSS to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requester of the FCSR for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy of the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening.

NOTICE: The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to my designated bank account. I understand that my signature below authorizes my financial institution to deduct this payment from my account. In the event that DHSS or its subcontractor is unable to secure funds from my account or I provide insufficient or inaccurate information regarding my account, my obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

SIGNATURE OF APPLICANT (Must be signed in blue or black ink.)	DATE OF SIGNATURE (Must be within six months of submission.)
	- -



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 CHILDREN'S DIVISION
**MEDICAL EXAMINATION REPORT FOR RESIDENTIAL TREATMENT AGENCY FOR
 CHILDREN AND YOUTH PROVIDER/STAFF**

I. IDENTIFYING INFORMATION (TO BE COMPLETED BY PATIENT)

NAME	BIRTHDATE
ADDRESS(STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER ()
NAME OF RESIDENTIAL TREATMENT AGENCY WHERE EMPLOYED	

II. TO BE COMPLETED BY A LICENSED PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A LICENSED PHYSICIAN

	YES	NO
This individual will be in contact with children, ages ____ through ____ receiving child care outside their own homes. S/he may be responsible for the physical care and social development of young children during daytime and/or nighttime hours. Some lifting of young children may be required. On _____ (date) I examined this patient and certify --	<input type="checkbox"/>	<input type="checkbox"/>
A. That s/he is in good physical and emotional health and free of communicable disease. If recommended by a physician, a TB test, chest x-ray, and/or a follow up examination was completed on _____	<input type="checkbox"/>	<input type="checkbox"/>
B. To the best of my knowledge s/he is free of impairment due to the use of medication;	<input type="checkbox"/>	<input type="checkbox"/>
C. To the best of my knowledge s/he is free of current drug or alcohol dependency; and	<input type="checkbox"/>	<input type="checkbox"/>
Does patient have any physical or mental conditions which might endanger the health of children or that might prevent him/her from providing adequate care for children? If yes, explain below.	<input type="checkbox"/>	<input type="checkbox"/>
Are there any restrictions on children's ages, numbers of children or hours of care? If yes, explain below.	<input type="checkbox"/>	<input type="checkbox"/>

Remarks/Restrictions, if any:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Physician or Registered Nurse under the Supervision of a Physician	Date	Physician's or Nurse's Name (Please Print)

<input type="text"/>	<input type="text"/>
Name of Clinic, Group Practice, Other	If Nurse is Supervised by a Physician, indicate Physician's Name

<input type="text"/>	<input type="text"/>
Address (Street, City, State and Zip Code)	Telephone Number