

Division/County Letterhead

Mail Date

Provider Name
Provider Address,
Provider City, State, Zip Code
DVN:

Dear Child Care Provider,

This is your advance notice of action that may terminate your child care registration with the Family Support Division.

Our records indicate that you have more than four unrelated children in your care. You receive some or all payment for child care services from the Department of Social Services, Family Support Division and/or the Children's Division.

Missouri law, RsMO 210.211, subsection (1,) states that 'providers caring for more than four children, unrelated to the provider, must be licensed'.

Please submit documentation (Birth, Marriage, Divorce or other certification) that proves which children in your care are related to you to the above address no later than Day, Month, Date, Year (ten business days in the future from the date you are sending this notice.)

The information that you or the family of the children in your care supplies to us determines if you are eligible to receive future child care payments from the Department of Social Services, Family Support Division or Children's Division.

If we do not receive the requested information by (Day, Month, Date, and Year) we may interpret this to mean that the children in your care are not related to you. Your provider registration will close and no future child care payments through the Department of Social Services, Family Support Division or Children's Division can be made to you.

This action does not entitle you to an Administrative Appeal through the Department of Social Services, Division of Legal Services.

Please contact your local Family Support or Children's Division office if you have questions regarding this notice.

Sincerely,

Caseworker/SSCM/Supervisor

1. Name -Head of Eligibility Unit
2. Name -Head of Eligibility Unit
3. Name -Head of Eligibility Unit
4. Name -Head of Eligibility Unit
5. Etc.