



 FAMILY CARE SAFETY REGISTRY WORKER REGISTRATION		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. Register only once!		
REGISTRATION TYPE (Check all that apply. Complete column on right only if Long Term Care/Personal Care selected from left.)				
<input type="checkbox"/> Adoptive Parent Agency Name: _____		Long Term Care / Personal Care Subcategories (Complete if LTC/PC selected at left.) <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Hospice <input type="checkbox"/> Hospital LTAC/Swing Bed <input type="checkbox"/> Mental Health – Residential Facility/ICF <input type="checkbox"/> Nursing Facility/Skilled Nursing <input type="checkbox"/> Personal Care – Home Health <input type="checkbox"/> Personal Care – In-Home Services <input type="checkbox"/> Personal Care – Consumer Directed Services/Center for Independent Living <input type="checkbox"/> Personal Care – HCY/PDW/DDD/Other		
<input checked="" type="checkbox"/> Child Care				
<input type="checkbox"/> Missouri Foster Parent/Family Member of Foster Parent Children's Division County Office: _____				
<input type="checkbox"/> Hospital				
<input type="checkbox"/> Long Term Care/Personal Care (Please choose subcategory at right ▶.)				
<input type="checkbox"/> Mental Health/Psychiatric Hospital				
<input type="checkbox"/> Voluntary (Select voluntary if no other registration type applies.)				
A one-time registration fee of \$14.00 applies to all categories except Missouri Foster Parents, who must list the Missouri Children's Division county office.				
Have you or an immediate family member ever served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, would you like information about military-related services in Missouri? <input type="checkbox"/> Yes <input type="checkbox"/> No				
SOCIAL SECURITY NUMBER (Mail copy of card with form.)				
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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)		
BIRTH NAME (LIST FULL NAME)		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	
TELEPHONE		EMAIL ADDRESS (REQUIRED)	COUNTRY (COMPLETE ONLY IF 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 Smart Kids, Inc.		<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 11520 St. Charles Rock Road, Ste. 102				
EMPLOYER CITY Bridgeton	STATE MO			ZIP 63044
EMPLOYER TELEPHONE 314-455-3735	EMPLOYER CONTACT NAME Renada Chandler			EMPLOYER CONTACT TITLE Executive Director
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		DATE OF SIGNATURE (MUST BE WITHIN SIX MONTHS OF SUBMISSION.)		

MO 580-2421 (10-2021)

REV. 10/21

WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, long term care and mental health workers:

- State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The Employee Disqualification List maintained by the Missouri Department of Health and Senior Services