

Qualified Minors: What You Need to Know



A Presentation for Service Providers
within the Missouri Balance CoC

FL**URISH**

Contents of the Presentation



Section 1: Understanding

- What is a Qualified Minor?
- Qualified Minor Statute Step-by-Step

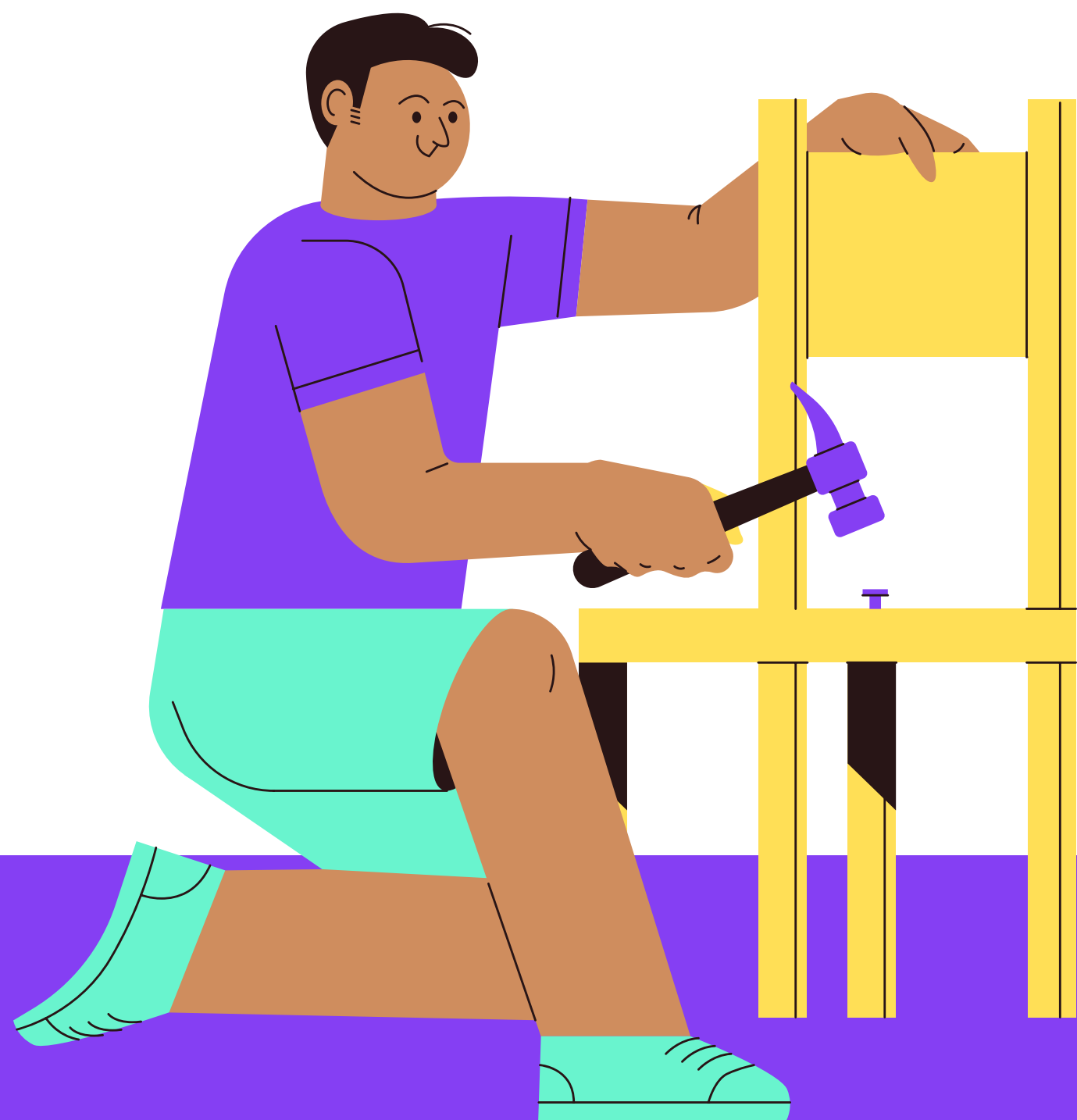
Section 2: Documentation

- Sample Form
- Case Studies

Section 3: How You Can Use QM Status

- Service Providers
- Minors

WHAT IS A QUALIFIED MINOR:



A 16- or 17-year-old that meets certain requirements set in Missouri law, which allows them certain rights not given to other minors

Missouri Statute 431.056 has FOUR REQUIREMENTS:



(1) The minor is **sixteen or seventeen** years of age;
and

(2) The minor is **homeless**,
[. . .] or a **victim of domestic violence**, [. . .]
unless the child is under the supervision of the children's division or the jurisdiction of the juvenile court; and

(3) The minor is **self-supporting**, such that the minor is without the physical or financial support of a parent or legal guardian; and

(4) The minor has express or implied **consent of a parent or legal guardian**

Homeless or a Victim of Domestic Violence

"(2) The minor is **homeless**, [. . .] or a **victim of domestic violence**, [. . .] unless the child is under the supervision of the children's division or the jurisdiction of the juvenile court; and"

Homeless: "lacks a fixed, regular and adequate nighttime residence."

Domestic Violence: "abuse or stalking committed by a family or household member." Abuse "includes but is not limited to the occurrence of any of the following acts, attempts or threats": assault, battery, coercion, harassment, sexual assault, or unlawful imprisonment.

UNLESS the child is under the supervision of Children's Division or the jurisdiction of the juvenile court.

Self-Supporting

"(3) The minor is **self-supporting**, such that the minor is without the physical or financial support of a parent or legal guardian; and"

Self-supporting means that the minor does not get safe housing, food, clothing, appropriate medical care, or supervision from the adults responsible for them

Express or Implied Consent

(4) The minor's parent or legal guardian has consented to the minor living independent of the parents' or guardians' control. Consent may be expressed or implied [. . .]

(a) Expressed consent is any verbal or written statement made by the parents or guardian [. . .]

(b) a. **Implied consent** is any action made by the parent or guardian of the minor that indicates the parent or guardian is unwilling or unable to adequately care for the minor. Such [as]

(i) Barring the minor from the home or otherwise indicating that the minor is not welcome to stay;

(ii) Refusing to provide any or all financial support for the minor; or

(iii) Abusing or neglecting the minor [. . .] or committing an act or acts of domestic violence against the minor [. . .]

Alternative to Implied Consent

b. Implied consent, in addition to the actions described in subparagraph a. of this paragraph, may also be demonstrated by a letter signed by the following persons verifying that the minor is an unaccompanied youth, as defined in U.S.C. Section 11434a(6):

- (i) A director or designee of a governmental or nonprofit agency that receives public or private funding to provide services to homeless persons;
- (ii) A local education agency liaison for homeless children and youth designated under 42 U.S.C. Section 11432(g)(1)(J)(ii), or a school social worker or counselor;
or
- (iii) A licensed attorney representing the minor in any legal matter."

"4. Any legally constituted entity or licensed provider who contracts with a minor under subsection 1 of this section shall be **immune from any civil or criminal liability** based on the entity's or provider's determination to contract with the minor; provided that, if an entity's or provider's determination of compliance with subsection 1 of this section, or conduct in contracting with the minor, is the result of the entity's or provider's gross negligence or willful or wanton acts or omissions, then the entity or provider may be held liable for their gross negligence or willful or wanton acts or omissions. Consent given under this section shall not be subject to later disaffirmance by reason of the minor's age."

The provider's immunity from liability
is provided by the statute!

Sample Form

Qualified Minor Verification and Consent for Unaccompanied Youth

Client Name					
DOB		Age	<input type="checkbox"/> 16 years old <input type="checkbox"/> 17 years old	Race	
Phone Number		Service Requested	<input type="checkbox"/> Housing/Shelter		
SSN			<input type="checkbox"/> Other Program Services		
Parent/Guardian Name					
Phone Number					
Address					

Are you currently under the supervision of the Children's Division of the Missouri Department of Social Services or under the jurisdiction of any juvenile court? Yes No (If YES, youth does not qualify. Please assist youth with connecting to their case manager or representative agency)

Which best describes your current living situation?

- | | |
|--|---|
| <input type="checkbox"/> Staying with a friend | <input type="checkbox"/> Staying at a shelter |
| <input type="checkbox"/> Staying with a family member (other than guardian) | <input type="checkbox"/> Living in a hotel/motel/campground |
| <input type="checkbox"/> Living in a place not meant for regular sleeping accommodations | Who is paying? _____ |
| | <input type="checkbox"/> Other: _____ |

What event or circumstances led to your current living situation? _____

Sample Form

Please answer the following questions about living with your parent or guardian:

- Have you ever been physically, mentally, or sexually abused or hurt by your parent/guardian?* Yes No
- Are you provided with basic needs by your parent/guardian, such as: food, clothing, clean & safe living environment, and supervision? Yes No (If YES, youth is NOT self-supporting and does not qualify)
- Do you feel safe returning to your previous environment? Yes No
If NO, why not? _____
- If you're not living with your parent/guardian, will they allow you to return to living with them if you wanted to? Yes No

PARENT/GUARDIAN CONTACT: STAFF DOCUMENTATION		
CALL LOG		
Date	Time	Notes
PARENT RESPONSE/DETERMINATION OF CONSENT		
Expressed Consent		Implied Consent
<input type="checkbox"/> Verbal consent given by guardian for youth to sign paperwork		<input type="checkbox"/> Guardian did not respond to repeated attempts at contact
<input type="checkbox"/> Verbal consent given by guardian and guardian agrees to sign written consent		<input type="checkbox"/> Guardian stated the youth is not allowed back home
		<input type="checkbox"/> Guardian refused to provide financial support for youth
		<input type="checkbox"/> Youth has been abused or neglected in the home*
		<input type="checkbox"/> Agency/social worker/counselor/attorney letter received verifying that the minor is an unaccompanied youth

Sample Form

Next steps for this minor:

- Hotline report was made (before/after) contact was made with parent or guardian, due to (current fear of abuse or neglect/past abuse or neglect), on this date: _____
- Parent or guardian refused to complete written consent documentation
- Parent or guardian agreed to meet with program personnel to sign written consent documentation on this date: _____
- Per the statute above, an agency, social worker, counselor, or lawyer provided written verification that the minor is an unaccompanied youth, as defined in 42 U.S.C. § 11434a(6).
- Youth was determined **NOT** to be a Qualified Minor. The following follow-up action was taken: _____

Staff Name (Printed) _____

Staff Title _____

Staff Signature _____

Date _____

While filling out this form, I have provided the most accurate and complete information I have at this time. I have read the above statute and understand my rights and responsibilities as a qualified minor.

Youth Name (Printed) _____

Date _____

Youth Signature _____

Case Study: Parker

Qualified Minor Verification and Consent for Unaccompanied Youth

Client Name	Parker Bloomfield		
DOB	2/29/2006	Age	<input checked="" type="checkbox"/> 16 years old <input type="checkbox"/> 17 years old
Phone Number	573-876-5432	Service Requested	<input checked="" type="checkbox"/> Housing/Shelter
SSN	124-35-4789		<input type="checkbox"/> Other Program Services

Parent/Guardian Name	Layla Bloomfield		
Phone Number	573-992-2037		
Address	129 Old Mill Drive, Ashland, MO 65222		

Are you currently under the supervision of the Children's Division of the Missouri Department of Social Services or under the jurisdiction of any juvenile court? Yes No (If YES, youth does not qualify. Please assist youth with connecting to their case manager or representative agency)

Which best describes your current living situation?

- | | |
|--|---|
| <input checked="" type="checkbox"/> Staying with a friend | <input type="checkbox"/> Staying at a shelter |
| <input type="checkbox"/> Staying with a family member (other than guardian) | <input type="checkbox"/> Living in a hotel/motel/campground |
| <input type="checkbox"/> Living in a place not meant for regular sleeping accommodations | Who is paying? _____ |
| What event or circumstances led to your current living situation? | <input type="checkbox"/> Other: _____ |
| | Had an argument with mom. Says mom won't let him come home |

Case Study: Parker

Please answer the following questions about living with your parent or guardian:

- Have you ever been physically, mentally, or sexually abused or hurt by your parent/guardian?* Yes No
- Are you provided with basic needs by your parent/guardian, such as: food, clothing, clean & safe living environment, and supervision? Yes No (If YES, youth is NOT self-supporting and does not qualify)
- Do you feel safe returning to your previous environment? Yes No
If NO, why not? _____
- If you're not living with your parent/guardian, will they allow you to return to living with them if you wanted to?
 Yes No

PARENT/GUARDIAN CONTACT: STAFF DOCUMENTATION		
CALL LOG		
Date	Time	Notes
3/15/22	10:45 AM	Left voicemail
3/17/22	1:10 PM	Confirmed Parker can't return home right now. Will sign papers.
PARENT RESPONSE/DETERMINATION OF CONSENT		
Expressed Consent		Implied Consent
<input type="checkbox"/> Verbal consent given by guardian for youth to sign paperwork		<input type="checkbox"/> Guardian did not respond to repeated attempts at contact
<input checked="" type="checkbox"/> Verbal consent given by guardian and guardian agrees to sign written consent		<input checked="" type="checkbox"/> Guardian stated the youth is not allowed back home
		<input type="checkbox"/> Guardian refused to provide financial support for youth
		<input checked="" type="checkbox"/> Youth has been abused or neglected in the home*
		<input type="checkbox"/> Agency/social worker/counselor/attorney letter received verifying that the minor is an unaccompanied youth

Case Study: Parker

Next steps for this minor:

- Hotline report was made (before/after) contact was made with parent or guardian, due to (current fear of abuse or neglect/past abuse or neglect), on this date: 3/15/22
- Parent or guardian refused to complete written consent documentation
- Parent or guardian agreed to meet with program personnel to sign written consent documentation on this date: 3/20/22
- Per the statute above, an agency, social worker, counselor, or lawyer provided written verification that the minor is an unaccompanied youth, as defined in 42 U.S.C. § 11434a(6).
- Youth was determined **NOT** to be a Qualified Minor. The following follow-up action was taken: _____

Staff Name (Printed) Rebecca Green

Staff Title Youth Specialist

Staff Signature *Rebecca Green*

Date 3/17/22

While filling out this form, I have provided the most accurate and complete information I have at this time. I have read the above statute and understand my rights and responsibilities as a qualified minor.

Youth Name (Printed) Parker Bloomfield

Date 3/17/22

Youth Signature *Parker Bloomfield*

Case Study: Eliza

Qualified Minor Verification and Consent for Unaccompanied Youth

Client Name	Eliza Johnson		
DOB	8/9/2005	Age	<input type="checkbox"/> 16 years old <input checked="" type="checkbox"/> 17 years old
Phone Number	573-895-2261	Race	Black
SSN	781-59-1825	Service Requested	<input type="checkbox"/> Housing/Shelter <input checked="" type="checkbox"/> Other Program Services
Parent/Guardian Name	Janet Pierce		
Phone Number	Don't know		
Address	Don't know		

Are you currently under the supervision of the Children's Division of the Missouri Department of Social Services or under the jurisdiction of any juvenile court? Yes No (If YES, youth does not qualify. Please assist youth with connecting to their case manager or representative agency)

Which best describes your current living situation?

- | | |
|--|---|
| <input type="checkbox"/> Staying with a friend | <input checked="" type="checkbox"/> Staying at a shelter |
| <input type="checkbox"/> Staying with a family member (other than guardian) | <input type="checkbox"/> Living in a hotel/motel/campground |
| <input type="checkbox"/> Living in a place not meant for regular sleeping accommodations | Who is paying? _____ |
| | <input type="checkbox"/> Other: _____ |

What event or circumstances led to your current living situation? _____

Case Study: Eliza

Please answer the following questions about living with your parent or guardian:

- Have you ever been physically, mentally, or sexually abused or hurt by your parent/guardian?* Yes No
- Are you provided with basic needs by your parent/guardian, such as: food, clothing, clean & safe living environment, and supervision? Yes No (If YES, youth is NOT self-supporting and does not qualify)
- Do you feel safe returning to your previous environment? Yes No
If NO, why not? Prior abuse
- If you're not living with your parent/guardian, will they allow you to return to living with them if you wanted to?
 Yes No

PARENT/GUARDIAN CONTACT: STAFF DOCUMENTATION		
CALL LOG		
Date	Time	Notes
PARENT RESPONSE/DETERMINATION OF CONSENT		
Expressed Consent		Implied Consent
<input type="checkbox"/> Verbal consent given by guardian for youth to sign paperwork		<input type="checkbox"/> Guardian did not respond to repeated attempts at contact
<input type="checkbox"/> Verbal consent given by guardian and guardian agrees to sign written consent		<input type="checkbox"/> Guardian stated the youth is not allowed back home
		<input type="checkbox"/> Guardian refused to provide financial support for youth
		<input checked="" type="checkbox"/> Youth has been abused or neglected in the home*
		<input checked="" type="checkbox"/> Agency/social worker/counselor/attorney letter received verifying that the minor is an unaccompanied youth

Case Study: Eliza

Next steps for this minor:

- Hotline report was made (before/after) contact was made with parent or guardian, due to (current fear of abuse or neglect/past abuse or neglect), on this date: _____
- Parent or guardian refused to complete written consent documentation
- Parent or guardian agreed to meet with program personnel to sign written consent documentation on this date: _____
- Per the statute above, an agency, social worker, counselor, or lawyer provided written verification that the minor is an unaccompanied youth, as defined in 42 U.S.C. § 11434a(6).
- Youth was determined **NOT** to be a Qualified Minor. The following follow-up action was taken: _____

Staff Name (Printed) Jill Green

Staff Title Manager of Basic Needs

Staff Signature Jill Green

Date 8/5/22

While filling out this form, I have provided the most accurate and complete information I have at this time. I have read the above statute and understand my rights and responsibilities as a qualified minor.

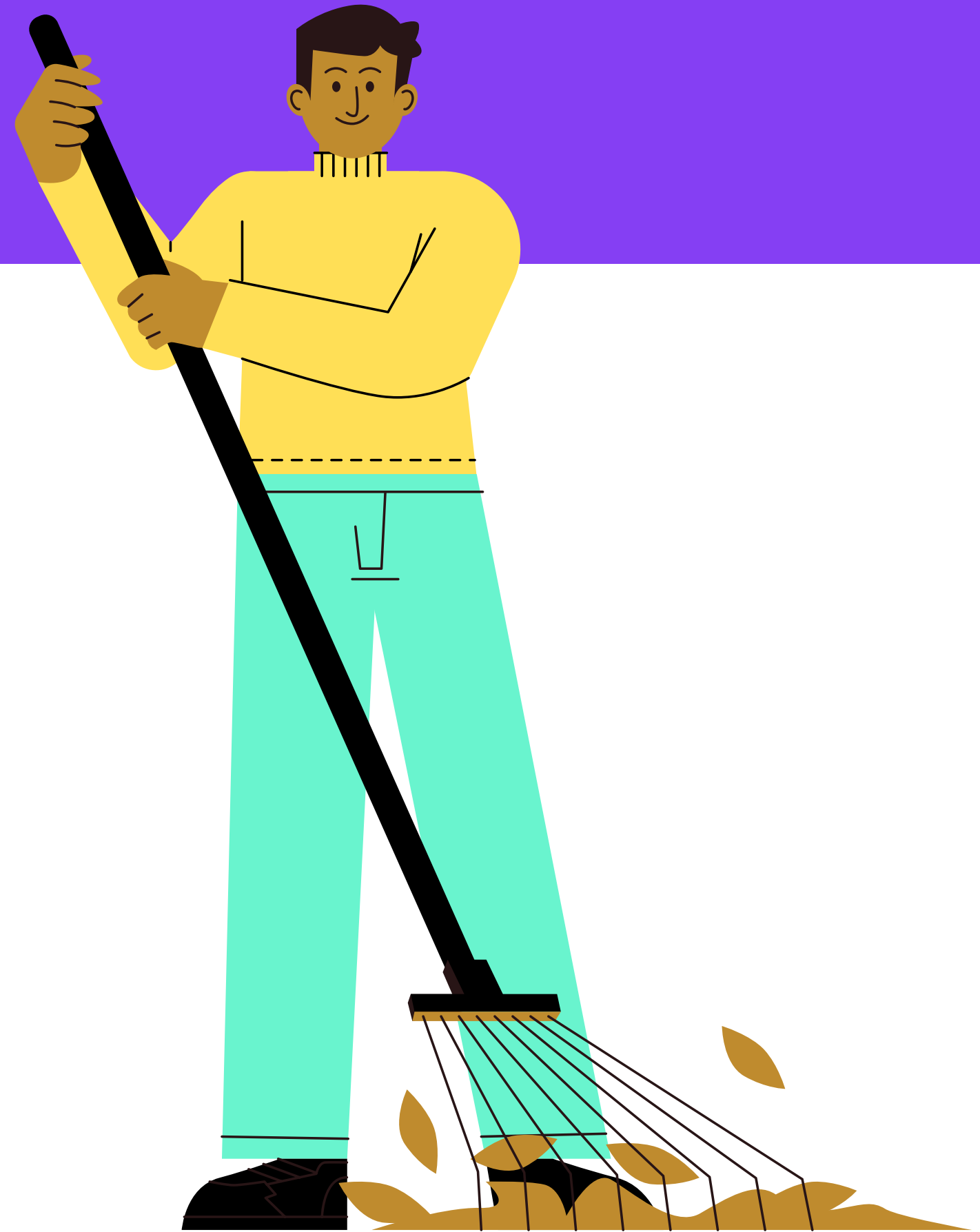
Youth Name (Printed) Eliza Johnson

Date 8/5/22

Youth Signature Eliza Johnson

HOW TO USE THE FORM

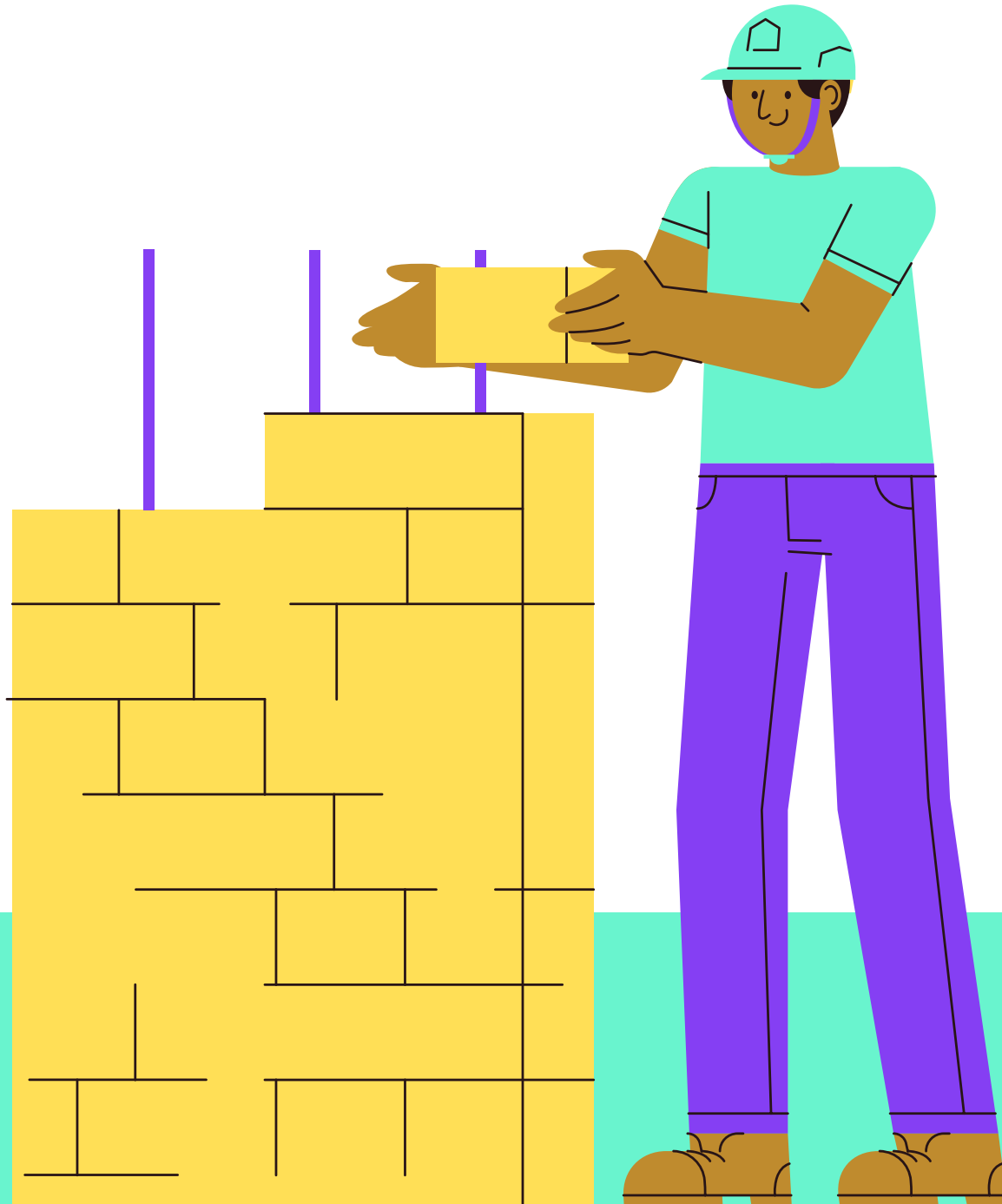
- Feel more comfortable offering services to minors
- Give minors a copy of the form or provide an official letter so they can access other resources, like starting a bank account



A QUALIFIED MINOR CAN CONTRACT FOR

- housing,
- employment,
- purchase of an automobile,
- receipt of a student loan,
- admission to high school or postsecondary school,
- obtaining medical and mental health care,
- establishing a bank account,
- admission to a shelter for victims of domestic violence or a homeless shelter, and
- receipt of services as a victim of domestic violence or sexual abuse, including but not limited to counseling, court advocacy, financial assistance, and other advocacy services





WHAT A QUALIFIED MINOR CAN'T DO

- Avoid any status offenses such as truancy
- Purchase alcohol, tobacco products, etc

Sterling Waldman, MSW
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Mark Kirchhoff
markkirchhoff@allyouthflourish.org

Thank you!

Please contact us if there are any questions.