



Minnesota Adoption and Foster Care Application



Instructions: To apply for a child foster care license and/or adoption study, complete and send this form along with the Minnesota Adoption and Foster Care Individual Fact Sheet (DHS-4258B) to your local county social service agency or a private child placing agency.

LICENSING AGENCY _____	
TYPE OF APPLICATION: <input type="checkbox"/> New application <input type="checkbox"/> Renewal/update	APPLYING FOR: <input type="checkbox"/> Foster/adopt <input type="checkbox"/> Foster <input type="checkbox"/> Treatment <input type="checkbox"/> Adopt
TYPE OF CHILD YOU ARE INTERESTED IN: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either Age Range _____ <input type="checkbox"/> Sibling group of up to _____ children	
<input type="checkbox"/> Specific child _____	For International adoption only , indicate specific country or area requested _____

Applicant – Contact information

Applicant #1		Applicant #2	
NAME (Last, first, middle)		NAME (Last, first, middle)	
E-MAIL ADDRESS		E-MAIL ADDRESS	
FORMER NAMES		FORMER NAMES	
PAGER OR CELL PHONE NUMBER	WORK PHONE NUMBER	PAGER OR CELL PHONE NUMBER	WORK PHONE NUMBER
HOME ADDRESS			HOME PHONE NUMBER
CITY		STATE	ZIP CODE
DIRECTIONS TO HOME FROM AGENCY			
EMERGENCY CONTACT		RELATIONSHIP TO YOU	
TELEPHONE NUMBER		If no phone, how can you be contacted?	

Household – Identifying information

List all adults and children (not including foster children) living or working in the home (if more than six people, *add another sheet)

Marital Status: (choose one) **N** = Never married **M** = Married living with spouse **S** = Separated (married, living apart)
L = Legally separated **D** = Divorced **W** = Widowed

Race: (choose all that apply) **N** = American Indian/ Alaska Native **A** = Asian **B** = Black or African American
P = Pacific Islander/ Native Hawaiian **W** = White

Applicant #1		
NAME (Last, first, middle)	BIRTH DATE	MARITAL STATUS
RACE	ETHNICITY Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	TRIBAL AFFILIATION
LANGUAGES SPOKEN	RELIGION	HIGHEST GRADE COMPLETED
AREA OF SPECIALIZED EDUCATION	OCCUPATION	NUMBER OF HOURS OF WORK WEEK

Applicant #2

NAME (Last, first, middle)		BIRTH DATE	MARITAL STATUS
RACE	ETHNICITY Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	TRIBAL AFFILIATION	
LANGUAGES SPOKEN		RELIGION	HIGHEST GRADE COMPLETED
AREA OF SPECIALIZED EDUCATION		OCCUPATION	NUMBER OF HOURS OF WORK WEEK

Household member #1

RELATIONSHIP TO APPLICANT #1

NAME (Last, first, middle)		BIRTH DATE	MARITAL STATUS
RACE	ETHNICITY Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	TRIBAL AFFILIATION	
LANGUAGES SPOKEN		RELIGION	HIGHEST GRADE COMPLETED
AREA OF SPECIALIZED EDUCATION		OCCUPATION	NUMBER OF HOURS OF WORK WEEK

Household member #2

RELATIONSHIP TO APPLICANT #1

NAME (Last, first, middle)		BIRTH DATE	MARITAL STATUS
RACE	ETHNICITY Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	TRIBAL AFFILIATION	
LANGUAGES SPOKEN		RELIGION	HIGHEST GRADE COMPLETED
AREA OF SPECIALIZED EDUCATION		OCCUPATION	NUMBER OF HOURS OF WORK WEEK

Household member #3

RELATIONSHIP TO APPLICANT #1

NAME (Last, first, middle)		BIRTH DATE	MARITAL STATUS
RACE	ETHNICITY Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	TRIBAL AFFILIATION	
LANGUAGES SPOKEN		RELIGION	HIGHEST GRADE COMPLETED
AREA OF SPECIALIZED EDUCATION		OCCUPATION	NUMBER OF HOURS OF WORK WEEK

Household member #4

RELATIONSHIP TO APPLICANT #1

NAME (Last, first, middle)		BIRTH DATE	MARITAL STATUS
RACE	ETHNICITY Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	TRIBAL AFFILIATION	
LANGUAGES SPOKEN		RELIGION	HIGHEST GRADE COMPLETED
AREA OF SPECIALIZED EDUCATION		OCCUPATION	NUMBER OF HOURS OF WORK WEEK

Household member #5

RELATIONSHIP TO APPLICANT #1

NAME (Last, first, middle)		BIRTH DATE	MARITAL STATUS
RACE	ETHNICITY Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	TRIBAL AFFILIATION	
LANGUAGES SPOKEN		RELIGION	HIGHEST GRADE COMPLETED
AREA OF SPECIALIZED EDUCATION		OCCUPATION	NUMBER OF HOURS OF WORK WEEK

Household member #6		RELATIONSHIP TO APPLICANT #1	
NAME (Last, first, middle)		BIRTH DATE	MARITAL STATUS
RACE	ETHNICITY Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	TRIBAL AFFILIATION	
LANGUAGES SPOKEN		RELIGION	HIGHEST GRADE COMPLETED
AREA OF SPECIALIZED EDUCATION		OCCUPATION	NUMBER OF HOURS OF WORK WEEK

Home (Description of home as it pertains to adoption or foster care of children.)

SCHOOL DISTRICT IN WHICH HOME IS LOCATED

Children placed in the home would attend the following schools:

ELEMENTARY	MIDDLE/JUNIOR HIGH
HIGH SCHOOL	SCHOOL TRANSPORTATION <input type="checkbox"/> Bus <input type="checkbox"/> Other _____

Does applicant home school?

Yes No

If yes, has applicant's home school plan been approved by the public school district?

Yes No

Does any household member smoke in the house?

Yes No

Are there pets in the home? Yes No If so, what type(s) of pet(s)? _____

Do any pets in the home pose safety concerns? Yes No

Do pets have current vaccinations? Yes No

Dwelling information (Check all that apply):

<input type="checkbox"/> Own	<input type="checkbox"/> Mobile home	<input type="checkbox"/> Multi-unit	<input type="checkbox"/> Single family house	<input type="checkbox"/> Wood burning stove or fireplace
<input type="checkbox"/> Rent	<input type="checkbox"/> Second floor	<input type="checkbox"/> Above second floor	<input type="checkbox"/> Basement	

Briefly describe home neighborhood. Include information regarding the type of community (e.g., rural, urban, suburban, industrial), demographics, and information regarding resources such as medical facilities, churches, shopping, and recreational opportunities. For purposes of international adoption include description of the home and property.

Sleeping arrangements (Indicate where a foster or adopted child will sleep.)

Bedroom	Floor/Level	Occupants	Type of bed(s) Crib, Single, Double, Bunk (if bunk, indicate upper-U, or lower-L.)	Storage space for personal possessions (Use only for child foster care)
1.				
2.				
3.				
4.				
5.				

Experience with foster care/adoption

Has applicant(s) previously applied, or worked with, or currently working with another foster care/adoption agency?

Yes No

AGENCY'S NAME	ADDRESS
DATES OF INVOLVEMENT AND OUTCOME	

Does applicant operate a business from the residence? Yes No

Explain _____

If the residential business is childcare, is the provider licensed? Yes No

Is the residential business adult foster care? Yes No

Is the residential business board and lodge? Yes No

If applicable, describe impact of home business on foster/adoption plan:

Transportation

Do you have a valid drivers license? Yes No

If you own vehicles:

Are there age appropriate infant care seats? Yes No Will Obtain

Do you have adequate insurance for all vehicles? Yes No

Do you have access to a city bus? Yes No If yes, distance to nearest bus stop _____

Describe alternative transportation plan if family does not own an operating vehicle or live on a bus line:

Are you able to transport children to appointments or school, if needed? Yes No

If no, what alternative transportation are you able to provide? _____

References - Required at initial application only

1. Name			
LAST	FIRST	MI	TELEPHONE
STREET ADDRESS		EMAIL ADDRESS	
CITY		STATE	ZIP CODE
2. Name			
LAST	FIRST	MI	TELEPHONE
STREET ADDRESS		EMAIL ADDRESS	
CITY		STATE	ZIP CODE
3. Name			
LAST	FIRST	MI	TELEPHONE
STREET ADDRESS		EMAIL ADDRESS	
CITY		STATE	ZIP CODE

Child foster care applicants only:

Notice about variances: All foster care licensing agencies are required to provide applicants with a summary of the child foster care license requirements and standards. A variance to Minnesota foster care licensing standards may be requested in circumstances that do not jeopardize the health or safety of a child. County and child-placing agency have the authority to issue most variances. The Commissioner must authorize variances for a dual license, child foster care maximum age requirement or variances regarding disqualified individuals.

Local municipality notification for non-relative foster care applicants: Applicants for a child foster care license to care for non-relatives issued by the Department of Human Services under Minnesota Statutes, Chapter 245A, the Human Services Licensing Act, are responsible for contacting the municipality where the program will be located to inquire about applicable local ordinance requirements.

The license applicant is responsible for taking all necessary actions as directed by the municipality to comply with local ordinance requirements. Please document the following regarding your contact with the local municipality:

NAME OF MUNICIPALITY	DATE OF CONTACT
NAME OF OFFICIAL	PHONE NUMBER

By signing below:

The information that I have provided on this application is true and accurate. I agree that:

- The Commissioner's representative has the right to request any documentation required by Minnesota Rules or Laws and to inspect my home and its grounds at any time during the hours that I provide care.
- The documentation and inspection required by the rules is necessary for the Commissioner to determine whether I am complying with Minnesota Rules and Laws.
- Any documentation that I provide or representations that I make to the Commissioner's representative during the time that I am licensed, or throughout the adoption process, or during the license application process will be true and accurate and that any misrepresentations or other violations of Minnesota Rules and Laws may result in immediate suspension, revocation or denial of the license.

I (we) understand that failure to disclose complete and accurate information may result in termination of adoption services or denial of the application.

APPLICANT #1 SIGNATURE	DATE	APPLICANT #2 SIGNATURE	DATE
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Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປຼດຊາບ. ຖ້າທ່ານກຳລັງຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ພຣີ, ຈົ່ງຖາມນຳພັນກຳລັງການຊ່ວຍວຽກຂອງທ່ານຫຼືໂທໂທລະທາມເລກໂທລ໌ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

LB2-0001 (10-09)

This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.