



# Minnesota Adoption and Foster Care Individual Fact Sheet



NAME OF APPLICANT OR HOUSEHOLD MEMBER
---------------------------------------

FOSTER CARE/ADOPTION APPLICANT'S NAME
---------------------------------------

**Instructions:** Each applicant or adult household member (age 18 or older) is required to complete this form during the foster care/adoption home study process.

## Residential History

DATE MOVED TO CURRENT ADDRESS
-------------------------------

### List residences for the last 5 years (Applicants only)

PREVIOUS ADDRESS	DATE MOVED TO THIS ADDRESS	
CITY	STATE	ZIP CODE

PREVIOUS ADDRESS	DATE MOVED TO THIS ADDRESS	
CITY	STATE	ZIP CODE

## Employment History (Applicants only)

APPLICANT'S CURRENT EMPLOYER	LENGTH OF TIME WITH PRESENT EMPLOYER
------------------------------	--------------------------------------

### List employers for the last 5 years

PREVIOUS EMPLOYER	LENGTH OF TIME WITH PREVIOUS EMPLOYER
-------------------	---------------------------------------

PREVIOUS EMPLOYER	LENGTH OF TIME WITH PREVIOUS EMPLOYER
-------------------	---------------------------------------

## Relationship History (Applicants only)

CURRENT MARRIAGE/SIGNIFICANT RELATIONSHIP TO:	DATE MARRIAGE/RELATIONSHIP BEGAN	COUNTY OF MARRIAGE CERTIFICATE
---	----------------------------------	--------------------------------

PREVIOUS MARRIAGE/SIGNIFICANT RELATIONSHIP TO:	DATE MARRIAGE/RELATIONSHIP BEGAN	COUNTY OF MARRIAGE CERTIFICATE
--	----------------------------------	--------------------------------

DATE OF SEPARATION	DATE OF DIVORCE	COUNTY OF DIVORCE DECREE
--------------------	-----------------	--------------------------

PREVIOUS MARRIAGE/SIGNIFICANT RELATIONSHIP TO:	DATE MARRIAGE/RELATIONSHIP BEGAN	COUNTY OF MARRIAGE CERTIFICATE
--	----------------------------------	--------------------------------

DATE OF SEPARATION	DATE OF DIVORCE	COUNTY OF DIVORCE DECREE
--------------------	-----------------	--------------------------

## Past experiences

Have you been previously denied a foster care license or been the subject of an unfavorable adoption homestudy? (Applicants only)  Yes  No If yes, explain below:

Regardless of how long ago, have you or family members, including children, experienced any of the following problems? (Applicant, applicant's minor children in the home, and other household members):

- Yes  No Physical health problems
- Yes  No Mental health problems and/or treatment
- Yes  No Drug or alcohol abuse and/or treatment
- Yes  No Sexual abuse, physical or verbal abuse, and child abuse or neglect
- Yes  No Domestic violence
- Yes  No Counseling as individual and/or with others (e.g. family, group)
- Yes  No Treatment or hospitalization for any of the preceding?
- Yes  No Any of your own minor children are now living away from your home
- Yes  No Received city, county and/or state social services

If you checked yes to any of the above, complete the information below:

NAME OF THE PERSON	DATE(S) OF INCIDENT/TREATMENT
EXPLAIN DIAGNOSIS, PROBLEM OR INCIDENT	
TYPE OF TREATMENT(S) /RESOLUTION	

Who do you use for substitute caregivers for adopted or foster child? (e.g. PCA, nurse, babysitter/respice care) (Applicants only)

NAME	AGE	PHONE NUMBER	
ADDRESS	EMAIL ADDRESS		
CITY	STATE	ZIP CODE	
RELATIONSHIP TO THE CHILD (e.g. relative, babysitter, PCA, nurse, mentor, etc.)			

NAME	AGE	PHONE NUMBER
ADDRESS	EMAIL ADDRESS	
CITY	STATE	ZIP CODE
RELATIONSHIP TO THE CHILD (e.g. relative, babysitter, PCA, nurse, mentor, etc.)		

**Regardless of how long ago or where you were living, have you or any person living in the home, including children:** (Applicant, applicant’s minor children in the home, and other household members)

- Yes  No    Been charged and/or convicted with any offense, even if dismissed?
- Yes  No    Been charged with or convicted of a juvenile offense?
- Yes  No    Been involved in an assault whether or not legal charges were brought?
- Yes  No    Abused, neglected, and/or molested any child whether or not there was an investigation?
- Yes  No    Been involved with any juvenile or adult probation or parole programs?
- Yes  No    Been involved with any local, state, or federal law enforcement departments?

If you checked “Yes” to any of the above, complete the information below:

NAME OF THE PERSON	DATE(S)
EXPLAIN THE CIRCUMSTANCES	

**Describe the characteristics of a child that your family is able to parent:** (Applicants only)  
(For example: Child’s special needs, child’s family background, educational needs, supervision needs, etc....)

**Health assessment:** (Applicant, applicant’s minor children in the home, and other household members)

**Indicate in writing, information about the health care you *are receiving*; include any health diagnosis or conditions:**

List any diagnosis or current health condition that you are *not receiving* health care for, and indicate why medical treatment is not necessary and how it does not pose a risk to others living in the home:

List any *limitations* your health or the health of a household member may have, on the ability to care for or be in the same home as a foster or adopted child:

**For international adoptions:** A physician's statement may be necessary. Your adoption agency will provide information about the health assessment requirements for specific countries.

**Chemical health assessment:** (Applicant and adult household members)

Indicate in writing whether you have been free of any chemical use problems for the last two years. If not, provide information about your chemical health and treatment.

**Signature:**

I understand that failure to disclose complete and accurate information during the home study process may result in the termination of adoption services or recommendations to deny/revoke a foster care application or license.

APPLICANT OR HOUSEHOLD MEMBER'S SIGNATURE	DATE
---	------

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.

ໂປດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈຶ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທໂທຕາມເລກໂທ 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 laga 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.