



Minnesota Adoption and Family Child Foster Care Application

Instructions: To apply for a child foster care license and/or adoption home study, complete and send this form along with the Minnesota Adoption and Foster Care Individual Fact Sheet (DHS-4258B) for each applicant 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 <input type="checkbox"/> Update <input type="checkbox"/> Change of premises	APPLYING FOR <input type="checkbox"/> Foster care/adoption <input type="checkbox"/> Adoption
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 Information

CURRENT HOME (STREET) ADDRESS	CITY	ZIP CODE
COUNTY	HOME PHONE	

APPLICANT 1 NAME (LAST, FIRST, MIDDLE)	CELL PHONE	WORK PHONE
FORMER NAMES	SOCIAL SECURITY NUMBER	EMAIL ADDRESS

LIST ADDRESSES FOR LAST FIVE YEARS IF DIFFERENT FROM CURRENT ADDRESS (Use back of page if more than one address)

STREET ADDRESS	DATE MOVED TO THIS ADDRESS	
CITY	STATE	ZIP CODE

APPLICANT 2 NAME (LAST, FIRST, MIDDLE)	CELL PHONE	WORK PHONE
FORMER NAMES	SOCIAL SECURITY NUMBER	EMAIL ADDRESS

LIST ADDRESSES FOR LAST FIVE YEARS IF DIFFERENT FROM CURRENT ADDRESS (Use back of page if more than one address)

STREET ADDRESS	DATE MOVED TO THIS ADDRESS	
CITY	STATE	ZIP CODE

Emergency contact person: Name a person that would know how to contact you in case of emergency and/or evacuation of your home due to a disaster.

NAME	PHONE
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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)		DATE OF BIRTH	MARITAL STATUS*
RACE**	ETHNICITY Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	TRIBAL AFFILIATION	
LANGUAGES SPOKEN		RELIGION	EDUCATION
AREA OF SPECIALIZED EDUCATION		OCCUPATION	NUMBER OF HOURS IN WORK WEEK
TYPICAL WORK SCHEDULE			

Applicant 2			
NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	MARITAL STATUS*
RACE**	ETHNICITY Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	TRIBAL AFFILIATION	
LANGUAGES SPOKEN		RELIGION	EDUCATION
AREA OF SPECIALIZED EDUCATION		OCCUPATION	NUMBER OF HOURS IN WORK WEEK
TYPICAL WORK SCHEDULE			

Household member name (last, first, middle)	Relationship to applicant(s)	Date of birth	Expected role with foster and/or adopted child
1			
2			
3			
4			
5			

Home (Description of home as it pertains to adoption or foster care for 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? <input type="checkbox"/> No <input type="checkbox"/> Yes – has applicant’s home school plan been approved by the public school district? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does any household member or visitor smoke in the home? <input type="checkbox"/> No <input type="checkbox"/> Yes – fill in below			
WHO SMOKES IN THE HOME?			
WHAT IS YOUR PLAN TO PROVIDE A SMOKE-FREE ENVIRONMENT IN YOUR HOME, GARAGE, SURROUNDING AREA, AND CAR?			
Are there pets in the home? <input type="checkbox"/> No <input type="checkbox"/> Yes – fill in below			
WHAT TYPE(S) OF PETS?			
DO ANY PETS IN THE HOME POSE SAFETY CONCERNS? <input type="checkbox"/> Yes <input type="checkbox"/> No		DO PETS HAVE CURRENT VACCINATIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dwelling information (check all that apply)			
<input type="checkbox"/> Own	<input type="checkbox"/> Mobile home <input type="checkbox"/> Single family house	<input type="checkbox"/> Free standing solid fuel heating appliance	
<input type="checkbox"/> Rent	<input type="checkbox"/> Basement <input type="checkbox"/> Multi-unit (apartment building)		
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.			
LIST AREAS AND/OR ITEMS IN YOUR HOME THAT ARE LOCKED AND/OR INACCESSIBLE TO A FOSTER OR ADOPTED CHILD			

Experience with foster care and/or adoption, or any other licensing (including child care, adult foster care, etc.)

Have you ever applied, or worked with another foster care/adoption agency?

No Yes - list all agencies (Minnesota and out-of-state)

Agency name	Address	Dates of involvement and outcomes

Are you currently or have you ever been licensed?

No Yes – fill in below

Type of license (check all that apply)		
<input type="checkbox"/> Family child care <input type="checkbox"/> Child foster care <input type="checkbox"/> Adult foster care/ community residential setting <input type="checkbox"/> Family adult day services <input type="checkbox"/> 245D-HCBS <input type="checkbox"/> Other		
License number (if known)	County/Agency/State	Effective dates of license (if known)

Have you ever had a Minnesota Department of Human Services (department) license denied or revoked, or been the subject of an unfavorable home study?

No Yes - explain below (include license type, denial or revocation, who completed the home study, etc.)

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Do you operate a business from your residence? <input type="checkbox"/> No <input type="checkbox"/> Yes – fill in below
TYPE OF BUSINESS
DESCRIBE IMPACT HOME BUSINESS MAY HAVE ON YOUR FOSTER/ADOPTION PLAN

Substitute caregivers: Who do you plan to use as a substitute caregiver for foster children or prospective adoptive children? (E.g., personal care attendant, nurse, babysitter/respite care)

NAME	AGE	EMAIL ADDRESS	
STREET ADDRESS	CITY	STATE	ZIP CODE
RELATIONSHIP TO CHILD (if any)			

Transportation

<p>DO YOU HAVE A VALID DRIVER'S LICENSE?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>IF YOU OWN VEHICLES:</p> <p>Are there age appropriate car seats? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will obtain <input type="checkbox"/> Not applicable</p> <p>Do you have adequate insurance for all vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>DO YOU HAVE ACCESS TO PUBLIC TRANSPORTATION?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – distance to nearest pick-up location: _____</p>	
<p>DESCRIBE ALTERNATIVE TRANSPORTATION PLAN IF FAMILY DOES NOT OWN AN OPERATING VEHICLE OR LIVE NEAR PUBLIC TRANSPORTATION</p>	
<p>ARE YOU ABLE TO TRANSPORT CHILDREN TO APPOINTMENTS OR SCHOOL WHEN NEEDED?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – what alternative transportation are you able to provide?</p>	

References (Required at initial application only)

Reference 1			
NAME (LAST, FIRST, MIDDLE)			
STREET ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS		PHONE NUMBER	

Reference 2			
NAME (LAST, FIRST, MIDDLE)			
STREET ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS		PHONE NUMBER	

Reference 3			
NAME (LAST, FIRST, MIDDLE)			
STREET ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS		PHONE NUMBER	

Municipality (required at initial licensure only)

Applicants for a non-relative residential program license 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 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

Child foster care applicants only

Applicant acknowledgement of public funding reimbursement for licensed services:

Department license holders who receive public funding reimbursement for services provided for the care of children in a licensed program must acknowledge that they will comply with funding requirements, that compliance with those requirements may be monitored by the department's Licensing Division, and they know the consequences for not complying with those requirements [Minnesota Statutes, section 245A.04, subd. 1 (h)].

As a child foster care provider, I acknowledge that I will receive public funding reimbursement for the licensed services provided in my program and will comply with all requirements.

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 these requirements and standards may be requested in circumstances that do not jeopardize the health or safety of a child. County and child-placing agencies have the authority to issue most variances. Only the department has the authority to grant variances for dual licensure, child foster care maximum age requirements, chemical use problems and variances regarding individuals who are disqualified for child foster care licensure based on background study information.

By signing below:

I acknowledge that I have received the Applicant Privacy Notice: Child Foster Care and/or the Notice of Privacy Practices (DHS-3979). I also acknowledge that the information I have provided on this application is complete and true. 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.
- The documentation and inspection required by the rules are 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 complete and true and that any misrepresentations or other violations of Minnesota rules and laws may result in immediate suspension, revocation or denial of a child foster care license or denial of an adoption home study.

I understand that failure to provide complete and true information on this application may result in denial of my child foster care application; revocation of my child foster care license; or termination of adoption services.

APPLICANT 1 SIGNATURE	DATE
APPLICANT 2 SIGNATURE	DATE

Authorized agent information

You must designate one applicant to act as the authorized agent. The agent is authorized to accept service on behalf of all individual license holders of the program. Service on the agent is service on all license holders of the program. It is the responsibility of an authorized agent to ensure mail received from the department is distributed as needed, and a response provided within stated timelines, when required.

Who is the authorized agent for your child foster care program?	
NAME	EMAIL

Applicant Agreement, Acknowledgement and Verification Form – CHILD FOSTER CARE ONLY

At initial application only: The authorized agent must review and approve the license application by signing below. **The signature must be made in the presence of a notary public.** An original notarized copy of the Applicant Agreement, Acknowledgement and Verification Form is required.

At re-licensing: Notarization is not required. The authorized agent must review and approve the license application and must sign and date the application.

By signing below, I agree that the information that I have provided on this application form is true, accurate and complete. If the commissioner of Human Services grants me a license, I agree to comply with the requirements in Minnesota Statutes, chapter 245A and all applicable laws and rules, at all times during the terms of the license. I acknowledge that the commissioner's representative has the right to request any documentation required by Minnesota rules or laws and to inspect the facility/services at any time during the hours that services are provided. I acknowledge that the documentation and inspection required by statutes and rules is necessary for the commissioner to determine whether I am complying with Minnesota rules and laws. I understand that the commissioner may fine, suspend, revoke or make conditional, or deny a license if an applicant or a license holder fails to comply fully with the applicable laws or rules, or knowingly withholds relevant information from, or gives false or misleading information, to the commissioner in connection with an application for a license or during an investigation.

Authorized agent:

I, _____ (*print full legal name*) state that I am the authorized agent for the license holder identified above. I understand that, by signing below, I am responsible for dealing with the commissioner of Human Services on all matters provided for in Minnesota Statutes, chapter 245A. I also understand that service of all notices and orders affecting any license held by the license holder identified above may be made on me, in accordance with Minnesota Statutes, section 245A.04, subd 1.

State of Minnesota, county of _____
Signed or attested before me on
(Date) _____
Signature of notarial official

Signature (sign in front of notary public at initial application)

Date (for relicensing only)

Applicant Privacy Notice: Child Foster Care

To apply for a license, you must provide identifying information. Some of this information is public unless there is an identified reason for the information to be not public. You must allow for your program to be inspected by a licensing agency.

What information is public?

- The applicant/license holder name, address and telephone number
- The license number, license status, services provided under the license, and any limitations on the license
- Licensing actions taken regarding your application or license.

How is information made available?

Information regarding licenses can be accessed using our online Licensing Information Lookup search tool on the department's public website. The information can be found at [Licensing Information Lookup](#) or <http://mn.gov/dhs/general-public/licensing/>.

What if I do not want my identifying information made public?

There are circumstances when public identifying information can be limited in order to ensure the safety of children in foster care. If you believe this applies to you, talk with your licensing worker about limiting your public information.

Will information I give be shared with anyone else?

Department staff may give information about you and your program to others authorized under state or federal law. Information will be shared on an as-needed basis to conduct investigations or to provide assistance to you or your program.

What if I refuse or withhold information?

Knowingly withholding relevant information, or giving false or misleading information for your license application, may result in denial of your application, or suspension or revocation of a license that has already been issued.