

MINNESOTA ADOPTION AND FOSTER CARE

Individual Fact Sheet

NAME OF PERSON COMPLETING FORM	NAME OF APPLICANT/LICENSE HOLDER
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Instructions: Family child foster care and adoption applicants, license holders, and household members 18 or older are required to complete this form at initial application or re-licensure for child foster care, and initial adoption home study or update.

This fact sheet requests sensitive personal information about issues, behaviors, and events. This information is required by law and will be used during the home study assessment to identify individual strengths, resiliencies, potential safety considerations, and areas where specific support may be needed. Licensing agency staff may request additional information. If you have questions or concerns about completing this form, please contact licensing agency staff.

Do you have a history of, or are you currently experiencing any of the following:

- ☐ Yes ☐ No Receiving case management from a county or tribal social service department
- ☐ Yes ☐ No Investigation/assessment for neglect or abuse of a child or vulnerable adult
- ☐ Yes ☐ No Out-of-home placement of your children, including children for whom you are their custodian.
- ☐ Yes ☐ No Abuse (sexual, physical, verbal, domestic violence, or other abuse)
- ☐ Yes ☐ No Individual, couples, family, or group counseling
- ☐ Yes ☐ No Treatment or hospitalization for mental health needs
- ☐ Yes ☐ No Arrest by law enforcement, or probation/parole in any state*.
- ☐ Yes ☐ No Criminal convictions or charges, even if dismissed*.
- ☐ Yes ☐ No Juvenile delinquency adjudication or charges, even if dismissed*.

If you selected yes to any of the above, explain:

***Note:** The Department of Human Services (DHS) background study process is required for each applicant and household member 13 and older. This process determines disqualifying offenses under Minnesota Statutes, section 245C.15, subdivision 4a. Background study results may include non-disqualifying delinquency, criminal, and child or adult protection histories. Results are shared with your licensing agency. Agency staff are required to discuss this information with you and assess whether it impacts your ability to safely care for children in foster care. These discussions may be uncomfortable but are required by law and necessary to ensure child safety.

Physical and chemical health statements

1. Do you have any health conditions for which you need medical care?

- ☐ Yes ☐ No

If yes, describe all health conditions you have and the medical care you are receiving:

2. Do you have health conditions that may pose a risk to a child's health or would limit your physical ability to care for foster children?

☐ Yes ☐ No

If yes, describe the risks or limitations:

3. Are there minor children living in the home (do not include children in placement)?

☐ Yes ☐ No

4. Do minor children have any health conditions for which they need medical care?

☐ Yes ☐ No

If yes, describe all health conditions, the medical care they are receiving, and whether or not the condition may pose a risk to foster children:

5. Have you ever experienced any chemical use problems, including alcohol abuse, abuse of prescription controlled substances, and use of illegal substances?

☐ Yes ☐ No

If yes, describe: (e.g., how long ago, what happened, was treatment recommended, participation in treatment, support groups, or other cultural or spiritual practices, etc.)

6. Have you been free of chemical use problems for the past two years?

☐ Yes ☐ No

If no, explain:

Signature

I understand that not providing complete and true information on this individual fact sheet may result in denial of foster care application, revocation of child foster care license, or termination of adoption services.

SIGNATURE OF PERSON COMPLETING FORM	DATE
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Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ያስተውሉ፡ ይህንን ዶኩመንት ለመተርጎም እርዳታ የሚፈልጉ ከሆነ፡ የጉዳዩን ሰራተኛ ይጠይቁ ወይም በሰልክ ቁጥር 1-844-217-3547 ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သ့ၣ်ဟ်သးဘၣ်တၢ်ကၢ်. ၆န့ၣ်လိၣ်ဘၣ်တၢ်မၤစၢၤကလိၣ်လၢတၢ်ကၢ်ၣ်ထံၣ်ဒၣ်လံာ် တီၣ်လံာ်မိၣ်တၢ်အံၤန့ၣ်,သံကွၢ်ဘၣ်ပုၤဂ့ၢ်ဝီၣ်အပုၤမၤစၢၤတၢ်လၢန့ၣ်မ့တ မ့ၢ်ကိးဘၣ် 1-844-217-3549 တၢ်ကၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂທ 1-888-487-8251.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbili 1-888-234-3798.

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

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

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For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 651-431-4671, or use your preferred relay service. ADA1 (2-18)

Civil Rights Notice

Discrimination is against the law. The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex
- political beliefs

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a social services agency.

Contact **DHS** directly only if you have a **discrimination** complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Avenue North, Suite 201
St. Paul, MN 55104
651-539-1100 (voice)
1-800-657-3704 (toll free)
711 or 1-800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion

Contact the **OCR** directly to file a complaint:

Office for Civil Rights
U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Customer Response Center:
Toll-free: 1-800-368-1019
TDD Toll-free: 1-800-537-7697
Email: ocrmail@hhs.gov