



Attachment A

Application For Child Placement

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	
<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)

Applicant #1			
NAME (LAST, FIRST, MIDDLE)		BIRTH DATE	LANGUAGES SPOKEN
RACE	ETHNIC BACKGROUND	CULTURAL HERITAGE PRACTICED	RELIGION
HIGHEST GRADE COMPLETED	AREA OF SPECIALIZED EDUCATION	OCCUPATION	NUMBER OF HOURS OF WORK WEEK
Applicant #2		RELATIONSHIP TO APPLICANT #1	
NAME (LAST, FIRST, MIDDLE)		BIRTH DATE	LANGUAGES SPOKEN
RACE	ETHNIC BACKGROUND	CULTURAL HERITAGE PRACTICED	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	LANGUAGES SPOKEN
RACE	ETHNIC BACKGROUND	CULTURAL HERITAGE PRACTICED	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	LANGUAGES SPOKEN
RACE	ETHNIC BACKGROUND	CULTURAL HERITAGE PRACTICED	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	LANGUAGES SPOKEN
RACE	ETHNIC BACKGROUND	CULTURAL HERITAGE PRACTICED	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	LANGUAGES SPOKEN
RACE	ETHNIC BACKGROUND	CULTURAL HERITAGE PRACTICED	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	LANGUAGES SPOKEN
RACE	ETHNIC BACKGROUND	CULTURAL HERITAGE PRACTICED	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	LANGUAGES SPOKEN
RACE	ETHNIC BACKGROUND	CULTURAL HERITAGE PRACTICED	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 plan to home school?

☐ Yes ☐ No

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

☐ Yes ☐ No

Does any family member smoke? ☐ Yes ☐ No Is smoking allowed in the house? ☐ Yes ☐ No

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

Do pets meet local safety requirements? ☐ Yes ☐ No Do pets have current vaccinations? ☐ Yes ☐ No

Dwelling information (Check all that apply):

☐ Own ☐ Rent ☐ Mobile Home ☐ Multi-unit ☐ Single Family House ☐ Second Floor ☐ Above Second Floor
☐ Basement ☐ Attached Garage ☐ Wood Burning Stove or Fireplace

Briefly describe home neighborhood. Include information regarding the type of community (e.g., rural, urban, residential, industrial), ethnic composition, 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 possession (Use only for child foster care)
1.				
2.				
3.				
4.				
5.				

Experience with foster care/adoption

Has applicant(s) previously applied, worked with, or 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 childcare, is applicant licensed? ☐ Yes ☐ No Is business adult foster care? ☐ Yes ☐ No

Is business board and lodge? ☐ Yes ☐ No

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

Transportation

If you own vehicles:

Are there age appropriate infant care seats?

☐ Yes ☐ No ☐ Will Obtain

Do you have 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:

References - Required at Initial Licensure Only (*Non-related individuals*)

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

The information that I have provided on this application is true and accurate. If the Commissioner of Human Services grants me a license, I agree to comply with the requirements contained in Minnesota Rules at all times during the term of the license. 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. Further, I agree that the documentation and inspection required by the rules is necessary for the Commissioner to determine whether I am complying with Minnesota Rules and Laws.

Finally, I agree that 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 assessment 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, 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 បើអ្នកចង់បានជំនួយបកប្រែឥតមានគិតថ្លៃ 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.

ປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທຣີ ຫາຕາມເລກໂທຣີ 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 machuumaadkani 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.

LB #2 (10-06)

This information is available in other forms to people with disabilities by contacting us at (651) 431-4199 or toll free at (800) 657-3954. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

DHS-0644-ENG
(2-04)

Home Safety Checklist

☐ Adult Foster Care ☐ Child Foster Care ☐ Family Child Care

ADULT FOSTER CARE (AFC) - A Home Safety Checklist, approved by the commissioner, must be completed by the operator and the commissioner before licensure each year a fire marshal inspection is not made. Reference MN Rules, part 9555.6125, subp. 2.

CHILD FOSTER CARE (CFC) - Prior to licensure, the foster home must be inspected by a licensing agency employee using the home safety checklist from the commissioner of Human Services. Reference MN Rules, part 2960.3050, subp. 1

FAMILY CHILD CARE (FCC) - The Home Safety Checklist may be used as part of the licensing study. Reference MN Rules, parts 9502.0425-9502.0445.

Emergency Procedures

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. The emergency phone numbers are posted near the phone. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Emergency procedures are planned, written, and posted. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. A battery powered flashlight and radio/TV is available and operable. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. First-aid supplies are readily available. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. An operable telephone is located within the residence. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Exit doors and windows are not obstructed and are easily opened from the inside. |

Physical Environment

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. The wiring appears safe; no known hazards exist. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Extension cords are appropriately used and are not used in place of permanent wiring. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. A fire extinguisher is maintained in the kitchen cooking area or area approved by the fire marshal.
Fire extinguisher rating: _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. All smoke detectors are properly installed, appropriately located, and maintained in proper operating condition. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. All interior doors can be unlocked from the outside and the key is easily accessible in the case of an emergency. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. If there is an attached garage, a proper fire separation is maintained between the house and garage. (FCC) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. The water temperature is set to prevent scalding, as appropriate; in day care homes the temperature does not exceed 120° F. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8. Fireplaces, wood burning stoves, and other hot surfaces are protected by guards to prevent burns. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 9. Furnaces are checked regularly and maintained in good working condition. |

Home Safety & Health

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Knives, tools, matches, and other potentially hazardous materials are inaccessible to children, unless used with appropriate supervision. (FDC, CFC) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Combustible items are properly stored at least 36" from any heating sources. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Food is handled and properly stored to prevent contamination, spoilage, or a threat to health. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Residence is clean and free from accumulations of dirt, rubbish, peeling paint, rodents and insects. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Chemicals, detergents, medicines, and other toxic substances are stored separately from food products. When appropriate, these substances are inaccessible to clients. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Any Schedule II controlled substances are stored in a locked area. (AFC) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. There is a safe water supply in the residence; water from privately-owned wells is tested annually by a certified laboratory. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8. Individual clean towels, wash cloths, and bedding are provided for each client. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 9. Weapons and ammunition are stored separately in locked areas. |

Remarks (Please explain all "NO" answers): _____

Obvious safety hazards or concerns?: _____

Provider Signature:	Date
Licensing Worker:	Date