

NUMBER
#18-68-14C

DATE
November 26, 2018

OF INTEREST TO
County Directors
Social Services Supervisors and
Staff
Tribal Directors
Tribal Social Services
Supervisors and Staff

ACTION/DUE DATE
Please read information and
implement

EXPIRATION DATE
August 6, 2020

Corrected #18-68-14: Minnesota Proof of Foster Care

TOPIC

Proof of foster care for youth exiting foster care.

PURPOSE

Provides verification for foster youth who have been in care and are aging out between the ages of 18 up to 21.

CONTACT

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SIGNED

NIKKI FARAGO
Assistant Commissioner
Children and Family Services Administration

TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

I. Background

According to the Family First Prevention Services Act, (Public Law 115-123) as of February 9, 2018, a Title IV-E agency responsible for placement must provide a youth in foster care with any official documentation necessary to prove that the youth was previously in foster care. This must be done before a youth ages out of care ([Social Security Act, section 475\(5\)\(I\)](#)).

II. Instructions

County social service agencies and tribes participating in the American Indian Child Welfare Initiative (Initiative) must provide official documentation of previously being in foster care to any youth aging out of foster care between the ages of 18 and 21. Proof of foster care may be necessary for youth to prove eligibility for programs or benefits such as Medicaid (Medical Assistance).

The attached form is being made available to ensure compliance with the Family First Prevention Services Act. This form must be completed by the social service agency director or their designee and provided to the youth upon discharge from foster care. Tribes participating in the Initiative may determine whether to use the provided format or an alternative format that meets the requirements of the Family First Prevention Services Act.

County social service agencies are responsible for complying with the proof of foster care requirement for Indian child(ren) under tribal court jurisdiction when the county is financially responsible.

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling (651) 431-3725 (voice) (division's general information phone number) or toll free at (800) 627-3529 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

Minnesota Proof of Foster Care

Purpose: This form is used by county or tribal social service staff to verify foster care placements.

Youth's Name:	DOB:
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- Youth was in a Minnesota foster care placement in _____
(county/tribal agency)
- Youth was under state or tribal guardianship

Dates of placement: _____ to _____

Authorized Signature:		Date:
Print Name:		Telephone Number:
Title:	Email Address:	
Authorized Agency:		