

**MINNESOTA DEPARTMENT OF HUMAN SERVICES
APPLICATION FOR CHILD PLACEMENT**

Agency:

Applicant #1 Name: First Middle Last (former names)	<input type="checkbox"/> New application <input type="checkbox"/> Renewal/update Applying to: <input type="checkbox"/> foster/adopt <input type="checkbox"/> foster <input type="checkbox"/> treatment <input type="checkbox"/> adopt	Home Phone #: ()
		Pager or cell phone #: ()
		Work Phone #: ()
		E-mail address:
Applicant #2 Name: First Middle Last (former names)		Pager or cell phone #: ()
		Work Phone #: ()
		E-mail address:

Home Address: Street	(Apartment)
City	State Zip Code County
Emergency contact:	Telephone number: If no phone, how to be reached: Relationship to you:

ALL CHILDREN (not including foster children) AND ADULTS LIVING OR WORKING IN THE HOME (if more than 6 people, add another sheet)

	Applicant #1	Applicant #2	Household Member	Household Member	Household Member	Household Member
Name						
Relationship to Applicant #1						
Date of Birth						
Race						
Ethnic Background						
Cultural Heritage Practiced / Languages spoken						
Religion						
Highest Grade Completed						
Area of Specialized Education (if applicable)			Directions to Home from Agency:			
Occupation			Type of child you are interested in: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either Age Range _____			
Days or hours of work in normal work week			<input type="checkbox"/> Sibling group <input type="checkbox"/> Specific child			

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/Jr. High: _____
High School: _____

Transportation to school: Bus 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

Type of pet _____

Do pets meet local safety requirements? Yes No

Do pets have current vaccinations? Yes No

Has applicant(s) previously applied, worked with, or working with another foster care/adoption agency?

Please provide agency's name, 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: _____

If you own vehicles:

Are there age appropriate
infant car 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: _____
