



Foster Adopt Minnesota  
2446 University Ave W.  
Suite 140  
St. Paul, MN 55114

612.861.7115  
866.303.6276

[FosterAdoptMN.org](http://FosterAdoptMN.org)

## Post-Adoption Navigator Contact Form

Complete this form and fax, scan/email or mail using the contact information below and a Foster Adopt Minnesota Post-Adoption Navigator will follow-up with you within 3-5 business days of receiving this form. If you do not hear from us within this timeframe, please reach out to us by phone (612) 746-5139 or at [PAN@fosteradoptmn.org](mailto:PAN@fosteradoptmn.org).

**Fax:** (612) 861-7112

**Email:** [PAN@fosteradoptmn.org](mailto:PAN@fosteradoptmn.org)

**Mail:**

Foster Adopt Minnesota

ATTN: Christina Romo

2446 University Avenue West, Suite 140

Saint Paul, MN 55114



### Instructions

Select the option that best describes you and follow the instructions below:

**I am referring myself:** Complete Section A below and complete all required fields.

**I am a professional referring a family:** Complete both Sections A & B. Note: Failure to receive authorization from the family will prevent Foster Adopt Minnesota from contacting the family.

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### Section A

#### Family Contact Information

First/Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Pronouns:  She/her/hers  They/them/theirs  He/him/his  Other \_\_\_\_\_

Address: \_\_\_\_\_



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City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Country (if outside the U.S.): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Method of Contact:  Phone  Email  Either

**Date of Adoption Finalization** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Adoption Agency and/or County Agency \_\_\_\_\_

Native Nation (if applicable) \_\_\_\_\_

**The Post-Adoption Navigator can provide your family with information on permanency support services offered in MN based on your family's situation and needs. Based on the list below, are there specific resources you are searching for? (Select all that apply)**

- Support for Parents & Caregivers
  - Therapeutic Services *(Please select only if you need assistance with finding an adoption-competent therapist)*
  - Peer Support
  - Kinship Adoption/Relative Caregiver Resources
  - Transracial Adoption Resources
  - LGBTQ+ Resources
- Support for Children & Teens
  - Therapeutic Services *(Please select only if you need assistance with finding an adoption-competent therapist)*
  - Peer Support
  - LGBTQ+ Resources
- Adoption-Focused Camps, Community Events, & Family Activities
- Training Opportunities
- General Adoption-Focused Resources (blogs, book, articles, online resources, etc.)



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- Fetal Alcohol Spectrum Disorder (FASD)
- School Supports
- Other: \_\_\_\_\_

**Which of the following best describes your adoption experience(s)? This will help us provide resources that are most relevant to your family:**

- Adoption through MN Foster Care (specify county/adoption agency, if applicable): \_\_\_\_\_
- Native American Adoption (specify Native nation, if applicable): \_\_\_\_\_
- Adopted through another State (specify State): \_\_\_\_\_

**I am a(n):**

- Adoptive parent (post-finalization)
- Pre-adoptive parent (pre-finalization)      *Anticipated finalization date:* \_\_\_\_\_
- Kinship adoptive parent or Relative caregiver – *Please select this option if you were related (grandparent, aunt/uncle, cousin, etc.) to the child or if you were known to the child (teacher, coach, community member, member of the child’s Native Nation, etc.) prior to starting the adoption process.*
- Other: \_\_\_\_\_

**The total # of foster and/or adopted youth currently in our household:** \_\_\_\_\_

**Age of each child in your home:** \_\_\_\_\_

**How did you hear about the Post-Adoption Navigator Program?**

- DHS
- County Worker
- Adoption Worker
- Post-Adoption Navigator Outreach (received letter or email)
- Foster Adopt MN Website
- Foster Adopt MN Employee
- Other: \_\_\_\_\_



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**Would you like to be added to the following email lists to receive monthly updates?**

- Foster Adopt MN Trainings (upcoming workshops & webinars)
  - Foster Adopt MN Monthly Insider Newsletter (upcoming events, services, and resources highlights)
  - No, thanks!
- 

## Section B (For Professionals Referring a Family)

### Professional Contact Information

First/Last Name \_\_\_\_\_

Organization \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Authorization to Contact Family:

By checking this box you acknowledge that you have received authorization directly from the family to share their contact information with Foster Adopt Minnesota in order for the Post-Adoption Navigator to contact the family directly. Failing to receive authorization will prevent Foster Adopt Minnesota from contacting the family.

- I have received authorization from the family.
- 

## Post-Adoption Navigator Program Overview and Confidentiality Statement

Please review and electronically sign this form (next page) that includes an overview of the Post-Adoption Navigator Program and our Confidentiality Statement.



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## Post-Adoption Navigator Program Services

### Post-Adoption Navigator Program services include:

- A direct link to an adoption-competent professional to help respond to your family's adoption-related questions
- Periodic check-ins throughout your family's first year following finalization
- Connections and referrals to the post-adoption supportive resources available to you
- Topic-specific resource guides to address your family's adoption-related needs
- A monthly newsletter featuring helpful resources, training opportunities, and family activities
- Free or reduced registration for live webinars offered through Foster Adopt MN

## Confidentiality

The Post-Adoption Navigator will keep the information you share with them confidential unless:

- you provide expressed written consent to share your information (e.g. if you consent to the Post-Adoption Navigator sharing your information for the purpose of connecting your family with a service provider)
- disclosure of the information is required by statute or court order (e.g. reporting threat of harm to self or others; known or suspected abuse or neglect of a vulnerable adult or child within the last 3 years)
- disclosure is required by the Permanency Support Services contract between Foster Adopt Minnesota and the Minnesota Department of Human Services

### By signing this agreement, you agree that:

- You understand the information included above;
- You consent to participating in phone, email, and other communication with the Post-Adoption Navigator Program; and
- You are at least 18 years old and have the capacity to consent to this agreement.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Office Use Only:**

Family gave verbal permission to the Post-Adoption Navigator to sign this form on their behalf.

PAN Initials \_\_\_\_\_ Date \_\_\_\_\_