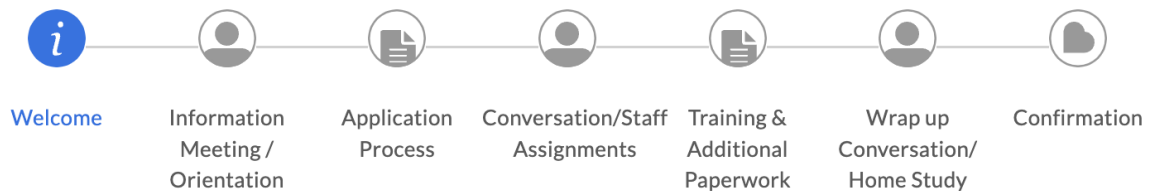


# Minnesota Department of Human Services

## Foster Care Licensing



Welcome to the Foster Family Approval Process!

**The Welcome Stage is fully customizable.**  
Can include agency logo, link to resources,  
educational info etc

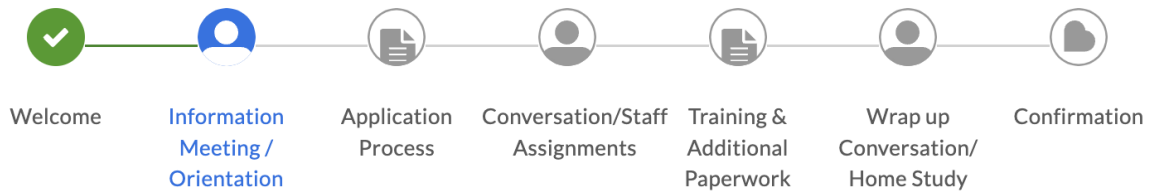
[MN Adopt](#) helps identifying and providing temporary homes for children whose parents or guardians cannot take care of them. The goal of foster care is to keep children safe while supporting families' efforts to reunite. Thank you for considering the commitment of becoming a licensed foster care provider. If you have any questions, please contact us at [612.861.7115](tel:612.861.7115) / [866.303.6276](tel:866.303.6276) or [info@mnadopt.org](mailto:info@mnadopt.org).

Next: Information Meeting / Orientation

Note: There will be standard MN DHS text on this page. The agency will have an opportunity to add custom verbiage (with links to their website, resources, etc)

# Minnesota Department of Human Services

## Foster Care Licensing



### Information Meeting / Orientation

Information on this page can be edited.

Agency can add verbiage narrative to fit their orientation process

All caregivers are required to attend an Information Meeting.

Traditional (non-relative) caregivers may register for a live session by calling [612.861.7115](tel:612.861.7115) / [866.303.6276](tel:866.303.6276) or email us at [info@mnadopt.org](mailto:info@mnadopt.org).

Relative caregivers will work directly with their licensor to complete the information meeting requirements.

In order to access the Initial Application documents, you will need to enter a passcode in the space below. If you are a non-relative caregiver attending a live information meeting, the passcode will be provided at the end of the meeting.

If you are a relative caregiver, your licensor or another MN Adopt social worker will provide the passcode to you. If you need assistance, please call us at [612.861.7115](tel:612.861.7115) / [866.303.6276](tel:866.303.6276) or email us at [info@mnadopt.org](mailto:info@mnadopt.org).

Relative caregivers are encouraged to review the Licensing Overview for Relative Applicants information [here](#).

Please enter the passcode you were provided to continue:

Please enter the passcode from the online orientation in order to go to the application:

Enter agency-provided code

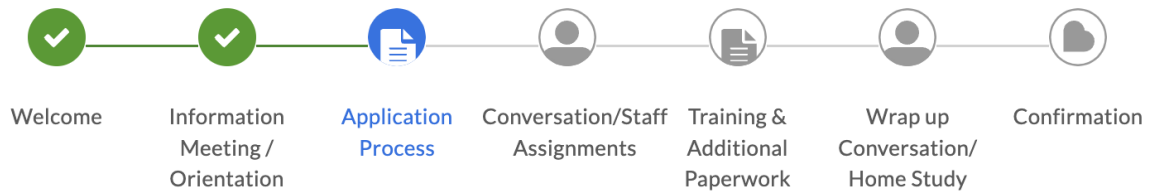
Button will turn blue when the correct password is entered

Next: Application Process

Note: There will be standard MN DHS text on this page. The agency will have an opportunity to add custom verbiage with specific information regarding their orientation process, etc.

# Minnesota Department of Human Services

## Foster Care Licensing



## Application Process

To begin, please click on a form title below. Your progress will be saved each time you click the 'save and continue' button. You can logout and return later if needed.

Forms	Progress
Minnesota Adoption and Child Foster Care Application	<div><div></div><div>&gt;</div></div> <div>Select each form to enter corresponding information</div>
Individual Fact Sheet	<div><div></div><div>&gt;</div></div> <div>Progress Circle - will turn blue as info is filled in</div>
CFC BGS Data Collection Form	<div><div></div><div>&gt;</div></div>
Agreement Between Foster Parents and Licensing Agency	<div><div><div>Sign for</div><div>FirstName LastName (applicant)</div></div><div>Caseworker cannot sign this yet</div><div></div></div>

# Minnesota Department of Human Services

## Foster Care Licensing

[Next >](#)

DHS-0129-ENG 12-20

### Agreement between Foster Parents and Child Foster Care Licensing Agency

In Minnesota, local county/tribal social service agencies are responsible for providing child welfare services. In many cases, the court system has oversight responsibility for foster care placement and permanency outcomes. When children are placed in foster care, their parent/s, the responsible agency (county or tribal agency that has responsibility for placement), licensing agency and foster parents, all must work together to ensure foster children's well-being, safety, and plan for permanency. This means all standards and policies in state law, and guidance from the commissioner of the Minnesota Department of Human Services, are understood and followed. In some cases, the responsible and licensing agencies are different. A summary of responsible agency requirements is explained in the DHS-0139A.

This agreement between foster parents and the licensing agency outlines respective responsibilities.

#### Foster care licensing agency agrees to:

1. Assist prospective foster parents with the licensing process to:
  - Provide information about family foster care standards and licensing requirements.
  - Consider and process variance requests.
  - Help foster parents complete the background study process.
  - Make home visits to complete the home study assessment.
2. Provide orientation and ongoing opportunities for training of foster parents that prepares them to meet the needs of children.
3. Provide information and training for foster parents to gain skills and knowledge in applying the reasonable and prudent parent standard when considering a child's participation in age- or developmentally appropriate activities.
4. Describe the state's liability insurance coverage provided for all licensed foster parents caring for children.
5. Help foster parents make informed decisions as to the suitability of their home to care for a specific child before placement.
6. Discuss agency practices regarding assisting foster parents interested in becoming a permanency resource through adoption or transfer of permanent legal and physical custody (TPLPC) for children who cannot be reunified with their parents/guardians, including assistance with the matching process.
7. Help foster parents understand that a decision not to take a placement of a specific child will not jeopardize their license, or consideration of their home for other children.
8. Investigate licensing reports to determine adherence to requirements.
9. Provide foster parents with written and verbal opportunities to evaluate licensing agency practices.
10. Include foster families in annual evaluations regarding their roles and responsibilities, and their need for support, during and after children's placements.
11. Notify the commissioner immediately upon learning about safety concerns that may affect children.

#### Foster parents agree to:

1. Allow representatives of the responsible social services or licensing agencies and/or commissioner of the Minnesota Department of Human Services access to their home and property for the purpose of licensing, placement and supervision.
2. Consider foster care a temporary living situation for children, and recognize that county or tribal agencies are responsible for making and carrying out the service and permanency plan for children. This includes supporting reunification and transition to a relative or non-relative foster home.
3. Accept children for foster care placement as described in the statement of intended use.

Your signature will appear on the document like this:

Draw

Type in

Save my signature

Clear


Page 3

1 signatures required

↑  
Select Page  
Number to drop  
down to  
signature page

# Minnesota Department of Human Services

## Foster Care Licensing

Next >

By signing below, I, as the applicant or licensed foster parent, acknowledge that I have read this document and understand my responsibility to maintain confidentiality of information provided to me regarding foster child/ren in my care. I also acknowledge receiving a copy of this document.

We understand the policies and practices, and our respective roles. We agree to carry out our responsibilities and comply with requirements in Minnesota Statutes and Rules at all times, while providing foster care to children.

Your signature

FOSTER PARENT

DATE

Sign here

FOSTER PARENT

DATE

Caseworker signature

CHILD FOSTER CARE LICENSING WORKER

DATE

Applicant can press the "Sign here" button to insert saved signature into forms

Applicants can draw or type in their signature using this box. It will save in Binti for future use

Your signature will appear on the document like this:

Draw

Type in

FirstName LastName (applicant)

Name

FirstName LastName (applicant)

Save my signature

Cancel

Page 3

1 signatures required

Select the page number to drop directly to the signature page

# Minnesota Department of Human Services

## Foster Care Licensing

# Minnesota Department of Human Services

## Foster Care Licensing

# Minnesota Department of Human Services

## Foster Care Licensing

Supporting Documents

Progress

Applicant A

Proof of Identification (FirstName LastName) ☐ >

< E

P

Supporting Documents

Progress

Applicant A

When required docs have been uploaded successfully, the progress circle will show a green checkmarked circle

Proof of Identification (FirstName LastName) ☒ >

Privacy Agreement (FirstName LastName) ☐ >

C

The paper duration

Please

Please

Adults in the home

Other Adults in home will receive a link via email to complete required documents

Please have the other adults in your home complete requirements immediately via the email link sent to them.

Adults are people age 18 and over. Do not include the applicant or co-applicant.

List Another Household Member

Children in the home

Please list all minor children in the home. You do not need to list foster children in the home.

Add Child

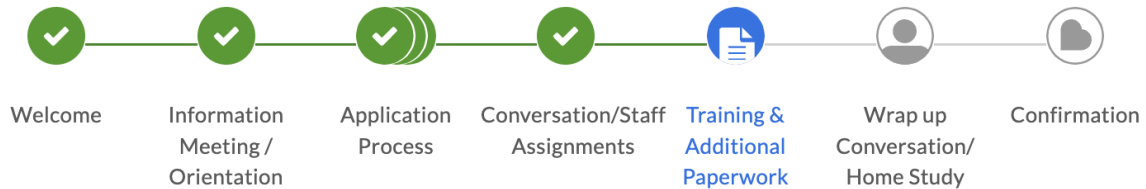
Next: Conversation/Staff Assignments

# Minnesota Department of Human Services

## Foster Care Licensing

# Minnesota Department of Human Services

## Foster Care Licensing



## Training & Additional Paperwork

Supporting Documents		Progress
Applicant A		
DHS Required Trainings (FirstName LastName)		<input type="radio"/> >
Additional Training For Applicants (FirstName LastName)		<input type="radio"/> >

Agency specific trainings

## DHS Required Trainings (FirstName LastName)

All applicants are required to complete training prior to becoming licensed. Non-Relative Foster Care applicants will have additional training to complete. Please connect with your licensing worker if you have any questions.

### REQUIRED TRAINING FOR ALL APPLICANTS

View the training and complete all necessary post training requirements for the following training in the box below:

#### Orientation

[2960.3070 - MN Rules Part](#)

- Training link

#### Children's Mental Health

[Sec. 245A.175 MN Statutes](#)

- [Training](#)

# Minnesota Department of Human Services

## Foster Care Licensing

[← Back to Application](#)

### Additional Training For Applicants (FirstName LastName)

Based on the individual assessment completed by you and your agency you may be asked to complete additional training to the meets of the foster care who would be placed in your care.

Please connect with your licensing worker for more information or if you have questions.

- Initial/Comfort Call
- Mandated Reporting
- Customer agency training link

Agency specific documents can be added here.  
Applicants can download/upload docs,etc.



[Click here to choose file\(s\)](#)  
Or drag & drop into this area

Save and Continue

### Supporting Documents

Agencies will have an opportunity to add agency-specific policy documents, and any other documents they need the applicant to complete in this section.

This section will allow for links to agency documents, which the applicant can download and upload (say, after a signature).

# Minnesota Department of Human Services

## Foster Care Licensing

### References

List 3 references, who can serve as a personal reference for you. References will be emailed and can submit their feedback electronically.

#### Add Reference

First Name \*

Middle Name

Last Name \*

Suffix (e.g. Jr, Sr)

Email address

Phone number

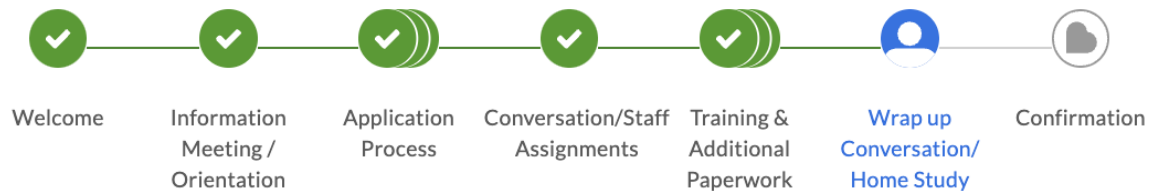


+1

Save & Send Request

# Minnesota Department of Human Services

## Foster Care Licensing



## Wrap up Conversation/ Home Study

Please enter the passcode you received from your licensor in order to continue with the application:

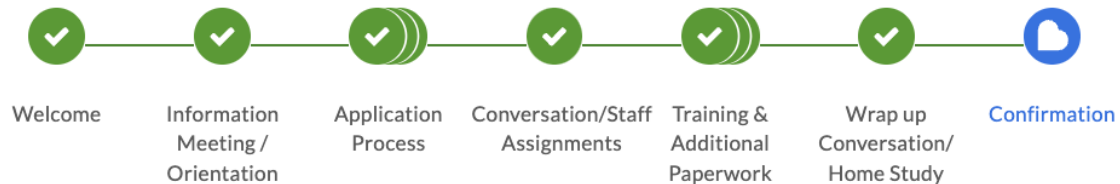
Please enter the passcode from the online orientation in order to go to the application:

Enter agency-provided code

Next: Confirmation

# Minnesota Department of Human Services

## Foster Care Licensing



[↔ Wrap up Conversation/ Home Study](#)

**Customizable to Agency Needs**

Thank you!

Thank you for choosing to work with MN Adopt to provide quality care to children and for completing your foster care application forms online. If you have questions about next steps, please contact your licensur, or contact us at [612.861.7115](tel:612.861.7115) / [866.303.6276](tel:866.303.6276) or email us at [info@mnadopt.org](mailto:info@mnadopt.org).