



Foster Adopt Minnesota
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FosterAdoptMN.org

Post-Permanency Navigator Contact Form

Complete this form and fax, scan/email or mail using the contact information below and a Foster Adopt Minnesota Post-Permanency 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 PPN@fosteradoptmn.org.

Fax: (612) 861-7112
Email: PPN@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.

Section A

First and Last Name: _____

Preferred Name (if different from above): _____

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

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

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

Phone: _____ Email: _____

Preferred Method of Contact: Phone Email Either



If you have a parenting partner and would like them included when sending your family communications from the Post-Permanency Navigator Program, please include their name and email address below.

Parenting Partner's First and Last Name: _____

Parenting Partner's Email: _____

Date of Adoption or Transfer of Permanent Legal & Physical Custody (TPLPC) Finalization:

_____ / _____ / _____

Adoption/Guardianship Agency or County Agency _____

Native Nation (if applicable) _____

The Post-Permanency 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. If you indicate that this is a need for your family, a HELP Specialist will reach out to schedule a phone intake with you.*)

Peer Support

Kinship/Relative Caregiver Resources

Transracial Family Resources

LGBTQ+ Resources

Support for Children & Teens

Therapeutic Services (*Please select only if you need assistance with finding an adoption-competent therapist. If you indicate that this is a need for your family, a HELP Specialist will reach out to schedule a phone intake with you.*)

Peer Support

LGBTQ+ Resources

Permanency-Focused Camps, Community Events, & Family Activities

Training Opportunities

General Permanency-Focused Resources (blogs, book, articles, online resources, etc.)



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

Which of the following best describes your adoption or TPLPC guardianship 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): _____
- Adoption through another state (specify state): _____
- Transfer of Permanent Legal and Physical Custody guardianship
- TPLPC guardianship through another state (specify state): _____
- Native American Adoption (specify Native nation, if applicable): _____
- Native American TPLPC Guardianship (specify Native nation, if applicable): _____

I am a(n): *Please select all that apply.*

- Adoptive parent** (post-finalization)
- Pre-adoptive parent** (pre-finalization) *Anticipated finalization date:* _____
- TPLPC guardian** (post-finalization)
- TPLPC guardian** (pre-finalization) *Anticipated finalization date:* _____
- Kinship parent, guardian, 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 or TPLPC guardianship process.*
- Other:** _____

The total # of foster, adopted, and kinship youth currently in our household: _____

Age of each child in your home: _____

How did you hear about the Post-Permanency Navigator Program?

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



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

All families will be automatically signed up for the Post-Permanency Navigator monthly newsletter and can opt out at any time.

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

Post-Permanency Navigator Program Overview and Confidentiality Statement

Please review and electronically sign this form (next page) that includes an overview of the Post-Permanency Navigator Program and our Confidentiality Statement. *If you are a professional who is completing this form on behalf of a family and have not received authorization from the family to complete and sign this PPN Program Overview and Confidentiality Statement on their behalf, please skip to Section B on the last page of this form.*

Post-Permanency Navigator Program Services

Post-Permanency Navigator Program services include:

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

Confidentiality

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

- you provide expressed verbal or written consent to share your information (e.g. if you consent to the Post-Permanency 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-Permanency Navigator Program; and
- You are at least 18 years old and have the capacity to consent to this agreement.

Client Signature: _____ **Date:** _____

<p>Office Use Only:</p> <p><input type="checkbox"/> <i>Family gave verbal permission to the Post-Permanency Navigator to complete and sign this form on their behalf.</i></p> <p>PPN Initials _____ Date _____</p>

Section B (For Professionals Referring a Family)

Professional Contact Information

First and Last Name _____

Affiliation _____

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-Permanency 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.