

# FOSTER CARE & ADOPTION APPLICATION PART 1



Children's Home Society of Minnesota



Lutheran Social Service of Minnesota

There is no fee associated with Application Part 1. Eligibility requirements vary by program. The information you provide helps us determine your program options & next steps. We look forward to connecting with you! If you have any questions, please contact us: [welcome@chlss.org](mailto:welcome@chlss.org) or 651.646.7771.



**With your Application Part 1, please include:**

- 1 picture that includes all the members of your household
- 1 picture of the outside of your home/building (digital images accepted)

**Submit Your Application:**

[welcome@chlss.org](mailto:welcome@chlss.org) or Attn: CH/LSS  
1605 Eustis Street, St. Paul, MN 55108  
(email preferred)

## GENERAL INFO:

Applicant 1

Applicant 2

Legal Name (first, middle, last)	_____	_____
Preferred Name	_____	_____
Pronouns (she/her)	_____	_____
Email	_____	_____
Phone	_____	_____
Address	_____	_____
City, State, Zip	_____	_____
County	_____	_____
Date of Birth (mm/dd/yyyy)	_____	_____
LGBTQIA+ (yes/no)	_____	_____
U.S. Citizenship (yes/no)	_____	_____
Gender Identity	_____	_____
Race	_____	_____
Religion (if applicable)	_____	_____
Marital Status	_____	_____
If Married, Date of Marriage	_____	_____
Job Title	_____	_____
Employer	_____	_____
Highest Level of Education	_____	_____

## PROGRAM(S) OF INTEREST:

Domestic Programs (MN)

Foster Care  Foster Care Adoption  Infant/Private Adoption

Dual List (Infant + Foster Care and/or Foster Care Adoption)

International Adoption (U.S.)

Colombia  Ecuador  India

Home Study/Post Placement Services (MN)

**International Families:**

Prior to applying we encourage you to review country eligibility, our service contract, policies, procedures, supervised providers & fees: [chlss.org/international](http://chlss.org/international)



## HEALTH:

Will health insurance provide coverage for child upon placement? \_\_\_\_\_ Health Insurance Provider: \_\_\_\_\_



For any "yes" answers please submit the following info with your application:

- Date(s)
- Diagnosis
- Prognosis
- Impact on your ability to parent

Do you currently have, or have a history of, disease, and/or chronic conditions?

Yes  
 No

### Applicant 2

Yes  
 No

Have you ever received any kind of counseling or therapy?

Yes  
 No

Yes  
 No

Have you ever been treated for any mental health condition (anxiety, depression, etc.)

Yes  
 No

Yes  
 No

## YOUR FAMILY:

Children (if more than 3, please attach additional info)

First & Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do they live with you? \_\_\_\_\_

Gender Identity: \_\_\_\_\_ Race: \_\_\_\_\_

Relationship (Adopted, Birth, Foster): \_\_\_\_\_

First & Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do they live with you? \_\_\_\_\_

Gender Identity: \_\_\_\_\_ Race: \_\_\_\_\_

Relationship (Adopted, Birth, Foster): \_\_\_\_\_

First & Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do they live with you? \_\_\_\_\_

Gender Identity: \_\_\_\_\_ Race: \_\_\_\_\_

Relationship (Adopted, Birth, Foster): \_\_\_\_\_

Others Living in Home (if more than 1, please attach additional info):

First & Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Annual Household Income:

\_\_\_\_\_

### Net Worth:

\_\_\_\_\_

## FOSTER CARE/ADOPTION INFO:

Have you previously completed a home study?

Yes  No

Have you previously adopted?

Yes  No

If you've previously completed a home study and/or adoption, please list the name of the agency and placement date (if applicable): \_\_\_\_\_

Have you ever had a home study or placement of a child dissolved, denied, or disrupted?

Yes  No

Are you currently matched to a child or expectant parents?

Yes  No

If yes, child's age or anticipated birth date: \_\_\_\_\_

*Your Openness:*

Will you consider siblings?

Yes  No

If yes, # of children \_\_\_\_\_

Indicate the age range of children you are open to: \_\_\_\_\_

Indicate the level of needs you are open to:  Minor  Moderate  Significant

If you plan to work with an additional agency other than CH/LSS, please list name of agency & contact information (if known):



## BACKGROUND HISTORY:

*As either a victim or an offender, if you have a history of any instances below, please send additional details that include date, location, charges, fines and/or disciplinary action. If applicable, include terms of sentence, probation and/or dates of incarceration.*

- Child protection matters
- A child removed from your home
- Juvenile criminal offenses
- Sexual abuse
- Child abuse
- Abuse against vulnerable adults
- Domestic violence
- Assault or other violence
- Arrest and/or criminal convictions
- Substance abuse/Chemical dependency

Do any of these apply to you? Applicant Part 1  Yes  No Applicant 2  Yes  No

## AUTHENTICATION:

Misrepresentation may impact our ability to provide services. Note: you are not a client of CH/LSS until a service contract is completed. Please contact us with any questions or concerns!

I hereby verify that I have truthfully answered all questions in my Application Part 1:

APPLICANT 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICANT 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you!**

We will be in touch upon receipt and look forward to connecting with you.

**Adoption Information Team | [welcome@chlss.org](mailto:welcome@chlss.org) | 651.646.7771**