

FOSTER CARE & ADOPTION APPLICATION PART 1



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 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 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 ☐ South Korea
☐ 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



Children's
Home Society
of Minnesota



Lutheran
Social Service
of Minnesota

HEALTH:

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

Applicant 1

Applicant 2



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

☐ 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:



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of Minnesota



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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 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 | 651.646.7771