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)

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

Ecuador

Home Study/Post Placement Services (MN)

India

International Adoption (U.S.)

Colombia

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 Adop	International Families:

South Korea

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





HEALTH:

Will health insurance provide coverage for child upon placer	nent?	Health Insurance Provid	er:		
		Do you currently have, or	Applicant 1	Applicant 2	
For any "yes" answers please submit the following info with your application:		have a history of, disease, and/or chronic conditions?	No	No	
 Date(s) Diagnosis Prognosis Impact your about to pare 	oility	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, depresstion, etc.)	Yes No	Yes No	
YOUR FAMILY:		, ,			
Children (if more than 3, please	e attach d	additional info)			
First & Last Name:	t & Last Name:				
Do they live with you?	Gender Identity: Relationship (Adopted, Birth, Foster)				
First & Last Name:		Date of Birth:			
Do they live with you?		nder Identity:ationship (Adopted, Birth, Foster	Race:		
First & Last Name:		Date of Birth:			
Do they live with you?	Gender Identity:				
Others Living in Home (if more First & Last Name:	•	,	Annual Ho	usehold Income:	
Date of Birth:			Net Worth:	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 placement date (if applicable):	or adoption, please list the name of the agency and			
Have you ever had a home study or placement of a child dissolved, denied, or disrupted? Are you currently matched to a child or expectant parents? If yes, child's age or anticipated birth date:	No If you plan to work with an additional agency other than CH/LSS, please list name of agency & contact information No (if known):			
Your Openness: Will you consider siblings? Indicate the age range of children you are open Indicate the level of needs you are open to: BACKGROUND HISTORY:	No If yes, # of children to: Minor Moderate Significant			
As either a victim or an offender, if you have a his	story of any instances below, please send additional and/or disciplinary action. If applicable, include terms ation.			
 A child removed from your home Juvenile criminal offenses Sexual 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 provi a service contract is completed. Please contact to I hereby verify that I have truthfully answered all o	· ·			
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 \mid <u>welcome@chlss.org</u> \mid 651.646.7771