

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 picture of the outside of your home/building (digital images accepted)

Submit Your Application:
welcome@chlss.org (preferred)
 Or Attn: Children's Home
 1605 Eustis Street,
 St. Paul, MN 55108

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	_____	_____
Veteran (yes/no)	_____	_____
Highest Level of Education	_____	_____

Annual Household Income: _____

Net Worth: _____

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

HEALTH:

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



For any "yes" answers please include the following info: Date(s), Diagnosis, Prognosis, and Impact on your ability to parent

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

Applicant 1		Applicant 2	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes: _____

Have you ever received any kind of counseling or therapy?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------	------------------------------	-----------------------------

If yes: _____

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------	------------------------------	-----------------------------

If yes: _____

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: _____

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 Children's Home, 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 Children's Home 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