FOSTER CARE & ADOPTION APPLICATION PART 1

Children's Home

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.

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)		
Veteran (yes/no)		
Email		
Phone		
Address		
City, State, Zip		
County		
Date of Birth (mm/dd/yyyy)		
LGBTQIA+		
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		

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 ☐ Bulgaria

☐ 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

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

	Applicant 1		Applicant 2	
Do you currently have, or have a history of, disease, and/or chronic conditions?	☐ Yes	☐ No	☐ Yes	☐ No
If yes: _____				
Have you ever received any kind of counseling or therapy?	☐ Yes	☐ No	☐ Yes	☐ No
If yes: _____				
Have you ever been treated for any mental health condition (anxiety, depression, etc.)	☐ Yes	☐ No	☐ Yes	☐ 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: _____

Children's Home

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: _____

If you plan to work with an additional agency other than Children's Home, please list name of agency & contact information (if known):

_____

_____

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

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: _____

With your Application Part 1, please include: 1 picture that includes all the members of your household and 1 picture of the outside of your home/building (digital images accepted)

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**