

# 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](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)



Children's  
Home Society  
of Minnesota



Lutheran  
Social Service  
of Minnesota

## 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: \_\_\_\_\_



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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 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**