
FOSTER PARENT(S) ACKNOWLEDGMENT

I understand that as a foster parent licensed by Children's Home & Lutheran Social Service of Minnesota (CH/LSS), I am required to abide by DHS rules and regulations as articulated in Statutes Chapter 2960.3000 – 2960.3340. I also agree to comply with items articulated in this Foster Parent Handbook and understand that they exist for the purpose of providing the most child appropriate environment possible and ensures safety for foster children.

I understand the pivotal role that I may play in a child's life, and I intend to assure that through the process of placement, care, and discharge, I will always keep the child's best interest in mind and comply with established best practices.

Signature of Foster Parent 1

Printed Name of Foster Parent 1

Date

Signature of Foster Parent 2 (if applicable)

Printed Name of Foster Parent 2

Date