



*Minnesota Adoption and Child Foster Care*

# Home Study Assessment

|                     |  |              |          |
|---------------------|--|--------------|----------|
| APPLICANT #1        |  | APPLICANT #2 |          |
| APPLICANT'S ADDRESS |  |              |          |
| CITY                |  | STATE<br>MN  | ZIP CODE |

|  |
|--|
| DATE ASSESSMENT WAS COMPLETED AND SIGNED BY SUPERVISOR           |
| <input type="text"/>   |
| PERIOD OF VALIDITY   |
| <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years |

**Prepared by:**

|                          |               |                             |          |
|--------------------------|---------------|-----------------------------|----------|
| AGENCY                   |               | SOCIAL WORKER / CREDENTIALS |          |
| PHONE NUMBER             | EMAIL ADDRESS |                             |          |
| SUPERVISOR / CREDENTIALS |               |                             |          |
| AGENCY ADDRESS           |               |                             |          |
| CITY                     |               | STATE<br>MN                 | ZIP CODE |

**Minnesota Statute and Rule requires all public and private adoption and foster care agencies to use the commissioner's designated format for completion of home studies and updates.** This home study assessment summarizes the interviews and information gathered during the initial home study process.

**This study was completed for the purpose of:** (check all that apply)

- Child foster care **and** adoption of a child or siblings in foster care
- Adoption of a child or siblings in foster care
- Domestic infant adoption
- International adoption
- Other type of adoption

## Recommendation

Based on the interviews, collateral contacts, background study and all other information gathered and assessed during the home study process, select appropriate recommendation(s) below.

**Approval for child foster care licensure and adoption of a child or siblings in foster care**

The applicant(s) and other household members (if applicable) meet the required standards for foster care licensure and adoption.

Indicate the reason(s) the family was approved and the type of child whom the applicant is approved to care for including the number of children, age and gender, level of special needs and capacity as identified in the **Adoption and/or foster parenting** section of the home study.

List any restrictions on the license or approved variances.

**Approved for adoption**

The applicant(s) and other household members (if applicable) meet the required standards for adoption.

Indicate the reason(s) the family was approved and the type of child whom the applicant is approved to care for including the number of children, age and gender, level of special needs and capacity as identified in the **Adoption and/or foster parenting** section of the home study.

**Denial of foster care**

The applicant(s) and other household members (if applicable) do not meet the required standards for foster care licensure. Identify the section(s) of the home study that defines the reason(s) this family was recommended for denial of a foster care license. The agency must make a recommendation to the Minnesota Department of Human Services, Licensing Division to deny a foster care application.

**Not approved for adoption**

The applicant(s) and other household members (if applicable) do not meet the required standards for adoption. Identify the section(s) of the home study that defines the reason(s) this family was not approved for adoption.

## Family strengths and needs

The following strengths and needs have been identified by the agency and the family:

**Strengths**

**Needs**

## Training plan

## Adoptive and foster parent history

## Personal history

APPLICANT 1

APPLICANT 2

## Relationships

## Children in the home

| Name of child      | Age | Relationship to Applicant #1 | Relationship to Applicant #2 | Does the applicant have full legal custody of the child? |
|--------------------|-----|------------------------------|------------------------------|--|
| 1.                 |     |                              |                              | <input type="radio"/> Yes <input type="radio"/> No       |
| DESCRIBE THE CHILD |     |                              |                              |  |

## Other individuals living in the home

| Name | Age | Relationship to Applicant #1 | Relationship to Applicant #2 | Intended role with foster/adopted child | Interviewed as part of home study assessment       |
|------|-----|------------------------------|------------------------------|---|--|
| 1.   |     |                              |                              |   | <input type="radio"/> Yes <input type="radio"/> No |

## Children, including adult children living out of the home

| Name | Age | Relationship to Applicant #1 | Relationship to Applicant #2 | Intended role with foster/adopted child | Frequency in the home | Interviewed as part of home study assessment       |
|------|-----|------------------------------|------------------------------|---|-----------------------|--|
| 1.   |     |                              |                              |   |                       | <input type="radio"/> Yes <input type="radio"/> No |

## Personal characteristics and resilience

APPLICANT 1

APPLICANT 2

**Support system**

**Parenting skills and hands-on parenting**

**Adoptive and/or foster parenting**

**Permanency planning**

**Family life**

**Family finances**

**Summary of references, collateral contacts and other relevant information**

## Agency credentials and signatures

This home study was completed by an agency authorized by the State of Minnesota to provide adoption and/or foster care services and is a summary of the personal interviews, home visits, assessments, and collateral information gathered during the home study process.

The applicant(s) has been informed of their responsibility to report new or relevant information to update the home study.

The information in this home study is true to the best of my knowledge, information and belief and may be used only for purposes mutually agreed upon by the applicant(s) and the agency.

This original copy of the home study may be provided to the applicant and social service agencies, and for international adoption it is provided to the United States Department of State and the foreign adoption authorities.

|                               |               |  |
|-------------------------------|---------------|--|
| HOME STUDY PREPARER SIGNATURE |               | DATE   |
| AGENCY SUPERVISOR SIGNATURE   | APPROVAL DATE | PRIVATE AGENCY SUPERVISOR LICENSE CREDENTIALS AND NUMBER |

**Disclaimer:** If you save the information completed in this document, please note that you will be storing protected information which is subject to the Minnesota Government Data Practices Act and/or the Health Insurance Portability and Accountability Act (HIPAA). You are responsible for maintaining, storing and safeguarding the data according to these laws.

**FOSTER CARE ONLY:****Foster care training record****Orientation** (Minnesota Rules, part 2960.3070)

A minimum of six hours of orientation is **required**. Topics include emergency procedures, relevant laws and rules, cultural diversity, and foster parent roles and responsibilities.

| Applicant 1                              | Applicant 2                              |
|--|--|
| <input type="radio"/> Meets requirements | <input type="radio"/> Meets requirements |
| <input type="radio"/> Not applicable     | <input type="radio"/> Not applicable     |

**Normalcy and reasonable and prudent parent standard** (Minnesota Statutes, section 260C.215, subd. 4)

This training is **required** effective August 1, 2016.

| Applicant 1                              | Applicant 2                              |
|--|--|
| <input type="radio"/> Meets requirements | <input type="radio"/> Meets requirements |

**Mental health** (Minnesota Statutes, section 245A.175)

Two hours of mental health training is **required** prior to licensure.

| Applicant 1                              | Applicant 2                              |
|--|--|
| <input type="radio"/> Meets requirements | <input type="radio"/> Meets requirements |

**Child passenger restraint** (Minnesota Statutes, section 245A.18)

This training is **required** for any caregivers transporting children under 9 years of age.

| Applicant 1                             | Applicant 2                             |
|---|---|
| <input type="radio"/> Required training | <input type="radio"/> Required training |
| <input type="radio"/> Not required      | <input type="radio"/> Not required      |

**Sudden unexpected infant death and abusive head trauma** (Minnesota Statutes, section 245A.1435 & 245A.144)

This training is **required** for any caregivers of children under 6 years of age.

| Applicant 1                             | Applicant 2                             |
|---|---|
| <input type="radio"/> Required training | <input type="radio"/> Required training |
| <input type="radio"/> Not required      | <input type="radio"/> Not required      |

**Medical equipment** (Minnesota Statutes, section 245A.155)

This training is **required** for any caregivers of children who need medical equipment for their care.

| Applicant 1                             | Applicant 2                             |
|---|---|
| <input type="radio"/> Required training | <input type="radio"/> Required training |
| <input type="radio"/> Not required      | <input type="radio"/> Not required      |