



Minnesota Child Foster Care

Home Study Assessment

For Corporate Child Foster Care

(Foster Residence Setting)

DATE ASSESSMENT WAS COMPLETED AND SIGNED BY SUPERVISOR:

PERIOD OF VALIDITY - 1 YEAR

NAME OF CORPORATE PROGRAM:		
NAME OF AUTHORIZED AGENT (Applicant):		
PHYSICAL LOCATION OF THE PROGRAM (Street address):		
CITY	STATE Minnesota	ZIP CODE

NAME OF COUNTY or CHILD-PLACING AGENCY COMPLETING THIS ASSESSMENT:		
NAME OF INDIVIDUAL COMPLETING THIS ASSESSMENT:		
NAME OF AGENCY SUPERVISOR:		
PHONE NUMBER	EMAIL ADDRESS	
AGENCY ADDRESS:		
CITY	STATE Minnesota	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 Child Foster Care.

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

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

Indicate the reason(s) the applicant 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 **Foster parenting section of the home study.**

List any restrictions on the license or approved variances.

Denial of child foster care licensure

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 define the reason(s) the applicant 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.

Family strengths and needs – Identify the program strengths and needs in relation to providing family life for foster children:

Strengths	Needs

Training plan – The following training plan was developed with the applicant: Documentation of Minnesota Rules, part 2960.3210. Staff Training.

Foster parent history – Refer to Assessment Instructions (DHS-4258D) to complete this section.

Other individuals living in the home – Refer to Assessment Instructions (DHS 4258D). If not applicable, check here:

NAME:	AGE:
INTENDED ROLE WITH FOSTER CHILD(REN)	
RESIDES IN THE HOME: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	INTERVIEWED AS PART OF HOME STUDY ASSESSMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME:	AGE:
INTENDED ROLE WITH FOSTER CHILD(REN)	
RESIDES IN THE HOME: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	INTERVIEWED AS PART OF HOME STUDY ASSESSMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No

Personal characteristics and resilience – Refer to Assessment Instructions (DHS-4258D) to complete this section for each license holder. In addition, keep in mind that role responsibilities and staff members may change. Summarize how the applicant will promote a family environment in the home and how the staff is supported in the following areas required in Minnesota Rules, part 2960.3060, subpart 4:

(H) meet the foster child’s special needs, if any, including medical needs, disabilities, or emotional disturbance

(I) deal with anger, sorrow, frustration, conflict, and other emotions in a manner that will build positive interpersonal relationships rather than in a way that could be emotionally or physically destructive to other persons

(J) Nurture children, be mature and demonstrate an ability to comply with the foster child’s case plan and meet the needs of the foster child in the applicant’s care. Also address the following areas: Minnesota Rules, part 2960.3220, subparts 5 & 6 – License holder and staff qualifications; drug and alcohol use prohibited.

Applicant #1:

Applicant #2:

Support system – *How will the applicant(s) and staff provide family life that uses a network of community supports. Explore the use of community resources beyond identified services. Refer to Minnesota Rules, part 2960.3070, subpart 4 (G).*

Parenting skills and hands-on parenting – *How will the applicant(s) and staff provide a family life that demonstrates the following items required in Minnesota Rules, part 2960.3060, subpart 4:*

- (A) Provide consistent supervision, positive and constructive discipline, and care and training to contribute to the foster child's well-being*
- (B) understand the licensing agency's programs and goals*
- (D) share responsibility for the foster child's well-being with the foster child's social worker, school, and legal parents*
- (H) meet the foster child's special needs, if any, including medical needs, disabilities, or emotional disturbance*

Foster parenting – *How will the applicant(s) and staff provide a family life that demonstrates the following items required in Minnesota Rules, part 2960.3060, subpart 4:*

(C) work within agency and state policies (be sure applicant understands all of the items in Minnesota Rules, part 2960.3080, subpart 5 & 6)

(F) accept the foster child's relationship with the child's family and relatives and to support visitation and family reunification efforts

(I) deal with anger sorrow, frustration, conflict, and other emotions in a manner that will build positive interpersonal relationships rather than in a way that could be emotionally or physically destructive to other persons

(J) nurture children, be mature and demonstrate an ability to comply with the foster child's case plan and meet the needs of the foster child in the applicant's care

Also address the following areas:

Minnesota Rules, part 2960.3220, subpart 7: Medication administration

Minnesota Rules, part 2960.3230: Communications and Documentation

Permanency planning – *How will the applicant(s) and staff demonstrate an understanding of how permanency planning applies to children in their care. (Reference Minnesota Rules, part 2960.3080, subpart 4 (C & D))*

Family life – *How will the applicant(s) and staff provide a family life for the children in the home. Refer to Assessment Instructions (DHS-4258D)*

Family finances – *Document the applicant(s) understanding of the use of foster care maintenance payments (Minnesota Rules, part 9560.0521, subpart 10). Foster care maintenance payments means payments to cover the cost of a child's food, clothing, shelter, daily supervision, school supplies, and personal incidentals, and reasonable travel to the child's home for visitation. In the case of institutional care, the term includes the reasonable costs of administration and operation of the institution.*

Summary of references, collateral contacts and other relevant information
Refer to Assessment Instructions (DHS-4258D)

Agency credentials and signatures

This home study has been completed by an agency authorized by the State of Minnesota to provide adoption and/or foster care services.

This home study is a summary of the personal interviews, home visits and all other aspects of the assessment needed to complete the home study process. I have advised the applicant(s) of their duty to provide true and accurate information, including their on-going duty to disclose new events or information pertinent to update the home study. The information in this home study is true and correct, to the best of my knowledge, information and belief.

It is a true and accurate original of the home study that was provided to the applicant, social service agencies, and for international adoption, the United States Department of State and the foreign adoption authorities.

This study may be used only for the purposes mutually agreed upon by the applicant and the agency.

HOME STUDY PREPARER SIGNATURE	DATE	*HOME STUDY PREPARER LICENSE CREDENTIALS AND NUMBER (required for private agencies only)

AGENCY SUPERVISOR SIGNATURE	APPROVAL DATE	**AGENCY SUPERVISOR LICENSE CREDENTIALS AND NUMBER (required for private agencies only)

* Home study preparers employed by a private agency must be licensed consistent with Minnesota Rules, part 9545.0805.

**Minnesota Rules 9545.0805, subpart 1, requires an independent social worker (LISW) or independent clinical social worker (LICSW) supervise a licensed private agency's case work, including reviewing and approving each written home study the agency completes on prospective foster and adoptive parents.

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.