



Minnesota Child Foster Care

Home Study Assessment Update

For Corporate Child Foster Care

(Foster Residence Setting)

DATE ASSESSMENT WAS COMPLETED AND SIGNED BY SUPERVISOR:

PERIOD OF VALIDITY:
 _____ 1 YEAR
 _____ 2 YEARS

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 UPDATE:		
NAME OF INDIVIDUAL COMPLETING THIS ASSESSMENT UPDATE:		
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 update summarizes the interviews and information gathered during the home study update 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 update 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/ Training and experiences to enhance foster parenting -
Documentation of staff training plan - Minnesota Rules, part 2960.3210. Staff Training.

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

Experience with foster care since the initial study or most recent

update - *Summarize the program's experience with foster care including: foster children placed in the home; satisfaction with services received from the placing agency; lessons learned; outcome of the placement(s); agency social worker's comments, concerns, or recommendations and review of incident reports.*

Experienced losses or trauma in the family and how they were addressed by the family - *If applicable, provide brief description.*

Review of foster care and agency agreement - *Review the agreement form with the license holder(s) or designated individual and document date of completion.*

Agency credentials and signatures

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

This home study update is a summary of the personal interviews, home visits and all other aspects of the assessment needed to complete the home study update 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 update is true and correct, to the best of my knowledge, information and belief.

It is a true and accurate original of the home study update 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.