



## Minnesota Adoption and Foster Care

# Home Study Assessment

### *Supplemental Instructions for Completing the Assessment for Foster Residence Settings*

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Applicant

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Applicant's Address

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City

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State

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Zip Code

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Date assessment was completed

Period of validity:

1 year

2 years

#### Prepared By:

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Agency

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Social Worker/Credentials

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Phone Number

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Email Address

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Supervisor/Credentials

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Agency Address

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City

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State

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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.** The home study report summarizes the interviews and information gathered during the initial home study and annual update process.

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

- Child foster care
- Adoption of children under state guardianship
- Domestic infant adoption
- International adoption: Hague
- International adoption: non-Hague
- Other: \_\_\_\_\_

**Recommendation:** Based on the interviews, collateral contacts, background study and all other information gathered and assessed during the home study process, select one recommendation below.

**Approval for foster care licensure and adoptive placement.** Date \_\_\_\_\_  
The applicant(s) and other household members (if applicable) meet the required standards for foster care licensure and adoption.

**Approval for foster license only.** Date \_\_\_\_\_  
The applicant(s) and other household members (if applicable) meet the required standards for foster care licensure. Identify the section(s) of the home study that defines the reason(s) this family was **not** approved for adoption:

**Approved for adoption only.** Date \_\_\_\_\_  
The applicant(s) and other household members (if applicable) 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 foster care licensure:

## For all approvals

Indicate the reason(s) the family was approved and the type of child whom the applicant is approved to care for including 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

If applicant(s) is approved for treatment foster care, list qualifications as required in Minnesota Rules, part 2960.3320.

**Denial of foster care licensure \***.

Date \_\_\_\_\_

\* The agency must make a recommendation to the Minnesota Department of Human Services, Licensing Division to deny a foster care application.

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:

**Denial of adoptive placement**

Date \_\_\_\_\_

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** - *Identify the program strengths and needs in relation to providing family life for foster children.*

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

<i>Strengths</i>	<i>Needs</i>

**Training plan** *(The following training plan was developed with the applicant: Documentation of Minnesota Rules, part 2960.3210. Staff Training (exempt for programs also licensed as 245B).)*

**Adoptive and foster parent history** (Refer to Assessment instructions (DHS-4258D) to complete this section.)

**Personal history - Applicant 1** (This section does not apply to Foster Residence Settings.)

**Personal history - Applicant 2** (This section does not apply to Foster Residence Settings.)

**Relationships** (This section does not apply to Foster Residence Settings.)

**Children in the home** (This section does not apply to Foster Residence Settings (with the exception of a child/ren of live-in staff if any).)

Name	Age	Relationship to Applicant #1 (specify birth or adopted child)	Relationship to Applicant #1 (specify birth or adopted child)	Does the applicant have a full legal and physical custody of the child?

Describe the child(ren) currently in the home:

**Absent or part-time children** *(This section does not apply to Foster Residence Settings.)*

**Roomer or boarders** *(Refer to Assessment instructions (DHS-4258D). )*

**Personal characteristics and resilience - Applicant 1**

*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 license holder promotes 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*

**Personal characteristics and resilience - Applicant 2** (Addressed above.)

**Support System**

*How do the license holder(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 hand-on parenting**

*How do the license holder(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*

## **Adoptive and/or foster parenting**

*How do the license holder(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 license holder understands all 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 need 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 do the license holder(s) and staff demonstrate an understanding of how permanency planning applies to children in their care. (Reference Minnesota Rules, part 2960.3080, subpart 5 and part 2960.3060, subpart 4 (C & D))*



## Family life

*How do the license holder(s) and staff provide a family life for the children in the home? Refer to Assessment Instructions (DHS-4258D)*

## Family finances

*Document the license holder(s) understanding of the use of foster care maintenance (found in Minnesota Rules, part 9560.0521, subpart 10) and Difficulty of Care (DOC) payment for children (found in Minnesota Rules, part 9560.0521, subpart 7). Foster care maintenance payment means payment to cover the cost of the child's food, clothing, shelter, daily supervision, school supplies, and personal incidentals and reasonable travel to the child's home for visitation. In case of institutional care, the term includes the reasonable cost of administration and operation of the institution.*

## Summary of collateral contacts and 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.

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

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.

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

- Child foster care
- Adoption of children under state guardianship
- Domestic infant adoption
- International adoption: Hague
- International adoption: non-Hague
- Other: \_\_\_\_\_

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

\_\_\_\_\_  
Agency Supervisor signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\* Agency Supervisor License Credentials and Number