



WHITE EARTH FOSTER CARE APPLICATION

Individual Fact Sheet

NAME OF PERSON COMPLETING FORM	NAME OF APPLICANT/LICENSE HOLDER
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Instructions: Family child foster care and adoption applicant(s), license holders, and all adult household members (age 18 and older) are required to complete this form at initial application for a child foster care license or adoption home study, adoption home study update, or at child foster care relicensure.

Do you have a history of, or are you currently experiencing any of the following?

- Yes No Sexual, physical or verbal abuse, or domestic violence.
- Yes No Individual and/or family/group counseling.
- Yes No Treatment or hospitalization for mental health concerns.
- Yes No Criminal charges and/or convictions for any offense (including as a juvenile), even if dismissed.
- Yes No Arrest by law enforcement, or probation/parole.
- Yes No Involvement with social service departments, including child protection.
- Yes No Investigation for neglect or abuse of a child or a vulnerable adult.
- Yes No Out-of-home placement of your own minor children.

If you selected yes to any of the above, explain:

Physical and chemical health statements

1. Do you have any health conditions for which you need medical care?

- Yes No

If yes, describe all health conditions you have and the medical care you are receiving:

2. Do you have health conditions that may pose a risk to a child's health or would limit your physical ability to care for foster children?

- Yes No

If yes, describe the risks or limitations:

3. Are there minor children living in the home (do not include children in placement)?

Yes No

4. Do minor children have any health conditions for which they need medical care?

Yes No

If yes, describe all health conditions, the medical care they are receiving, and whether or not the condition may pose a risk to foster children:

5. Have you ever experienced any chemical use problems, including alcohol abuse, abuse of prescription controlled substances, and use of illegal substances?

Yes No

If yes, describe: (e.g., how long ago, what happened, was treatment recommended, did you attend treatment and/or Alcoholics Anonymous, etc.)

6. Have you been free of chemical use problems for the past two years?

Yes No

If no, explain:

Signature

I understand that failure to provide complete and true information on the individual fact sheet may result in denial of my child foster care application; revocation of my child foster care license; or termination of adoption services.

SIGNATURE OF PERSON COMPLETING FORM	DATE
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