

Child Foster Care Licensing Applicant Checklist

(Please keep for your records only)

Please return the following items from this packet:

- Minnesota Adoption and Child Foster Care Application be sure all sections, including 3 personal references, are complete. The application must be signed.
- Individual Fact Sheet one for each adult in the home, sign, and date.
- CFC BGS Data Collection Form- One for each household member age 13+
- Email/text consent form
- A copy, scan, or photo of an acceptable form of ID for each household member age 13+ (see document regarding ID)

Return all items listed above to Polk County Social Services:

- By mail: 612 N Broadway, Room 302, Crookston, MN 56716.
- Via email to Jaime.dragon@polkcountymn.gov
- Items may also be dropped in the drop boxes located at each of our office locations (Crookston, EGF, McIntosh).

Once these items have been received and processed, a second packet of information will be mailed out to you.

Additional items:

- Review MN Rules 2960.3000-2960.3100 in your packet or at www.revisor.mn.gov
- You will be contacted by the licensing worker to set up an appointment once your application has been received.

Appointment Date and time: _____