

LICENSE SCREENING FORM

We need you to complete the following checklist in order to insure that families being licensed for Foster Care are able to provide a healthy environment and are in compliance with the Department of Human Services Licensing Rules. A "YES" answer does not automatically disqualify a family, but additional details surrounding the incident will be required.

1. Has any individual in your home been arrested for, awaiting trial for, been convicted of, or admitted to any of the following crimes:	YES	NO
Felon ineligible to possess firearms; murder; manslaughter; criminal vehicular homicide and injury; aiding a person in suicide or aiding a person in attempted suicide.	_____	_____
Assault; domestic assault; spousal abuse; great bodily harm caused by distribution of drugs; mistreatment of persons confined; mistreatment of residents or patients; criminal abuse of a vulnerable adult; criminal neglect of a vulnerable adult; failure to report; financial exploitation of a vulnerable adult.	_____	_____
Use of drugs to injure or to facilitate crime; simple robbery; aggravated robbery; kidnapping; false imprisonment; murder of an unborn child; abduction; manslaughter of an unborn child; assault of an unborn child; injury or death of an unborn child in the commission of a crime.	_____	_____
Coercion; attempt to coerce; solicitation, inducement, and promotion of prostitution; violation of an order for protection; other prohibited acts; minor engaged in prostitution; disorderly house.	_____	_____
Criminal sexual conduct; solicitation of children to engage in sexual conduct; incest; child abuse or neglect; crime against children; malicious punishment of a child; neglect or endangerment of a child.	_____	_____
Tampering with a witness, aggravated tampering with a witness; theft; possession of shoplifting gear; arson; burglary; forgery, aggravated forgery; check forgery, offering a forged check; obtaining signature by false pretense.	_____	_____
Drive-by shooting; dangerous weapons; spring guns; machine guns and short-barreled shotguns; adulteration (of substances); riot; terroristic threats; disorderly conduct against a vulnerable adult.	_____	_____
Interference with privacy; harassment, stalking; obscene or harassing phone calls; letter, telegram, or package opening or harassment; shooting in or at a public transit vehicle or facility.	_____	_____
Indecent exposure; indecent literature, distribution; obscene materials and performances; use of minors in a sexual performance; possession of pictorial representations of a minor; disseminating or displaying harmful material to minors.	_____	_____
Felony conviction under Minnesota Statutes, Chapter 152 (Drugs, controlled substances) or any felony conviction involving alcohol or drug use.	_____	_____

	YES	NO
2. Have any of your children been in foster care, a correctional facility, or in residential treatment for emotional disturbance?	_____	_____
3. Has any individual in your household had their parental rights terminated or had a court determine grounds for termination of parental rights?	_____	_____
4. Has any individual in your household been the subject of an investigation for, charged with, convicted of, or admitted to abusing or neglecting a vulnerable adult?	_____	_____
5. Has any individual in your household been the subject of an investigation for, charged with, convicted of, or admitted to abusing or neglecting a child?	_____	_____
6. Has any individual in your household been identified as having a mental illness or mental health issues?	_____	_____
7. Has any individual in your household received therapy or counseling within the last 5 years?	_____	_____
8. Is any individual in your household currently seeing anyone from the mental health profession?	_____	_____
9. Has any individual in your household abused prescription drugs, controlled substances or alcohol?	_____	_____
10. Has any individual in your household been identified as chemically dependent in the past or present?	_____	_____

I hereby affirm that the foregoing statements are accurate, complete and true to the best of my knowledge.

I understand that if I knowingly give false information, it may affect the licensing of my home.

FOSTER CARE PROVIDER

DATE

FOSTER CARE PROVIDER

DATE

LICENSING WORKER

DATE