



Document Receipt and Requests

To be completed at orientation

Applicant

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- I acknowledge that I have received and am responsible for understanding the information contained in Ampersand Families' **Information for families considering adopting an older youth or sibling group from foster care**, which meets the disclosure requirements of Minnesota Statute 259.37, including, among other things:
- Fee statement and timeline;
 - Purpose statement regarding home studies under the Public Private Adoption Initiative;
 - Agency mission and values statement;
 - Things to expect when working with Ampersand Families;
 - Explanation of ongoing support for families.
- I acknowledge I have received, read, and understand Ampersand Families' **Notice of Privacy Practices**.
- I acknowledge I have received, read, and understand Ampersand Families' **Provider Policies on Provider Chemical Use, Discipline, and Ampersand Families' Grievance Procedures**.
- I acknowledge I have received and understand the Minnesota Department of Human Services document: **Answers to questions about Adoption (4,2010)** {Not applicable for Buddy Families}
- I acknowledge I have received and understand the **Minnesota Foster Care Rules** (260,c) {Not applicable for Buddy Families}
- I am aware **Ampersand Families must receive the following documents**, as applicable, before I may be approved to adopt and/or be recommended for foster care licensure/adoption:
- Complete an Adam Walsh Background check for each household member age 13+, including fingerprinting for those 18+
 - Three personal references (my signature below signifies permission for Ampersand Families to follow up with references listed on the application, as needed)
 - Statement from doctor or therapist, as applicable
 - Documentation of pet/s registration and shots
 - Marriagelicenses/divorcedecrees/deathcertificate (widow/widower applicants)
 - Proof of income/most recent year income tax return or pay stubs reflecting at least six months' earnings
 - Statement on parent involvement from children/s school/s
 - Release of information from all adult household members to share identifying information as necessary for foster care licensing and adoption home study.
- I acknowledge Ampersand Families may make recommendations for additional learning opportunities during the home study process such as trainings, workshops, and/or therapy counseling to strengthen my readiness for adoptive parenting.

Applicant Name

Signature

Date

Applicant Name

Signature

Date

For Ampersand Families

Signature

Date