

Prospective Adult Foster Care Provider Information

Today's Date: _____

1. Family Information

Primary Provider: _____ Date of Birth _____

Occupation: _____ Place of Employment: _____

Phone: _____

(home)

(cell)

(email)

Secondary Provider: _____ Date of Birth: _____

Occupation: _____ Place of Employment: _____

Phone: _____

(home)

(cell)

Children or other adults in the home:

_____	Date of Birth _____
_____	Date of Birth _____
_____	Date of Birth _____
_____	Date of Birth _____
_____	Date of Birth _____

2. Living Situation

Address: _____

Directions to Address: _____

Type of residence: _____ House _____ Apartment _____ Owned _____ Rented

Describe sleeping space available for foster adults: _____

Recreational/Leisure opportunities available _____

3. Adults Wanted In the Home

Age Range: _____ Male: _____ Female: _____ Either _____

Special needs that could be accepted:

- 1. _____ Physically handicapped
_____ Home is wheelchair accessible
_____ We would be willing to make adaptations to make home accessible
- 2. _____ Developmentally Disabled
- 3. _____ Mentally Ill/emotionally disabled
- 4. _____ Elderly/frail
- 5. _____ Chemically Dependent
- 6. _____ Emergency
- 7. _____ Maladaptive Behaviors: Mild _____ Moderate _____ Severe _____
- 8. _____ Have not decided

Why are you interested in adult foster care:

Describe your experience in caring for adults/children with special needs:

Send or drop off form to: Adult Foster care Licensing Worker

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