



Minnesota Department of Human Services

Foster Care Candidacy Determination Form

- Initial Determination Six month Re-determination

CHILD'S NAME	BIRTH DATE
NAME OF PERSON COMPLETING FORM	PHONE NUMBER
COUNTY/LOCAL COLLABORATIVE/TRIBAL AGENCY	

Note: If recommending a child as a potential foster care candidate, local collaborative agencies must attach a written and signed release of information.

Definition of a Foster Care candidate

A candidate for foster care is a child who is at imminent risk of removal from home as evidenced by the county or tribal agency either pursuing the child's removal from the home or making reasonable or active efforts to prevent the removal. Completing the documentation to establish a child's foster care candidacy is an indication that the child's entry into foster care is anticipated because the child is at imminent risk of removal.

Candidacy determinations must be individualized on a case-by-case basis. No group of children can be automatically included or excluded. Children already in out-of-home placement are not foster care candidates.

(Social Security Act, Title IV, Part E, Section 471 (a)(15)(B)(i); ACYF-PA-87-05; ACYF-CB-PA-01-02 and DAB Decision No. 1428; Budget Deficit Reduction Act of 2005)

Describe the issues that cause this child to be at imminent risk of being removed from their parent(s) or guardian(s). (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Report of alleged abuse and/or neglect | <input type="checkbox"/> Child disability |
| <input type="checkbox"/> Report of abandonment | <input type="checkbox"/> Child drug use |
| <input type="checkbox"/> Child maltreatment determination | <input type="checkbox"/> Inadequate housing |
| <input type="checkbox"/> Child behavior | <input type="checkbox"/> Parent alcohol abuse |
| <input type="checkbox"/> Child alcohol abuse | <input type="checkbox"/> Parent drug abuse |
| <input type="checkbox"/> Relinquishment of parental rights | <input type="checkbox"/> Parent death |
| <input type="checkbox"/> Child has a sibling currently in foster care | <input type="checkbox"/> Parent incarceration |
| <input type="checkbox"/> Child has past history of being in foster care | <input type="checkbox"/> Parenting issues |
| <input type="checkbox"/> Child's mental health needs are being assessed for residential treatment | <input type="checkbox"/> Financial problems |
| <input type="checkbox"/> Child's development disabilities are being assessed for residential treatment | <input type="checkbox"/> Caretaker inability to cope |
| <input type="checkbox"/> Child's family has an open child protection or child welfare case with | <input type="checkbox"/> Domestic violence |

_____ County Social Services

Note: This issue by itself does not meet the criteria for foster care candidacy. Check the issues that led to the case opening.

DESCRIBE OTHER CONDITIONS OR ISSUES (Attach additional sheet if necessary)

The following reasonable or active efforts are being made to prevent the child from being removed from their parent or guardian.

(Please check all that apply. Provide a description/explanation of those services.)

- | | |
|--|---|
| <input type="checkbox"/> Child protective services case management | <input type="checkbox"/> Family support services |
| <input type="checkbox"/> Parenting education | <input type="checkbox"/> Truancy prevention services |
| <input type="checkbox"/> Chemical dependency services | <input type="checkbox"/> Special education services |
| <input type="checkbox"/> Individual counseling | <input type="checkbox"/> Before and/or after school programming |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Youth services |
| <input type="checkbox"/> Information and referrals to community based services | <input type="checkbox"/> School intervention strategies |
| <input type="checkbox"/> Family based services – counseling | <input type="checkbox"/> In home public health services |
| <input type="checkbox"/> Family counseling | <input type="checkbox"/> Gang prevention efforts |
| <input type="checkbox"/> Family based services – life management skills | <input type="checkbox"/> Probation services |
| <input type="checkbox"/> Housing services | |
| <input type="checkbox"/> Legal services | |

DESCRIBE REASONABLE/ACTIVE EFFORTS (Attach additional sheet if necessary)

This section for use by the Foster Care Candidacy Specialist	
<input type="checkbox"/> Child or family has an open county/tribal case.	CASE NUMBER
<input type="checkbox"/> There is evidence of court proceedings in relation to the removal of the child from the home, in the form of: <input type="checkbox"/> A petition to the court <input type="checkbox"/> A court order <input type="checkbox"/> A transcript of the court proceedings.	
Foster Care Candidacy Determination: <input type="checkbox"/> Approved <input type="checkbox"/> Not approved	
SIGNATURE OF SPECIALIST	DATE
DATE OF INITIAL DETERMINATION	DATE OF SIX MONTH RE-DETERMINATION

You must retain this documentation for 4 years after the determination (or re-determination) date.