

**LICENSE SCREENING FORM**

***We need you to complete the following checklist in order to ensure that families being licensed for Foster Care or Child 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.	_____	<b>_____</b>
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.	_____	_____

	<b>YES</b>	<b>NO</b>
<b>2.</b> Have any of your children been in foster care, a correctional facility, or in residential treatment for emotional disturbance?	_____	_____
<b>3.</b> Has any individual in your household had their parental rights terminated or had a court determine grounds for termination of parental rights?	_____	_____
<b>4.</b> 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?	_____	_____
<b>5.</b> 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?	_____	_____
<b>6.</b> Has any individual in your household been identified as having a mental illness or mental health issues?	_____	_____
<b>7.</b> Has any individual in your household received therapy or counseling within the last 5 years?	_____	_____
<b>8.</b> Is any individual in your household currently seeing anyone from the mental health profession?	_____	_____
<b>9.</b> Has any individual in your household abused prescription drugs, controlled substances or alcohol?	_____	_____
<b>10.</b> 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**