



Foster Adopt Minnesota
2446 University Ave W.
Suite 140
St. Paul, MN 55114

612.861.7115
866.303.6276

FosterAdoptMN.org

POST ADOPTION SERVICES FUNDING REQUEST

Foster Adopt Minnesota (FAM) may be able to provide funding assistance to eligible requestors. This program is made possible through the Minnesota Department of Children, Youth, and Families. This assistance is available to cover fees for the following services:

- Fees related to U.S. citizenship
- Ancestry DNA test
- Non-certified copy of Original Birth Record from the Minnesota Department of Health
- Petitioning Court

To apply for funding please submit this form, along with any additional documentation, to Christine Heimann at heimann@fosteradoptmn.org or via US mail to: Foster Adopt Minnesota | Post Search Specialist | 2446 University Ave. W., Suite 140 | St. Paul, MN 55114

If you are requesting Post Adoption Funding for service fees through the placing agency, please contact the placing agency to inquire how to apply for funding.

To be completed by client at time the time of application

SECTION 1 - FUNDING ASSISTANCE REQUEST

APPLICANT FULL LEGAL NAME: _____

**Please include maiden name, if applicable*

ADDRESS: _____

EMAIL: _____ **PHONE NUMBER:** _____

ROLE: Birth/First parent Adopted person Adoptive parent
 Individual previously in foster care / under State Guardianship Sibling
 Child of adopted person Grandchild of adopted person
 Spouse of adopted person Other: _____

ADOPTED INDIVIDUAL'S BIRTH NAME: _____

ADOPTED INDIVIDUAL'S NAME AFTER ADOPTION: _____

ADOPTED INDIVIDUAL'S DATE OF BIRTH: _____

BIRTH PARENT(S) NAME(S): _____

(Please include maiden name if known / if applicable)

ADOPTIVE PARENT(S) NAMES: _____

(Please include maiden name if known / if applicable)



- FUNDING REQUESTED FOR:**
- Fees related to U.S. Citizenship**
***Please include amount for U.S. Citizenship under "Reason for Requesting Funding"*
 - Ancestry DNA kit**
 - Petitioning Court**
***Please include amount for court fees under "Reason for Requesting Funding"*
 - Original Birth Record**
 - Other:** _____

REASON FOR REQUESTING FUNDING *(please attach response to additional paper, if necessary):*

SIGNATURE OF APPLICANT: _____ **DATE:** _____

To be completed by Foster Adopt Minnesota

SECTION 2 - FUNDING APPROVAL NOTIFICATION

- FUNDING APPROVED** **FUNDING NOT APPROVED**

DPW / DHS#: _____

ADDITIONAL INFORMATION (AMOUNT OF FUNDING, REASON FOR DENIAL):

APPROVAL SIGNATURE: _____ **DATE:** _____