



Foster Adopt Minnesota
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POST ADOPTION SERVICES FUNDING REQUEST—PROFESSIONAL REQUEST

Foster Adopt Minnesota (FAM) may be able to provide funding assistance to eligible requestors. This assistance is available to cover service fees when the requestor is not eligible for placing agency funding assistance or is only eligible for partial funding assistance. This program is made possible through the Minnesota Department of Children, Youth, and Families. Please submit this form to Christine Heimann at cheimann@fosteradoptmn.org.

The agency responsible for Post Adoption Services must notify FAM the date when services are completed and a brief description of service outcome.

To be completed by service agency at time of client application

SECTION I - FUNDING ASSISTANCE REQUEST
CLIENT INFORMATION

CLIENT NAME: MAIDEN NAME:

- 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:

**Note: to help support PAS Funding Request, please submit supporting documents

ORIGINAL PLACING AGENCY: DPW / DHS# (if known)

AGENCY RESPONSIBLE FOR POST ADOPTION SERVICES:

HAS CLIENT CONTACTED FOSTER ADOPT MINNESOTA FOR POST ADOPTION SEARCH?

- YES, NO, UNKNOWN

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)

Flip over



**SECTION II - FUNDING ASSISTANCE REQUEST
SERVICE AND FUNDING REQUEST**

DESCRIPTION OF SERVICES REQUESTED:

FEEES FOR SERVICES REQUESTED: _____ AMOUNT OF FUNDING REQUEST: _____

OTHER FUNDING ELIGIBILITY:

ANTICIPATED DATE SERVICES WILL BEGIN (MONTH/YEAR)*: _____

**Note: Anticipated and actual date of service/billing need to occur in same state fiscal year (July 1 – June 30)*

AGENCY WORKER’S NAME: _____

AGENCY CONTACT EMAIL: _____

IS AGENCY WORKER COMPLETING POST ADOPTION FUNDING FORM THE WORKER WHO WILL PROVIDE POST ADOPTION SERVICES FOR CLIENT? Yes No

***Note: If answering “No,” please complete following section:*

ASSIGNED CASE WORKER FOR POST ADOPTION SERVICES: _____

CASE WORKER’S EMAIL ADDRESS: _____

To be completed by Foster Adopt Minnesota

SECTION III - FUNDING APPROVAL NOTIFICATION

FUNDING APPROVED FUNDING NOT APPROVED

DPW / DHS#: _____

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

APPROVAL SIGNATURE: _____ DATE: _____