

**Child Foster Care  
Statement of Intended Use**

License Holder Name(s): \_\_\_\_\_

1) The number of foster children our home is licensed for is \_\_\_\_\_ foster children.

2) We will provide foster care to children, age \_\_\_\_\_ through age \_\_\_\_\_

3) The following limitations will affect the placement of children in our home:

\_\_\_\_\_  
\_\_\_\_\_

4) Circumstances under which the adult to child ratio of 1-to-5 does not need to be maintained:

\_\_\_\_\_

5) Our home serves as:

**An emergency shelter home**

Yes  No

A program offering short-term, time-limited placements of 90 days or less to children who are in a behavioral or situational crisis, need out-of-home placement in a protective environment, and have an immediate need for services. (Minnesota Rules, part 2960.3010 subp. 39.)

**A treatment foster care home**

Yes  No

A culturally relevant, community-based and family-based method by which planned, integrated treatment services are provided to foster children and their parents by foster parents who are qualified to deliver treatment services. . . (Minnesota Rules, part 2960.3010 subp. 43.)

**A home for medically fragile children.**

Yes  No

A person who has chronic or acute health condition which requires the routine use of a medical device to assist or maintain a life-sustaining body function and requires ongoing care of monitoring by trained personnel on at least a daily basis. (Minnesota Rules, part 2960.3010 subp. 32.)

**THIS SECTION MUST BE COMPLETED BY FAMILY CHILD FOSTER CARE PROGRAMS ONLY**

6) Our family child foster care home provides out-of-home respite services to individuals with brain injury, community alternatives for disabled individuals, and/or developmental disability waiver plans.  Yes  No

- If you checked "No" above, skip the information below this and go directly to the signatures.
- If you have a 245D – Home and Community Based Services (HCBS) license, initial here \_\_\_\_\_ and go directly to the signatures.
- If you checked "Yes" above, and you do not have a 245D-HCBS license, you must complete the following in order to provide respite services without a 245D-HCBS license.

By initialing below, I assure compliance with the following when providing out-of-home respite services in my child foster care program:

\_\_\_\_\_ I will comply with the requirements under section 245D.06, subdivisions 5, 6, 7, and 8, regarding prohibited and restricted procedures, permitted actions and procedures, and positive support transition plans.

\_\_\_\_\_ I will comply with the requirements under section 245D.061, regarding emergency use of manual restraint.

License Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Licensors: \_\_\_\_\_ Approval Date: \_\_\_\_\_

## Instructions for completing the Child Foster Care Statement of Intended Use

*The child foster care rule requires that the license-holder must work with the licensing agency to develop a statement of intended use. The statement of intended use must be approved by the licensing agency, but it may be changed at any time by agreement with you and the licensing agency in order to reflect any changes that affect the placement of children in your home.*

- 1) Write the number of children you are allowed to care for according to the capacity of your child foster care license. Please note that to provide care for 4 or more children, a fire marshal inspection is required to be completed before you are licensed.
- 2) Write in the age range of the children for whom you will provide care. Please note that before you transport children under the age of 9, you must complete child passenger restraint training. Also, before you may provide care to children through age 5, you must complete training to reduce the risk of sudden unexpected infant death and training to reduce the risk of abusive head trauma. If you do not plan to provide care for children under these ages, make sure the age range you write on the statement shows that.
- 3) Write in anything you believe may limit who is placed in your home. An example may be that your home is not handicap accessible. If you cannot think of any limitations, please write in “none.”
- 4) Typically, the adult to child ratio does need to be maintained; however, if there is a reason why it does not need to be maintained, please write in the reason. An example may be that a variance has been granted for a one hour period in the afternoon, when six children will be home with one adult. If there is not a specific reason why the ratio will not be maintained, please write in “none” or “ratio will always be maintained.”
- 5) Please read this item carefully and check yes or no according to whether or not you will provide any of these types of care in your home.
- 6) This section only needs to be completed by family child foster care license-holders. The purpose of this area is to comply with requirements that determine whether or not you need to also obtain a 245D – Home and Community Based Services (HCBS) license in order to provide respite services. If you provide respite care to children who receive funding under any of the listed waiver plans check “YES” and complete the section below this. If you comply with the two requirements listed, you do not need to also have a 245D – HCBS license to provide out-of-home respite services. You and your licenser should review the parts of 245D that are referenced, and if you agree to comply, then initial each of the two statements on the form.

**Signatures:** Each applicant or license-holder must sign and date the form. The licenser signs and dates the form also, to show that they have approved the statement of intended use. Remember that the statement can be changed at any time there are changes in the information that is required.